

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

PLAN NAME/CODE	Option	Employee	State	Total
(HAEX) State Health Plan PPO (Blue Cross)	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 Network ¹	Employee Only	\$239.37	\$394.01	\$633.38
	Employee & Spouse	\$478.76	\$788.00	\$1,266.76
	Employee & Child (ren)	\$295.42	\$496.30	\$791.72
	Full Family	\$512.89	\$912.22	\$1,425.11
PLAN NAME/CODE	Option	Employee	State	Total
(HCP1) COPS Trust Health Plan 1 (For T01 Only)	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 (For T01 Only)	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 (For T01 Only)	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 (For T01 Only)	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 ¹	Employee Only	\$372.01	\$394.01	\$766.02
	Employee & Spouse	\$744.05	\$788.00	\$1,532.05
	Employee & Child (ren)	\$461.23	\$496.30	\$957.53
	Full Family	\$811.34	\$912.22	\$1,723.56
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	32¢/\$1,000	32¢/\$1,000

¹ 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.

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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

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