

**CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
CY2024 DEFINED CONTRIBUTION (DC) MONTHLY GROUP INSURANCE PREMIUM RATES
EFFECTIVE JANUARY 1, 2024**

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 Retiree Share	11 Years Retiree Share	12 Years Retiree Share	13 Years Retiree Share	14 Years 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
	Self, Spouse and Child(ren)	\$857.96	\$821.19	\$784.42	\$747.65	\$710.88
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
	Self w/ Medicare, Spouse w/o 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	\$34.34	\$32.86	\$31.39	\$29.92	\$28.45
	Self and Spouse	\$62.55	\$59.87	\$57.19	\$54.51	\$51.83
	Self, Spouse and Child(ren)	\$104.64	\$100.16	\$95.67	\$91.19	\$86.70
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, Spouse and Child(ren)	\$11.00	\$10.52	\$10.05	\$9.58	\$9.11
Blue Care Network HMO - w/o Medicare	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$1,102.74	\$1,075.79	\$1,048.83	\$1,021.87	\$994.91
	Self and Spouse	\$2,205.50	\$2,151.58	\$2,097.67	\$2,043.75	\$1,989.84
	Self, Spouse and Child(ren)	\$2,463.59	\$2,401.18	\$2,338.76	\$2,276.35	\$2,213.93
Blue Care Network HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$166.79	\$159.65	\$152.50	\$145.35	\$138.20
	Self and Spouse	\$333.59	\$319.29	\$305.00	\$290.70	\$276.40
	Self, Spouse and Child(ren)	\$573.75	\$549.16	\$524.57	\$499.98	\$475.39
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	\$1,199.67	\$1,158.58	\$1,117.49	\$1,076.39	\$1,035.30
	Self w/ Medicare, Spouse w/o Medicare	\$1,199.67	\$1,158.58	\$1,117.49	\$1,076.39	\$1,035.30
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,457.77	\$1,408.17	\$1,358.58	\$1,308.99	\$1,259.40
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,457.77	\$1,408.17	\$1,358.58	\$1,308.99	\$1,259.40
Health Alliance Plan HMO - w/o Medicare	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$1,390.13	\$1,363.18	\$1,336.22	\$1,309.26	\$1,282.30
	Self and Spouse	\$2,780.28	\$2,726.36	\$2,672.45	\$2,618.53	\$2,564.62
	Self, Spouse and Child(ren)	\$3,110.22	\$3,047.81	\$2,985.39	\$2,922.98	\$2,860.56
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$259.09	\$247.99	\$236.88	\$225.78	\$214.68
	Self and Spouse	\$518.18	\$495.97	\$473.77	\$451.56	\$429.35
	Self, Spouse and Child(ren)	\$808.63	\$773.98	\$739.32	\$704.67	\$670.01
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	\$1,618.92	\$1,577.82	\$1,536.73	\$1,495.64	\$1,454.54
	Self w/ Medicare, Spouse w/o Medicare	\$1,618.92	\$1,577.82	\$1,536.73	\$1,495.64	\$1,454.54
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,948.86	\$1,899.26	\$1,849.67	\$1,800.08	\$1,750.49
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,948.86	\$1,899.26	\$1,849.67	\$1,800.08	\$1,750.49

