

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2023 GROUP INSURANCE PART-TIME PREMIUM RATES
EFFECTIVE JANUARY 1, 2023

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	Employee Only	\$146.94	\$146.94	\$3,820.50	\$3,820.50
	Employee & Spouse	\$330.62	\$330.62	\$8,596.08	\$8,596.08
	Employee & Child (ren)	\$257.15	\$257.15	\$6,685.86	\$6,685.86
	Full Family	\$440.82	\$440.82	\$11,461.44	\$11,461.44
[HDHP] State High Deductible Health Plan with HSA	Employee Only	\$125.00	\$125.00	\$3,250.00	\$3,250.00
	Employee & Spouse	\$281.62	\$281.62	\$7,322.00	\$7,322.00
	Employee & Child (ren)	\$218.94	\$218.94	\$5,692.50	\$5,692.50
	Full Family	\$375.25	\$375.25	\$9,756.50	\$9,756.50
[HBCN] Blue Care Network	Employee Only	\$157.74	\$157.74	\$4,101.30	\$4,101.30
	Employee & Spouse	\$354.92	\$354.92	\$9,227.88	\$9,227.88
	Employee & Child (ren)	\$276.05	\$276.05	\$7,177.26	\$7,177.26
	Full Family	\$473.23	\$473.23	\$12,303.90	\$12,303.90
[HI00] Health Alliance Plan	Employee Only	\$163.43	\$163.43	\$4,249.14	\$4,249.14
	Employee & Spouse	\$367.71	\$367.71	\$9,560.58	\$9,560.58
	Employee & Child (ren)	\$286.00	\$286.00	\$7,436.04	\$7,436.04
	Full Family	\$490.29	\$490.29	\$12,747.42	\$12,747.42
[HMCL] McLaren Health Plan	Employee Only	\$157.78	\$157.78	\$4,102.20	\$4,102.20
	Employee & Spouse	\$354.99	\$354.99	\$9,229.86	\$9,229.86
	Employee & Child (ren)	\$276.11	\$276.11	\$7,178.82	\$7,178.82
	Full Family	\$473.33	\$473.33	\$12,306.54	\$12,306.54
[HMEX] Physicians Health Plan	Employee Only	\$167.07	\$167.07	\$4,343.94	\$4,343.94
	Employee & Spouse	\$375.90	\$375.90	\$9,773.28	\$9,773.28
	Employee & Child (ren)	\$292.38	\$292.38	\$7,602.00	\$7,602.00
	Full Family	\$501.23	\$501.23	\$13,032.00	\$13,032.00
[H3ZN] Decline Health Ins.	(n/a)	(n/a)	(n/a)	(n/a)	
[HLWR] "Opt Out" Health ²	(n/a)	(n/a)	(n/a)	(n/a)	

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.

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PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[VEYE] State Vision Plan	Employee Only	\$1.14	\$1.14	\$29.75	\$29.76
	Employee & Spouse	\$2.57	\$2.58	\$66.94	\$66.95
	Employee & Child (ren)	\$2.00	\$2.00	\$52.07	\$52.07
	Full Family	\$3.43	\$3.43	\$89.26	\$89.26
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[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	
[DBEX] State Dental Plan	Employee Only	\$9.91	\$9.91	\$257.61	\$257.61
	Employee & Spouse	\$19.82	\$19.82	\$515.21	\$515.22
	Employee & Child (ren)	\$22.29	\$22.29	\$579.61	\$579.62
	Full Family	\$32.20	\$32.20	\$837.22	\$837.23
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[DNPR] Preventive Dental Plan	Employee Only	\$1.28	\$1.28	\$33.16	\$33.17
	Employee & Spouse	\$2.55	\$2.55	\$66.32	\$66.33
	Employee & Child (ren)	\$2.87	\$2.87	\$74.61	\$74.62
	Full Family	\$4.15	\$4.15	\$107.78	\$107.78
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[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 Life	Employee Only	\$0.00	\$0.00	\$0.00	\$8.32/\$1,000
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.20	\$0.00	\$5.20	\$0.00
	Sp \$ 5,000 &/or Ch \$ 2,500	\$0.60	\$0.00	\$15.60	\$0.00
	Sp \$10,000 &/or Ch \$ 5,000	\$1.20	\$0.00	\$31.20	\$0.00
	Sp \$25,000 &/or Ch \$10,000	\$4.00	\$0.00	\$104.00	\$0.00
	Child(ren) Only \$10,000	\$0.75	\$0.00	\$19.50	\$0.00
	Sp \$50,000 &/or Ch \$15,000	\$7.62	\$0.00	\$198.12	\$0.00
	Child(ren) Only \$15,000	\$1.13	\$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 November. The rebate will be prorated for new employees hired mid-year.