

CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
CY2025 DEFINED CONTRIBUTION (DC) MONTHLY GROUP INSURANCE PREMIUM RATES
EFFECTIVE JANUARY 1, 2025

State retirees in a DC plan may be eligible for state-sponsored health, prescription drug, dental, and vision insurances upon terminating employment if you have vested with the equivalent of 10 years full-time state service and have met eligibility age requirements. Your insurance benefit is either the Graded Premium Subsidy or Personal Healthcare Fund (PHF), depending upon when you first hired, elected, transferred, or defaulted into that benefit option. Eligible participants in both the Graded Premium Subsidy and PHF can enroll in any state-sponsored insurance plan. However, the premium rates will vary. Additional information regarding the calculation of premiums can be located on the CY23 Defined Contribution Participants (R0749G) form.

Plan Name	Option	10 Years	11 Years	12 Years	13 Years	14 Years
		Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
State Health Plan PPO - w/o Medicare (Blue Cross)	Self	\$629.03	\$602.08	\$575.12	\$548.16	\$521.20
	Self and Spouse	\$1,258.04	\$1,204.12	\$1,150.21	\$1,096.29	\$1,042.38
	Self and Child(ren)	\$792.34	\$758.39	\$724.43	\$690.47	\$656.51
	Self, Spouse and Child(ren)	\$1,456.35	\$1,393.94	\$1,331.52	\$1,269.11	\$1,206.69
State Health Plan PPO - w/ Medicare Parts A&B (Blue Cross)	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$329.82	\$315.68	\$301.55	\$287.41	\$273.28
	Self and Spouse	\$659.65	\$631.37	\$603.10	\$574.83	\$546.56
	Self and Child(ren)	\$493.14	\$472.01	\$450.87	\$429.74	\$408.60
State Health Plan PPO - 1 w/ Medicare, 1 w/o (Blue Cross)	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self w/o Medicare, Spouse w/ Medicare	\$958.85	\$917.75	\$876.66	\$835.57	\$794.47
	Self w/ Medicare, Spouse w/o Medicare	\$958.85	\$917.75	\$876.66	\$835.57	\$794.47
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,157.16	\$1,107.56	\$1,057.97	\$1,008.38	\$958.79
State Dental Plan	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$37.08	\$35.49	\$33.90	\$32.31	\$30.72
	Self and Spouse	\$67.56	\$64.66	\$61.77	\$58.87	\$55.98
	Self and Child(ren)	\$82.52	\$78.99	\$75.45	\$71.91	\$68.38
State Vision Plan	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$3.79	\$3.63	\$3.47	\$3.30	\$3.14
	Self and Spouse	\$6.16	\$5.90	\$5.64	\$5.37	\$5.11
	Self and Child(ren)	\$8.62	\$8.25	\$7.88	\$7.51	\$7.14
Blue Care Network HMO - w/o Medicare	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$1,423.18	\$1,396.23	\$1,369.27	\$1,342.31	\$1,315.35
	Self and Spouse	\$2,846.38	\$2,792.46	\$2,738.55	\$2,684.63	\$2,630.72
	Self and Child(ren)	\$1,776.38	\$1,742.43	\$1,708.47	\$1,674.51	\$1,640.55
Blue Care Network HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$228.86	\$219.05	\$209.25	\$199.44	\$189.63
	Self and Spouse	\$457.73	\$438.11	\$418.49	\$398.88	\$379.26
	Self and Child(ren)	\$538.79	\$517.66	\$496.52	\$475.39	\$454.25
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self w/o Medicare, Spouse w/Medicare	\$1,608.79	\$1,567.69	\$1,526.60	\$1,485.51	\$1,444.41
	Self w/ Medicare, Spouse w/o Medicare	\$1,608.79	\$1,567.69	\$1,526.60	\$1,485.51	\$1,444.41