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Plan Name	Option	15 Years Retiree Share	16 Years Retiree Share	17 Years Retiree Share	18 Years Retiree Share	19 Years 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
State Health Plan PPO - w/ Medicare Parts A&B (Blue Cross)	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	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
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	\$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
Plan Name	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
State Dental Plan	Self	\$26.98	\$25.51	\$24.03	\$22.56	\$21.09
	Self and Spouse	\$49.15	\$46.47	\$43.79	\$41.11	\$38.42
	Self and Child(ren)	\$60.04	\$56.76	\$53.49	\$50.21	\$46.94
	Self, Spouse and Child(ren)	\$82.22	\$77.73	\$73.25	\$68.77	\$64.28
Plan Name	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
Plan Name	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
Blue Care Network HMO - w/o Medicare	Self	\$967.95	\$940.99	\$914.03	\$887.08	\$860.12
	Self and Spouse	\$1,935.92	\$1,882.00	\$1,828.09	\$1,774.17	\$1,720.26
	Self and Child(ren)	\$1,206.05	\$1,172.09	\$1,138.13	\$1,104.17	\$1,070.22
	Self, Spouse and Child(ren)	\$2,151.52	\$2,089.10	\$2,026.69	\$1,964.27	\$1,901.86
Blue Care Network HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$131.05	\$123.90	\$116.76	\$109.61	\$102.46
	Self and Spouse	\$262.11	\$247.81	\$233.51	\$219.22	\$204.92
	Self and Child(ren)	\$319.75	\$302.31	\$284.86	\$267.42	\$249.98
	Self, Spouse and Child(ren)	\$450.80	\$426.21	\$401.63	\$377.04	\$352.45
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	\$994.21	\$953.11	\$912.02	\$870.93	\$829.83
	Self w/ Medicare, Spouse w/o Medicare	\$994.21	\$953.11	\$912.02	\$870.93	\$829.83
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,209.80	\$1,160.21	\$1,110.62	\$1,061.03	\$1,011.43
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,209.80	\$1,160.21	\$1,110.62	\$1,061.03	\$1,011.43
Plan Name	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
Health Alliance Plan HMO - w/o Medicare	Self	\$1,255.34	\$1,228.38	\$1,201.42	\$1,174.47	\$1,147.51
	Self and Spouse	\$2,510.70	\$2,456.78	\$2,402.87	\$2,348.95	\$2,295.04
	Self and Child(ren)	\$1,565.29	\$1,531.33	\$1,497.37	\$1,463.41	\$1,429.46
	Self, Spouse and Child(ren)	\$2,798.15	\$2,735.73	\$2,673.32	\$2,610.90	\$2,548.49
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$203.57	\$192.47	\$181.36	\$170.26	\$159.16
	Self and Spouse	\$407.14	\$384.94	\$362.73	\$340.52	\$318.31
	Self and Child(ren)	\$468.04	\$446.91	\$425.77	\$404.64	\$383.50
	Self, Spouse and Child(ren)	\$635.36	\$600.70	\$566.04	\$531.39	\$496.73
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	\$1,413.45	\$1,372.36	\$1,331.26	\$1,290.17	\$1,249.08
	Self w/ Medicare, Spouse w/o Medicare	\$1,413.45	\$1,372.36	\$1,331.26	\$1,290.17	\$1,249.08
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,700.89	\$1,651.30	\$1,601.71	\$1,552.12	\$1,502.52
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,700.89	\$1,651.30	\$1,601.71	\$1,552.12	\$1,502.52

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Plan Name	Option	20 Years Retiree Share	21 Years Retiree Share	22 Years Retiree Share	23 Years Retiree Share	24 Years 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	\$769.70	\$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	\$19.62	\$18.15	\$16.68	\$15.21	\$13.73
	Self and Spouse	\$35.74	\$33.06	\$30.38	\$27.70	\$25.02
	Self and Child(ren)	\$43.66	\$40.39	\$37.11	\$33.84	\$30.56
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
Blue Care Network HMO - w/o Medicare	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$833.16	\$806.20	\$779.24	\$752.28	\$725.32
	Self and Spouse	\$1,666.34	\$1,612.42	\$1,558.51	\$1,504.59	\$1,450.68
	Self and Child(ren)	\$1,036.26	\$1,002.30	\$968.34	\$934.39	\$900.43
Blue Care Network HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$95.31	\$88.16	\$81.01	\$73.87	\$66.72
	Self and Spouse	\$190.62	\$176.33	\$162.03	\$147.73	\$133.44
	Self and Child(ren)	\$232.54	\$215.10	\$197.66	\$180.22	\$162.78
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self, Spouse and Child(ren)	\$327.86	\$303.27	\$278.68	\$254.09	\$229.50
	Self w/o Medicare, Spouse w/Medicare	\$788.74	\$747.65	\$706.55	\$665.46	\$624.37
	Self w/ Medicare, Spouse w/o Medicare	\$788.74	\$747.65	\$706.55	\$665.46	\$624.37
Health Alliance Plan HMO - w/o Medicare	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$961.84	\$912.25	\$862.66	\$813.06	\$763.47
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$961.84	\$912.25	\$862.66	\$813.06	\$763.47
	Self	\$1,120.55	\$1,093.59	\$1,066.63	\$1,039.67	\$1,012.71
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self and Spouse	\$2,241.12	\$2,187.20	\$2,133.29	\$2,079.37	\$2,025.46
	Self and Child(ren)	\$1,395.50	\$1,361.54	\$1,327.58	\$1,293.63	\$1,259.67
	Self, Spouse and Child(ren)	\$2,486.07	\$2,423.66	\$2,361.24	\$2,298.83	\$2,236.41
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$148.05	\$136.95	\$125.84	\$114.74	\$103.64
	Self and Spouse	\$296.10	\$273.90	\$251.69	\$229.48	\$207.27
	Self and Child(ren)	\$362.37	\$341.23	\$320.10	\$298.96	\$277.83
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self, Spouse and Child(ren)	\$462.08	\$427.42	\$392.77	\$358.11	\$323.45
	Self w/o Medicare, Spouse w/Medicare	\$1,207.98	\$1,166.89	\$1,125.80	\$1,084.70	\$1,043.61
	Self w/ Medicare, Spouse w/o Medicare	\$1,207.98	\$1,166.89	\$1,125.80	\$1,084.70	\$1,043.61
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,452.93	\$1,403.34	\$1,353.75	\$1,304.15	\$1,254.56
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,452.93	\$1,403.34	\$1,353.75	\$1,304.15	\$1,254.56

