

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2023 BIWEEKLY DROP (Command Officers) GROUP INSURANCE PREMIUM RATES*
EFFECTIVE JANUARY 1, 2023

PLAN NAME/CODE	Option	Employee	State	Total
(HAEX) State Health Plan PPO	Employee Only	\$20.74	\$394.01	\$414.75
	Employee & Spouse	\$41.47	\$788.00	\$829.47
	Employee & Child (ren)	\$26.12	\$496.30	\$522.42
	Full Family	\$48.01	\$912.22	\$960.23
PLAN NAME/CODE	Option	Employee	State	Total
[HBCN] Blue Care Network ¹	Employee Only	\$180.54	\$394.01	\$574.55
	Employee & Spouse	\$361.09	\$788.00	\$1,149.09
	Employee & Child (ren)	\$221.88	\$496.30	\$718.18
	Full Family	\$380.52	\$912.22	\$1,292.74
PLAN NAME/CODE	Option	Employee	State	Total
[HI00] Health Alliance Plan ¹	Employee Only	\$303.74	\$394.01	\$697.75
	Employee & Spouse	\$607.50	\$788.00	\$1,395.50
	Employee & Child (ren)	\$375.89	\$496.30	\$872.19
	Full Family	\$657.73	\$912.22	\$1,569.95
PLAN NAME/CODE	Option	Employee	State	Total
[HMCL] McLaren Health Plan ¹	Employee Only	\$217.23	\$394.01	\$611.24
	Employee & Spouse	\$434.48	\$788.00	\$1,222.48
	Employee & Child (ren)	\$267.75	\$496.30	\$764.05
	Full Family	\$463.08	\$912.22	\$1,375.30
PLAN NAME/CODE	Option	Employee	State	Total
[HMEX] Physicians Health Plan ¹	Employee Only	\$308.78	\$394.01	\$702.79
	Employee & Spouse	\$617.58	\$788.00	\$1,405.58
	Employee & Child (ren)	\$382.18	\$496.30	\$878.48
	Full Family	\$669.06	\$912.22	\$1,581.28
PLAN NAME/CODE	Option	Employee	State	Total
[DBEX] State Dental Plan	Employee Only	\$2.27	\$20.37	\$22.64
	Employee & Spouse	\$4.13	\$37.12	\$41.25
	Employee & Child (ren)	\$5.04	\$45.34	\$50.38
	Full Family	\$6.90	\$62.10	\$69.00
PLAN NAME/CODE	Option	Employee	State	Total
[VEYE] State Vision Plan	Employee Only	\$0.25	\$2.25	\$2.50
	Employee & Spouse	\$0.41	\$3.66	\$4.07
	Employee & Child (ren)	\$0.57	\$5.12	\$5.69
	Full Family	\$0.72	\$6.53	\$7.25
PLAN NAME/CODE	Option	Employee	State	Total
Employee Life	Employee Only	\$0.00	32¢/\$1,000	32¢/\$1,000
PLAN NAME/CODE	Option	Employee	State	Total
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.20	\$0.00	\$0.20
	Sp \$ 5,000 &/or Ch \$ 2,500	\$0.60	\$0.00	\$0.60
	Sp \$10,000 &/or Ch \$ 5,000	\$1.20	\$0.00	\$1.20
	Sp \$25,000 &/or Ch \$10,000	\$4.00	\$0.00	\$4.00
	Child(ren) Only \$10,000	\$0.75	\$0.00	\$0.75
	Sp \$50,000 &/or Ch \$15,000	\$7.62	\$0.00	\$7.62
	Child(ren) Only \$15,000	\$1.13	\$0.00	\$1.13

¹ The State will pay up to 85% of the applicable HMO total premium, capped at the dollar amount which the State pays for the same coverage option under the State Health Plan PPO.

*Refer to [LTD Rate Document](#) for premiums.