

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2022 BIWEEKLY DROP (Command Officers) GROUP INSURANCE PREMIUM RATES*
EFFECTIVE JANUARY 1, 2022

PLAN NAME/CODE	Option	Employee	State	Total
[HAEX] State Health Plan PPO	Employee Only	\$20.74	\$394.01	\$414.75
	Employee & Spouse	\$41.47	\$788.00	\$829.47
	Employee & Child (ren)	\$26.12	\$496.30	\$522.42
	Full Family	\$48.01	\$912.22	\$960.23
PLAN NAME/CODE	Option	Employee	State	Total
[HBCN] Blue Care Network¹	Employee Only	\$127.81	\$394.01	\$521.82
	Employee & Spouse	\$255.64	\$788.00	\$1,043.64
	Employee & Child (ren)	\$169.54	\$496.30	\$665.84
	Full Family	\$275.44	\$912.22	\$1,187.66
PLAN NAME/CODE	Option	Employee	State	Total
[HI00] Health Alliance Plan¹	Employee Only	\$244.12	\$394.01	\$638.13
	Employee & Spouse	\$488.25	\$788.00	\$1,276.25
	Employee & Child (ren)	\$307.73	\$496.30	\$804.03
	Full Family	\$529.95	\$912.22	\$1,442.17
PLAN NAME/CODE	Option	Employee	State	Total
[HMEX] Physicians Health Plan¹	Employee Only	\$218.61	\$394.01	\$612.62
	Employee & Spouse	\$437.24	\$788.00	\$1,225.24
	Employee & Child (ren)	\$275.60	\$496.30	\$771.90
	Full Family	\$472.30	\$912.22	\$1,384.52
PLAN NAME/CODE	Option	Employee	State	Total
[HPRI] Priority Health Plan¹	Employee Only	\$269.80	\$394.01	\$663.81
	Employee & Spouse	\$539.61	\$788.00	\$1,327.61
	Employee & Child (ren)	\$339.23	\$496.30	\$835.53
	Full Family	\$587.12	\$912.22	\$1,499.34
PLAN NAME/CODE	Option	Employee	State	Total
[DBEX] State Dental Plan	Employee Only	\$2.27	\$20.37	\$22.64
	Employee & Spouse	\$4.13	\$37.12	\$41.25
	Employee & Child (ren)	\$5.04	\$45.34	\$50.38
	Full Family	\$6.90	\$62.10	\$69.00
PLAN NAME/CODE	Option	Employee	State	Total
[VEYE] State Vision Plan	Employee Only	\$0.25	\$2.25	\$2.50
	Employee & Spouse	\$0.41	\$3.66	\$4.07
	Employee & Child (ren)	\$0.57	\$5.12	\$5.69
	Full Family	\$0.72	\$6.53	\$7.25
PLAN NAME/CODE	Option	Employee	State	Total
Employee Life	Employee Only	\$0.00	28¢/\$1,000	28¢/\$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

¹The 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.

*Refer to [LTD Rate Document](#) for premiums.