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,946.99	\$1,897.39	\$1,847.80	\$1,798.21	\$1,748.62
Health Alliance Plan HMO - w/o Medicare	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$1,537.80	\$1,510.85	\$1,483.89	\$1,456.93	\$1,429.97
	Self and Spouse	\$3,075.62	\$3,021.70	\$2,967.79	\$2,913.87	\$2,859.96
	Self and Child(ren)	\$1,919.66	\$1,885.71	\$1,851.75	\$1,817.79	\$1,783.83
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$266.86	\$255.42	\$243.98	\$232.55	\$221.11
	Self and Spouse	\$533.72	\$510.85	\$487.98	\$465.10	\$442.23
	Self and Child(ren)	\$621.73	\$600.60	\$579.46	\$558.33	\$537.19
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self w/o Medicare, Spouse w/Medicare	\$1,777.69	\$1,736.59	\$1,695.50	\$1,654.41	\$1,613.31
	Self w/ Medicare, Spouse w/o Medicare	\$1,777.69	\$1,736.59	\$1,695.50	\$1,654.41	\$1,613.31
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$2,144.55	\$2,094.95	\$2,045.36	\$1,995.77	\$1,946.18
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$2,144.55	\$2,094.95	\$2,045.36	\$1,995.77	\$1,946.18

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Plan Name	Option	15 Years	16 Years	17 Years	18 Years	19 Years
		Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
State Health Plan PPO - w/o Medicare (Blue Cross)	Self	\$494.24	\$467.28	\$440.32	\$413.37	\$386.41
	Self and Spouse	\$988.46	\$934.54	\$880.63	\$826.71	\$772.80
	Self and Child(ren)	\$622.56	\$588.60	\$554.64	\$520.68	\$486.73
	Self, Spouse and Child(ren)	\$1,144.28	\$1,081.86	\$1,019.45	\$957.03	\$894.62
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
State Health Plan PPO - w/ Medicare Parts A&B (Blue Cross)	Self	\$259.14	\$245.01	\$230.87	\$216.74	\$202.60
	Self and Spouse	\$518.29	\$490.02	\$461.75	\$433.48	\$405.21
	Self and Child(ren)	\$387.47	\$366.33	\$345.20	\$324.07	\$302.93
	Self, Spouse and Child(ren)	\$674.11	\$637.34	\$600.57	\$563.80	\$527.03
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
State Health Plan PPO - 1 w/ Medicare, 1 w/o (Blue Cross)	Self w/o Medicare, Spouse w/ Medicare	\$753.38	\$712.29	\$671.19	\$630.10	\$589.01
	Self w/ Medicare, Spouse w/o Medicare	\$753.38	\$712.29	\$671.19	\$630.10	\$589.01
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$909.19	\$859.60	\$810.01	\$760.42	\$710.82
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$909.19	\$859.60	\$810.01	\$760.42	\$710.82
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
State Dental Plan	Self	\$29.14	\$27.55	\$25.96	\$24.37	\$22.78
	Self and Spouse	\$53.08	\$50.18	\$47.29	\$44.39	\$41.50
	Self and Child(ren)	\$64.84	\$61.30	\$57.77	\$54.23	\$50.69
	Self, Spouse and Child(ren)	\$88.80	\$83.95	\$79.11	\$74.27	\$69.42
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
State Vision Plan	Self	\$2.98	\$2.82	\$2.65	\$2.49	\$2.33
	Self and Spouse	\$4.84	\$4.58	\$4.31	\$4.05	\$3.79
	Self and Child(ren)	\$6.77	\$6.40	\$6.04	\$5.67	\$5.30
	Self, Spouse and Child(ren)	\$8.64	\$8.17	\$7.70	\$7.23	\$6.75
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
Blue Care Network HMO - w/o Medicare	Self	\$1,288.39	\$1,261.43	\$1,234.47	\$1,207.52	\$1,180.56
