

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2025 COBRA MONTHLY PREMIUM RATES
EFFECTIVE JANUARY 1, 2025
FOR BARGAINING UNITS: MSPTA (T01)

PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HAEX] State Health Plan PPO (Blue Cross)	Applicant Only	\$764.10	\$779.38
	Applicant & Spouse	\$1,719.22	\$1,753.60
	Applicant & Child(ren)	\$1,337.17	\$1,363.92
	Full Family	\$2,292.29	\$2,338.13
[HDHP] State High Deductible Health Plan with HSA (Blue Cross)	Employee Only	\$568.75	\$580.13
	Employee & Spouse	\$1,281.35	\$1,306.98
	Applicant & Child(ren)	\$996.19	\$1,016.11
	Full Family	\$1,707.39	\$1,741.54
[HBCN] Blue Care Network	Applicant Only	\$929.50	\$948.09
	Applicant & Spouse	\$2,091.37	\$2,133.20
	Applicant & Child(ren)	\$1,626.62	\$1,659.15
	Full Family	\$2,788.49	\$2,844.26
[HCP1] COPS Trust Health Plan 1	Applicant Only	\$679.91	\$693.51
	Applicant & Spouse	\$1,529.78	\$1,560.38
	Applicant & Child(ren)	\$1,189.83	\$1,213.63
	Full Family	\$2,039.71	\$2,080.50
[HCP2] COPS Trust Health Plan 2	Applicant Only	\$637.53	\$650.28
	Applicant & Spouse	\$1,434.45	\$1,463.14
	Applicant & Child(ren)	\$1,115.69	\$1,138.00
	Full Family	\$1,912.60	\$1,950.85
[HCP3] COPS Trust Health Plan 3	Applicant Only	\$777.25	\$792.80
	Applicant & Spouse	\$1,748.80	\$1,783.78
	Applicant & Child(ren)	\$1,360.17	\$1,387.37
	Full Family	\$2,331.74	\$2,378.37
[HCP4] COPS Trust Health Plan 4	Applicant Only	\$553.62	\$564.69
	Applicant & Spouse	\$1,245.63	\$1,270.54
	Applicant & Child(ren)	\$968.84	\$988.22
	Full Family	\$1,660.87	\$1,694.09
[HI00] Health Alliance Plan	Applicant Only	\$846.56	\$863.49
	Applicant & Spouse	\$1,904.76	\$1,942.86
	Applicant & Child(ren)	\$1,481.49	\$1,511.12
	Full Family	\$2,539.68	\$2,590.47
[VEYE] State Vision Plan	Applicant Only	\$4.96	\$5.06
	Applicant & Spouse	\$11.16	\$11.38
	Applicant & Child(ren)	\$8.68	\$8.85
	Full Family	\$14.88	\$15.17
[DBEX] State Dental Plan	Applicant Only	\$46.37	\$47.30
	Applicant & Spouse	\$92.74	\$94.59
	Applicant & Child(ren)	\$104.33	\$106.42
	Full Family	\$150.70	\$153.71
[DPC0] Preventive Dental Plan	Applicant Only	\$5.53	\$5.64
	Applicant & Spouse	\$11.05	\$11.28
	Applicant & Child(ren)	\$12.44	\$12.68
	Full Family	\$17.96	\$18.32
LUEX/LAEX/LREX Employee Life (Only)	Applicant Only	69¢/\$1,000	(n/a)
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.43	(n/a)
	Sp \$ 5,000 &/or Ch \$ 2,500	\$1.30	(n/a)
	Sp \$10,000 &/or Ch \$ 5,000	\$2.60	(n/a)
	Sp \$25,000 &/or Ch \$10,000	\$8.67	(n/a)
	Child(ren) Only \$10,000	\$1.63	(n/a)
	Sp \$50,000 &/or Ch \$15,000	\$16.51	(n/a)
	Child(ren) Only \$15,000	\$2.45	(n/a)