

CIVIL SERVICE COMMISSION  
EMPLOYEE BENEFITS DIVISION  
**CY2024 GROUP INSURANCE BIWEEKLY PREMIUM RATES**  
**EFFECTIVE JANUARY 1, 2024**  
**FOR BARGAINING UNIT MSPTA (T01)**

| PLAN NAME/CODE   | Option                 | Employee | State    | Total      |
|--|------------------------|----------|----------|------------|
| [HAEX] State Health Plan PPO (Blue Cross)                      | Employee Only          | \$58.78  | \$235.11 | \$293.89   |
|  | Employee & Spouse      | \$132.25 | \$528.99 | \$661.24   |
|  | Employee & Child (ren) | \$102.86 | \$411.44 | \$514.30   |
|  | Full Family            | \$176.33 | \$705.32 | \$881.65   |
| PLAN NAME/CODE   | Option                 | Employee | State    | Total      |
| [HDHP] State High Deductible Health Plan with HSA (Blue Cross) | Employee Only          | \$30.00  | \$220.00 | \$250.00   |
|  | Employee & Spouse      | \$67.59  | \$495.64 | \$563.23   |
|  | Employee & Child (ren) | \$52.55  | \$385.34 | \$437.89   |
|  | Full Family            | \$90.06  | \$660.44 | \$750.50   |
| PLAN NAME/CODE   | Option                 | Employee | State    | Total      |
| [HBCN] Blue Care Network <sup>1</sup>                          | Employee Only          | \$112.68 | \$235.11 | \$347.79   |
|  | Employee & Spouse      | \$253.54 | \$528.99 | \$782.53   |
|  | Employee & Child (ren) | \$197.20 | \$411.44 | \$608.64   |
|  | Full Family            | \$338.05 | \$705.32 | \$1,043.37 |
| PLAN NAME/CODE   | Option                 | Employee | State    | Total      |
| [HCP1] COPS Trust Health Plan 1                                | Employee Only          | \$55.45  | \$235.11 | \$290.56   |
|  | Employee & Spouse      | \$124.76 | \$528.99 | \$653.75   |
|  | Employee & Child (ren) | \$97.03  | \$411.44 | \$508.47   |
|  | Full Family            | \$166.35 | \$705.32 | \$871.67   |
| PLAN NAME/CODE   | Option                 | Employee | State    | Total      |
| [HCP2] COPS Trust Health Plan 2                                | Employee Only          | \$37.34  | \$235.11 | \$272.45   |
|  | Employee & Spouse      | \$84.02  | \$528.99 | \$613.01   |
|  | Employee & Child (ren) | \$65.35  | \$411.44 | \$476.79   |
|  | Full Family            | \$112.03 | \$705.32 | \$817.35   |
| PLAN NAME/CODE   | Option                 | Employee | State    | Total      |
| [HCP3] COPS Trust Health Plan 3                                | Employee Only          | \$97.05  | \$235.11 | \$332.16   |
|  | Employee & Spouse      | \$218.36 | \$528.99 | \$747.35   |
|  | Employee & Child (ren) | \$169.83 | \$411.44 | \$581.27   |
|  | Full Family            | \$291.15 | \$705.32 | \$996.47   |
| PLAN NAME/CODE   | Option                 | Employee | State    | Total      |
| [HCP4] COPS Trust Health Plan 4                                | Employee Only          | \$1.48   | \$235.11 | \$236.59   |
|  | Employee & Spouse      | \$3.33   | \$528.99 | \$532.32   |
|  | Employee & Child (ren) | \$2.59   | \$411.44 | \$414.03   |
|  | Full Family            | \$4.45   | \$705.32 | \$709.77   |
| PLAN NAME/CODE   | Option                 | Employee | State    | Total      |
| [HI00] Health Alliance Plan <sup>1</sup>                       | Employee Only          | \$123.67 | \$235.11 | \$358.78   |
|  | Employee & Spouse      | \$278.27 | \$528.99 | \$807.26   |
|  | Employee & Child (ren) | \$216.43 | \$411.44 | \$627.87   |
|  | Full Family            | \$371.03 | \$705.32 | \$1,076.35 |
| PLAN NAME/CODE   | Option                 | Employee | State    | Total      |
| [H3ZN] Decline Health Insurance                                | (n/a)                  | (n/a)    | (n/a)    | (n/a)      |
| [HLWR] "Opt Out" Health <sup>2</sup>                           | (n/a)                  | (n/a)    | (n/a)    | (n/a)      |
| PLAN NAME/CODE   | Option                 | Employee | State    | Total      |
| [VEYE] State Vision Plan                                       | Employee Only          | \$0.00   | \$2.29   | \$2.29     |
|  | Employee & Spouse      | \$0.00   | \$5.15   | \$5.15     |
|  | Employee & Child (ren) | \$0.00   | \$4.01   | \$4.01     |
|  | Full Family            | \$0.00   | \$6.87   | \$6.87     |