	Self and Spouse	\$2,576.80	\$2,522.88	\$2,468.97	\$2,415.05	\$2,361.14
	Self and Child(ren)	\$1,606.60	\$1,572.64	\$1,538.68	\$1,504.72	\$1,470.77
	Self, Spouse and Child(ren)	\$2,872.51	\$2,810.09	\$2,747.68	\$2,685.26	\$2,622.85
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
Blue Care Network HMO - w/ Medicare Parts A&B	Self	\$179.82	\$170.01	\$160.20	\$150.40	\$140.59
	Self and Spouse	\$359.64	\$340.03	\$320.41	\$300.79	\$281.17
	Self and Child(ren)	\$433.12	\$411.98	\$390.85	\$369.71	\$348.58
	Self, Spouse and Child(ren)	\$592.40	\$560.08	\$527.77	\$495.46	\$463.15
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
Blue Care Network HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$1,403.32	\$1,362.23	\$1,321.13	\$1,280.04	\$1,238.95
	Self w/ Medicare, Spouse w/o Medicare	\$1,403.32	\$1,362.23	\$1,321.13	\$1,280.04	\$1,238.95
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,699.02	\$1,649.43	\$1,599.84	\$1,550.25	\$1,500.65
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,699.02	\$1,649.43	\$1,599.84	\$1,550.25	\$1,500.65
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
Health Alliance Plan HMO - w/o Medicare	Self	\$1,403.01	\$1,376.05	\$1,349.09	\$1,322.14	\$1,295.18
	Self and Spouse	\$2,806.04	\$2,752.12	\$2,698.21	\$2,644.29	\$2,590.38
	Self and Child(ren)	\$1,749.88	\$1,715.92	\$1,681.96	\$1,648.00	\$1,614.05
	Self, Spouse and Child(ren)	\$3,130.41	\$3,067.99	\$3,005.58	\$2,943.16	\$2,880.75
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
Health Alliance Plan HMO - w/ Medicare Parts A&B	Self	\$209.67	\$198.24	\$186.80	\$175.36	\$163.93
	Self and Spouse	\$419.35	\$396.48	\$373.61	\$350.73	\$327.86
	Self and Child(ren)	\$516.06	\$494.92	\$473.79	\$452.66	\$431.52
	Self, Spouse and Child(ren)	\$667.87	\$631.44	\$595.01	\$558.58	\$522.15
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$1,572.22	\$1,531.13	\$1,490.03	\$1,448.94	\$1,407.85
	Self w/ Medicare, Spouse w/o Medicare	\$1,572.22	\$1,531.13	\$1,490.03	\$1,448.94	\$1,407.85
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,896.58	\$1,846.99	\$1,797.40	\$1,747.81	\$1,698.21
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,896.58	\$1,846.99	\$1,797.40	\$1,747.81	\$1,698.21
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share

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Plan Name	Option	20 Years	21 Years	22 Years	23 Years	24 Years
		Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
State Health Plan PPO - w/o Medicare (Blue Cross)	Self	\$359.45	\$332.49	\$305.53	\$278.57	\$251.61
	Self and Spouse	\$718.88	\$664.96	\$611.05	\$557.13	\$503.22
	Self and Child(ren)	\$452.77	\$418.81	\$384.85	\$350.90	\$316.94
	Self, Spouse and Child(ren)	\$832.20	\$769.79	\$707.37	\$644.96	\$582.54
State Health Plan PPO - w/ Medicare Parts A&B (Blue Cross)	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$188.47	\$174.33	\$160.20	\$146.06	\$131.93
	Self and Spouse	\$376.94	\$348.67	\$320.40	\$292.13	\$263.86
	Self and Child(ren)	\$281.80	\$260.66	\$239.53	\$218.39	\$197.26
	Self, Spouse and Child(ren)	\$490.26	\$453.49	\$416.72	\$379.95	\$343.18
State Health Plan PPO - 1 w/ Medicare, 1 w/o (Blue Cross)	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self w/o Medicare, Spouse w/ Medicare	\$547.91	\$506.82	\$465.73	\$424.63	\$383.54
