

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2025 GROUP INSURANCE PART-TIME PREMIUM RATES
EFFECTIVE JANUARY 1, 2025

For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 517M, Judicial Branch, and Non-Represented (Z60–Z89)

PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[HAEX] State Health Plan PPO (Blue Cross)	Employee Only	\$169.80	\$169.80	\$4,584.60	\$4,584.60
	Employee & Spouse	\$382.05	\$382.05	\$10,315.29	\$10,315.30
	Employee & Child(ren)	\$297.15	\$297.15	\$8,023.03	\$8,023.03
	Full Family	\$509.40	\$509.40	\$13,753.73	\$13,753.73
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[HDHP] State High Deductible Health Plan with HSA (Blue Cross)	Employee Only	\$126.39	\$126.39	\$3,412.50	\$3,412.50
	Employee & Spouse	\$284.74	\$284.74	\$7,688.10	\$7,688.10
	Employee & Child(ren)	\$221.38	\$221.38	\$5,977.13	\$5,977.13
	Full Family	\$379.42	\$379.42	\$10,244.32	\$10,244.33
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[HBCN] Blue Care Network	Employee Only	\$206.56	\$206.56	\$5,577.00	\$5,577.00
	Employee & Spouse	\$464.75	\$464.75	\$12,548.22	\$12,548.22
	Employee & Child(ren)	\$361.47	\$361.47	\$9,759.72	\$9,759.72
	Full Family	\$619.66	\$619.66	\$16,730.94	\$16,730.94
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[HI00] Health Alliance Plan	Employee Only	\$188.12	\$188.12	\$5,079.36	\$5,079.36
	Employee & Spouse	\$423.28	\$423.28	\$11,428.56	\$11,428.56
	Employee & Child(ren)	\$329.22	\$329.22	\$8,888.94	\$8,888.94
	Full Family	\$564.37	\$564.37	\$15,238.08	\$15,238.08
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[H3ZN] Decline Health Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[HLWR] "Opt Out" Health ²	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[VEYE] State Vision Plan	Employee Only	\$1.10	\$1.10	\$29.75	\$29.76
	Employee & Spouse	\$2.48	\$2.48	\$66.94	\$66.95
	Employee & Child(ren)	\$1.93	\$1.93	\$52.07	\$52.07
	Full Family	\$3.31	\$3.31	\$89.26	\$89.26
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[V3ZN] Decline Vision Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[DBEX] State Dental Plan	Employee Only	\$10.30	\$10.30	\$278.22	\$278.22
	Employee & Spouse	\$20.61	\$20.61	\$556.43	\$556.43
	Employee & Child(ren)	\$23.18	\$23.19	\$625.98	\$626.00
	Full Family	\$33.49	\$33.49	\$904.20	\$904.21
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[DNPR] Preventive Dental Plan ³	Employee Only	\$1.23	\$1.23	\$33.16	\$33.17
	Employee & Spouse	\$2.46	\$2.46	\$66.32	\$66.33
	Employee & Child(ren)	\$2.76	\$2.76	\$74.61	\$74.62
	Full Family	\$3.99	\$3.99	\$107.78	\$107.78

¹ Part-time employees hired on or after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period. Part-time employees hired on or before 12/31/1999 pay the full-time rate.

² Employees who opt out of Health coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a \$50 rebate with each paycheck beginning the first pay period after effective date of coverage.

³ Employees who opt out of dental coverage or enroll in the Preventive Dental Plan (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a \$100 rebate annually in January. The rebate will be prorated for employees hired mid-year.

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PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[D3ZN] Decline Dental Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[DNWR] "Opt Out" Dental ³	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
Employee Life	Employee Only	\$0.00	32¢/\$1,000	\$0.00	\$8.32/\$1,000
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.19	\$0.00	\$5.20	\$0.00
	Sp \$ 5,000 &/or Ch \$ 2,500	\$0.58	\$0.00	\$15.60	\$0.00
	Sp \$10,000 &/or Ch \$ 5,000	\$1.16	\$0.00	\$31.20	\$0.00
	Sp \$25,000 &/or Ch \$10,000	\$3.85	\$0.00	\$104.00	\$0.00
	Child(ren) Only \$10,000	\$0.72	\$0.00	\$19.50	\$0.00
	Sp \$50,000 &/or Ch \$15,000	\$7.34	\$0.00	\$198.12	\$0.00
	Child(ren) Only \$15,000	\$1.09	\$0.00	\$29.38	\$0.00

¹ Part-time employees hired on or after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period. Part-time employees hired on or before 12/31/1999 pay the full-time rate.

³ Employees who opt out of dental coverage or enroll in the Preventive Dental Plan (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a \$100 rebate annually in January. The rebate will be prorated for employees hired mid-year.