<sup>1</sup> 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 option under the State Health Plan PPO.

<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.

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| PLAN NAME/CODE                             | Option                       | Employee | State       | Total       |
|--|------------------------------|----------|-------------|-------------|
| [V3ZN] Decline Vision Insurance            | (n/a)                        | (n/a)    | (n/a)       | (n/a)       |
| PLAN NAME/CODE                             | Option                       | Employee | State       | Total       |
| [DBEX] State Dental Plan                   | Employee Only                | \$0.99   | \$18.83     | \$19.82     |
|  | Employee & Spouse            | \$1.98   | \$37.65     | \$39.63     |
|  | Employee & Child (ren)       | \$2.23   | \$42.36     | \$44.59     |
|  | Full Family                  | \$3.22   | \$61.18     | \$64.40     |
| PLAN NAME/CODE                             | Option                       | Employee | State       | Total       |
| [DNPR] Preventive Dental Plan <sup>3</sup> | Employee Only                | \$0.00   | \$2.55      | \$2.55      |
|  | Employee & Spouse            | \$0.00   | \$5.10      | \$5.10      |
|  | Employee & Child (ren)       | \$0.00   | \$5.74      | \$5.74      |
|  | Full Family                  | \$0.00   | \$8.29      | \$8.29      |
| PLAN NAME/CODE                             | Option                       | Employee | State       | Total       |
| [D3ZN] Decline Dental Insurance            | (n/a)                        | (n/a)    | (n/a)       | (n/a)       |
| [DNWR] "Opt Out" Dental <sup>3</sup>       | (n/a)                        | (n/a)    | (n/a)       | (n/a)       |
| PLAN NAME/CODE                             | Option                       | Employee | State       | Total       |
| Employee Life                              | Employee Only                | \$0.00   | 32¢/\$1,000 | 32¢/\$1,000 |
| PLAN NAME/CODE                             | Option                       | Employee | State       | Total       |
| [DL01] Dependent Life Options              | Sp \$ 1,500 &/or Ch \$ 1,000 | \$0.20   | \$0.00      | \$0.20      |
|  | Sp \$ 5,000 &/or Ch \$ 2,500 | \$0.60   | \$0.00      | \$0.60      |
|  | Sp \$10,000 &/or Ch \$ 5,000 | \$1.20   | \$0.00      | \$1.20      |
|  | Sp \$25,000 &/or Ch \$10,000 | \$4.00   | \$0.00      | \$4.00      |
|  | Child(ren) Only \$10,000     | \$0.75   | \$0.00      | \$0.75      |
|  | Sp \$50,000 &/or Ch \$15,000 | \$7.62   | \$0.00      | \$7.62      |
|  | Child(ren) Only \$15,000     | \$1.13   | \$0.00      | \$1.13      |
| PLAN NAME/CODE                             | Option                       | Employee | State       | Total       |
| Long Term Disability (LTD) <sup>4</sup>    | Employee Only                | 0%       | 100%        | 100%        |

<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.

<sup>4</sup> The State shall pay 100% of the premium for LTD insurance coverage.