	Self w/ Medicare, Spouse w/o Medicare	\$547.91	\$506.82	\$465.73	\$424.63	\$383.54
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$661.23	\$611.64	\$562.05	\$512.45	\$462.86
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$661.23	\$611.64	\$562.05	\$512.45	\$462.86
State Dental Plan	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$21.19	\$19.60	\$18.01	\$16.42	\$14.83
	Self and Spouse	\$38.60	\$35.71	\$32.81	\$29.92	\$27.02
	Self and Child(ren)	\$47.16	\$43.62	\$40.08	\$36.55	\$33.01
	Self, Spouse and Child(ren)	\$64.58	\$59.74	\$54.89	\$50.05	\$45.21
State Vision Plan	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$2.17	\$2.00	\$1.84	\$1.68	\$1.52
	Self and Spouse	\$3.52	\$3.26	\$2.99	\$2.73	\$2.47
	Self and Child(ren)	\$4.93	\$4.56	\$4.19	\$3.82	\$3.45
	Self, Spouse and Child(ren)	\$6.28	\$5.81	\$5.34	\$4.87	\$4.40
Blue Care Network HMO - w/o Medicare	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$1,153.60	\$1,126.64	\$1,099.68	\$1,072.72	\$1,045.76
	Self and Spouse	\$2,307.22	\$2,253.30	\$2,199.39	\$2,145.47	\$2,091.56
	Self and Child(ren)	\$1,436.81	\$1,402.85	\$1,368.89	\$1,334.94	\$1,300.98
	Self, Spouse and Child(ren)	\$2,560.43	\$2,498.02	\$2,435.60	\$2,373.19	\$2,310.77
Blue Care Network HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$130.78	\$120.97	\$111.16	\$101.35	\$91.55
	Self and Spouse	\$261.56	\$241.94	\$222.32	\$202.71	\$183.09
	Self and Child(ren)	\$327.45	\$306.31	\$285.18	\$264.04	\$242.91
	Self, Spouse and Child(ren)	\$430.83	\$398.52	\$366.21	\$333.90	\$301.58
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self w/o Medicare, Spouse w/Medicare	\$1,197.85	\$1,156.76	\$1,115.67	\$1,074.57	\$1,033.48
	Self w/ Medicare, Spouse w/o Medicare	\$1,197.85	\$1,156.76	\$1,115.67	\$1,074.57	\$1,033.48
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,451.06	\$1,401.47	\$1,351.88	\$1,302.28	\$1,252.69
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,451.06	\$1,401.47	\$1,351.88	\$1,302.28	\$1,252.69
Health Alliance Plan HMO - w/o Medicare	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$1,268.22	\$1,241.26	\$1,214.30	\$1,187.34	\$1,160.38
	Self and Spouse	\$2,536.46	\$2,482.54	\$2,428.63	\$2,374.71	\$2,320.80
	Self and Child(ren)	\$1,580.09	\$1,546.13	\$1,512.17	\$1,478.22	\$1,444.26
	Self, Spouse and Child(ren)	\$2,818.33	\$2,755.92	\$2,693.50	\$2,631.09	\$2,568.67
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$152.49	\$141.05	\$129.62	\$118.18	\$106.74
	Self and Spouse	\$304.98	\$282.11	\$259.24	\$236.36	\$213.49
	Self and Child(ren)	\$410.39	\$389.25	\$368.12	\$346.98	\$325.85
	Self, Spouse and Child(ren)	\$485.73	\$449.30	\$412.87	\$376.44	\$340.01
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self w/o Medicare, Spouse w/Medicare	\$1,366.75	\$1,325.66	\$1,284.57	\$1,243.47	\$1,202.38
	Self w/ Medicare, Spouse w/o Medicare	\$1,366.75	\$1,325.66	\$1,284.57	\$1,243.47	\$1,202.38
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,648.62	\$1,599.03	\$1,549.44	\$1,499.84	\$1,450.25
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,648.62	\$1,599.03	\$1,549.44	\$1,499.84	\$1,450.25