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Plan Name	Option	25 Years Retiree Share	26 Years Retiree Share	27+ Years Retiree Share	Personal Healthcare Fund 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)	Self, Spouse and Child(ren)	\$306.42	\$269.65	\$245.13	\$1,225.66
	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
State Dental Plan	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$413.27	\$363.68	\$330.62	\$1,653.08
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$413.27	\$363.68	\$330.62	\$1,653.08
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$12.26	\$10.79	\$9.81	\$49.05
State Vision Plan	Self and Spouse	\$22.34	\$19.66	\$17.87	\$89.36
	Self and Child(ren)	\$27.29	\$24.02	\$21.83	\$109.16
	Self, Spouse and Child(ren)	\$37.37	\$32.89	\$29.90	\$149.49
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share
Blue Care Network HMO - w/o Medicare	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
	Self, Spouse and Child(ren)	\$3.93	\$3.46	\$3.14	\$15.71
Blue Care Network HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$698.37	\$671.41	\$653.43	\$1,372.33
	Self and Spouse	\$1,396.76	\$1,342.84	\$1,306.90	\$2,744.66
	Self and Child(ren)	\$866.47	\$832.51	\$809.87	\$1,715.41
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$1,527.37	\$1,464.95	\$1,423.34	\$3,087.74
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$59.57	\$52.42	\$47.66	\$238.28
	Self and Spouse	\$119.14	\$104.84	\$95.31	\$476.56
Health Alliance Plan HMO - w/o Medicare	Self and Child(ren)	\$145.34	\$127.90	\$116.27	\$581.36
	Self, Spouse and Child(ren)	\$204.91	\$180.32	\$163.93	\$819.64
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self w/o Medicare, Spouse w/Medicare	\$583.27	\$542.18	\$514.78	\$1,610.61
Health Alliance Plan HMO - w/ Medicare Parts A&B	Self w/ Medicare, Spouse w/o Medicare	\$583.27	\$542.18	\$514.78	\$1,610.61
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$713.88	\$664.29	\$631.23	\$1,953.69
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$713.88	\$664.29	\$631.23	\$1,953.69
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self	\$985.76	\$958.80	\$940.82	\$1,659.72
	Self and Spouse	\$1,971.54	\$1,917.62	\$1,881.68	\$3,319.44
	Self and Child(ren)	\$1,225.71	\$1,191.75	\$1,169.11	\$2,074.65
	Self, Spouse and Child(ren)	\$2,174.00	\$2,111.58	\$2,069.97	\$3,734.37
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self	\$92.53	\$81.43	\$74.03	\$370.13
	Self and Spouse	\$185.07	\$162.86	\$148.05	\$740.26
	Self and Child(ren)	\$256.69	\$235.56	\$221.47	\$785.06
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$288.80	\$254.14	\$231.04	\$1,155.19
	Option	Retiree Share	Retiree Share	Retiree Share	Retiree Share
	Self w/o Medicare, Spouse w/Medicare	\$1,002.52	\$961.42	\$934.03	\$2,029.85
	Self w/ Medicare, Spouse w/o Medicare	\$1,002.52	\$961.42	\$934.03	\$2,029.85
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,204.97	\$1,155.38	\$1,122.32	\$2,444.78
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,204.97	\$1,155.38	\$1,122.32	\$2,444.78