

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2022 GROUP INSURANCE PART-TIME PREMIUM RATES
EFFECTIVE JANUARY 1, 2022

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 ¹ | | ANNUAL PART TIME ¹ | |
|---|------------------------|---------------------------------|----------|-------------------------------|-------------|
| | | Employee | State | Employee | State |
| [HAEX] State Health Plan PPO | 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 ¹ | | ANNUAL PART TIME ¹ | |
| [HDHP] State High Deductible Health Plan with HSA | 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 ¹ | | ANNUAL PART TIME ¹ | |
| [HCAT] Catastrophic Health Plan ² | Employee Only | \$0.00 | \$7.91 | \$0.00 | \$205.53 |
| | Employee & Spouse | \$0.00 | \$15.81 | \$0.00 | \$411.06 |
| | Employee & Child (ren) | \$0.00 | \$15.81 | \$0.00 | \$411.06 |
| | Full Family | \$0.00 | \$15.81 | \$0.00 | \$411.06 |
| PLAN NAME/CODE | Option | BIWEEKLY PART TIME ¹ | | ANNUAL PART TIME ¹ | |
| [HBCN] Blue Care Network ³ | Employee Only | \$143.53 | \$143.53 | \$3,731.88 | \$3,731.88 |
| | Employee & Spouse | \$322.95 | \$322.95 | \$8,396.64 | \$8,396.64 |
| | Employee & Child (ren) | \$251.18 | \$251.18 | \$6,530.76 | \$6,530.76 |
| | Full Family | \$430.60 | \$430.60 | \$11,195.52 | \$11,195.52 |
| PLAN NAME/CODE | Option | BIWEEKLY PART TIME ¹ | | ANNUAL PART TIME ¹ | |
| [HI00] Health Alliance Plan ³ | Employee Only | \$149.57 | \$149.57 | \$3,888.84 | \$3,888.84 |
| | Employee & Spouse | \$336.54 | \$336.54 | \$8,749.92 | \$8,749.92 |
| | Employee & Child (ren) | \$261.75 | \$261.75 | \$6,805.50 | \$6,805.50 |
| | Full Family | \$448.71 | \$448.71 | \$11,666.52 | \$11,666.52 |
| PLAN NAME/CODE | Option | BIWEEKLY PART TIME ¹ | | ANNUAL PART TIME ¹ | |
| [HMCL] McLaren Health Plan ³ | Employee Only | \$146.09 | \$146.09 | \$3,798.42 | \$3,798.42 |
| | Employee & Spouse | \$328.71 | \$328.71 | \$8,546.40 | \$8,546.40 |
| | Employee & Child (ren) | \$255.66 | \$255.66 | \$6,647.22 | \$6,647.22 |
| | Full Family | \$438.28 | \$438.28 | \$11,395.20 | \$11,395.20 |
| PLAN NAME/CODE | Option | BIWEEKLY PART TIME ¹ | | ANNUAL PART TIME ¹ | |
| [HMEX] Physicians Health Plan ³ | Employee Only | \$145.92 | \$145.92 | \$3,793.86 | \$3,793.86 |
| | Employee & Spouse | \$328.29 | \$328.29 | \$8,535.60 | \$8,535.60 |
| | Employee & Child (ren) | \$255.36 | \$255.36 | \$6,639.30 | \$6,639.30 |
| | Full Family | \$437.76 | \$437.76 | \$11,381.64 | \$11,381.64 |
| PLAN NAME/CODE | Option | BIWEEKLY PART TIME ¹ | | ANNUAL PART TIME ¹ | |
| [HPRI] Priority Health Plan ³ | Employee Only | \$178.94 | \$178.94 | \$4,652.46 | \$4,652.46 |
| | Employee & Spouse | \$402.62 | \$402.62 | \$10,468.02 | \$10,468.02 |
| | Employee & Child (ren) | \$313.15 | \$313.15 | \$8,141.82 | \$8,141.82 |
| | Full Family | \$536.82 | \$536.82 | \$13,957.38 | \$13,957.38 |
| PLAN NAME/CODE | Option | Employee | State | Employee | State |
| [H3ZN] Decline Health Ins. | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| [HLWRI] "Opt Out" Health ⁴ | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |

¹ 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.

² Employees in the Catastrophic Health Plan will receive a \$50 rebate with each paycheck beginning the first pay period after effective date of coverage.

³ 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 code under the SHP PPO.

⁴ 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 rebate identical to the Catastrophic Health Plan.

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| PLAN NAME/CODE | Option | BIWEEKLY PART TIME ¹ | | ANNUAL PART TIME ¹ | |
|--------------------------------------|------------------------------|---------------------------------|---------|-------------------------------|----------------|
| | | 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 ¹ | | ANNUAL PART TIME ¹ | |
| [V3ZN] Decline Vision Ins. | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| PLAN NAME/CODE | Option | BIWEEKLY PART TIME ¹ | | ANNUAL PART TIME ¹ | |
| [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 ¹ | | ANNUAL PART TIME ¹ | |
| [DNPR] Preventive Dental Plan | 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 |
| PLAN NAME/CODE | Option | BIWEEKLY PART TIME ¹ | | ANNUAL PART TIME ¹ | |
| [D3ZN] Decline Dental Ins. | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| [DNWR] "Opt Out" Dental ⁵ | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| PLAN NAME/CODE | Option | BIWEEKLY PART TIME ¹ | | ANNUAL PART TIME ¹ | |
| Employee Life | Employee Only | \$0.00 | \$0.00 | \$0.00 | \$7.28/\$1,000 |
| PLAN NAME/CODE | Option | BIWEEKLY PART TIME ¹ | | ANNUAL PART TIME ¹ | |
| [DL01] Dependent Life Options | 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 |

¹ 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.

⁵ 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.