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Plan Name	Option	25 Years	26 Years	27+ Years	Personal Healthcare Fund	
		Retiree Share	Retiree Share	Retiree Share	Retiree Share	
State Health Plan PPO - w/o Medicare (Blue Cross)	Self	\$224.66	\$197.70	\$179.72	\$898.62	
	Self and Spouse	\$449.30	\$395.38	\$359.44	\$1,797.20	
	Self and Child(ren)	\$282.98	\$249.02	\$226.38	\$1,131.92	
	Self, Spouse and Child(ren)	\$520.13	\$457.71	\$416.10	\$2,080.50	
State Health Plan PPO - w/ Medicare Parts A&B (Blue Cross)	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	
	Self	\$117.79	\$103.66	\$94.23	\$471.17	
	Self and Spouse	\$235.59	\$207.32	\$188.47	\$942.35	
	Self and Child(ren)	\$176.12	\$154.99	\$140.90	\$704.49	
State Health Plan PPO - 1 w/ Medicare, 1 w/o (Blue Cross)	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	
	Self w/o Medicare, Spouse w/ Medicare	\$342.45	\$301.35	\$273.96	\$1,369.78	
	Self w/ Medicare, Spouse w/o Medicare	\$342.45	\$301.35	\$273.96	\$1,369.78	
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$413.27	\$363.68	\$330.62	\$1,653.08	
State Dental Plan	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	
	Self	\$13.24	\$11.65	\$10.59	\$52.97	
	Self and Spouse	\$24.13	\$21.23	\$19.30	\$96.51	
	Self and Child(ren)	\$29.47	\$25.94	\$23.58	\$117.89	
State Vision Plan	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	
	Self	\$1.35	\$1.19	\$1.08	\$5.41	
	Self and Spouse	\$2.20	\$1.94	\$1.76	\$8.81	
	Self and Child(ren)	\$3.08	\$2.71	\$2.46	\$12.32	
Blue Care Network HMO - w/o Medicare	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	
	Self	\$1,018.81	\$991.85	\$973.87	\$1,692.77	
	Self and Spouse	\$2,037.64	\$1,983.72	\$1,947.78	\$3,385.54	
	Self and Child(ren)	\$1,267.02	\$1,233.06	\$1,210.42	\$2,115.96	
Blue Care Network HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	
	Self	\$81.74	\$71.93	\$65.39	\$326.95	
	Self and Spouse	\$163.47	\$143.86	\$130.78	\$653.90	
	Self and Child(ren)	\$221.77	\$200.64	\$186.55	\$750.14	
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	
	Self w/o Medicare, Spouse w/Medicare	\$992.39	\$951.29	\$923.90	\$2,019.72	
	Self w/ Medicare, Spouse w/o Medicare	\$992.39	\$951.29	\$923.90	\$2,019.72	
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,203.10	\$1,153.51	\$1,120.45	\$2,442.91	
Health Alliance Plan HMO - w/o Medicare	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	
	Self	\$1,133.43	\$1,106.47	\$1,088.49	\$1,807.39	
	Self and Spouse	\$2,266.88	\$2,212.96	\$2,177.02	\$3,614.78	
	Self and Child(ren)	\$1,410.30	\$1,376.34	\$1,353.70	\$2,259.24	
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	
	Self	\$95.31	\$83.87	\$76.25	\$381.23	
	Self and Spouse	\$190.62	\$167.74	\$152.49	\$762.46	
	Self and Child(ren)	\$304.71	\$283.58	\$269.49	\$833.08	
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	
	Self w/o Medicare, Spouse w/Medicare	\$1,161.29	\$1,120.19	\$1,092.80	\$2,188.62	
	Self w/ Medicare, Spouse w/o Medicare	\$1,161.29	\$1,120.19	\$1,092.80	\$2,188.62	
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,400.66	\$1,351.07	\$1,318.01	\$2,640.47	
		Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,400.66	\$1,351.07	\$1,318.01	\$2,640.47