

CIVIL SERVICE COMMISSION  
EMPLOYEE BENEFITS DIVISION  
**CY2024 GROUP INSURANCE PART-TIME PREMIUM RATES**  
**EFFECTIVE JANUARY 1, 2024**

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 <sup>1</sup>		ANNUAL PART TIME <sup>1</sup>	
		Employee	State	Employee	State
[HAEX] State Health Plan PPO (Blue Cross)	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
PLAN NAME/CODE	Option	BIWEEKLY PART TIME <sup>1</sup>		ANNUAL PART TIME <sup>1</sup>	
		Employee	State	Employee	State
[HDHP] State High Deductible Health Plan with HSA (Blue Cross)	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
PLAN NAME/CODE	Option	BIWEEKLY PART TIME <sup>1</sup>		ANNUAL PART TIME <sup>1</sup>	
		Employee	State	Employee	State
[HBCN] Blue Care Network	Employee Only	\$173.90	\$173.90	\$4,521.30	\$4,521.30
	Employee & Spouse	\$391.26	\$391.26	\$10,172.82	\$10,172.82
	Employee & Child (ren)	\$304.32	\$304.32	\$7,912.26	\$7,912.26
	Full Family	\$521.68	\$521.68	\$13,563.78	\$13,563.78
PLAN NAME/CODE	Option	BIWEEKLY PART TIME <sup>1</sup>		ANNUAL PART TIME <sup>1</sup>	
		Employee	State	Employee	State
[HI00] Health Alliance Plan	Employee Only	\$179.39	\$179.39	\$4,664.16	\$4,664.16
	Employee & Spouse	\$403.63	\$403.63	\$10,494.36	\$10,494.36
	Employee & Child (ren)	\$313.94	\$313.94	\$8,162.34	\$8,162.34
	Full Family	\$538.17	\$538.17	\$13,992.48	\$13,992.48
PLAN NAME/CODE	Option	Employee	State	Employee	State
[H3ZN] Decline Health Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[HLWR] "Opt Out" Health <sup>2</sup>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	BIWEEKLY PART TIME <sup>1</sup>		ANNUAL PART TIME <sup>1</sup>	
		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 <sup>1</sup>		ANNUAL PART TIME <sup>1</sup>	
		Employee	State	Employee	State
[V3ZN] Decline Vision Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	BIWEEKLY PART TIME <sup>1</sup>		ANNUAL PART TIME <sup>1</sup>	
		Employee	State	Employee	State
[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 <sup>1</sup>		ANNUAL PART TIME <sup>1</sup>	
		Employee	State	Employee	State
[DNPR] Preventive Dental Plan <sup>3</sup>	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

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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 January. The rebate will be prorated for new employees hired mid-year.

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PLAN NAME/CODE	Option	BIWEEKLY PART TIME <sup>1</sup>		ANNUAL PART TIME <sup>1</sup>	
		Employee	State	Employee	State
[D3ZN] Decline Dental Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[DNWR] "Opt Out" Dental <sup>3</sup>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	BIWEEKLY PART TIME <sup>1</sup>		ANNUAL PART TIME <sup>1</sup>	
Employee Life	Employee Only	Employee	State	Employee	State
		\$0.00	32¢/\$1,000	\$0.00	\$8.32/\$1,000
PLAN NAME/CODE	Option	BIWEEKLY PART TIME <sup>1</sup>		ANNUAL PART TIME <sup>1</sup>	
[DL01] Dependent Life Options		Employee	State	Employee	State
	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

<sup>1</sup> 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.

<sup>3</sup> 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 January. The rebate will be prorated for new employees hired mid-year.