

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2024 GROUP INSURANCE ANNUAL 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	\$1,528.20	\$6,112.80	\$7,641.00
	Employee & Spouse	\$3,438.43	\$13,753.73	\$17,192.16
	Employee & Child (ren)	\$2,674.34	\$10,697.38	\$13,371.72
	Full Family	\$4,584.58	\$18,338.30	\$22,922.88
PLAN NAME/CODE	Option	Employee	State	Total
[HDHP] State High Deductible Health Plan with HSA (Blue Cross)	Employee Only	\$780.00	\$5,720.00	\$6,500.00
	Employee & Spouse	\$1,757.28	\$12,886.72	\$14,644.00
	Employee & Child (ren)	\$1,366.20	\$10,018.80	\$11,385.00
	Full Family	\$2,341.56	\$17,171.44	\$19,513.00
PLAN NAME/CODE	Option	Employee	State	Total
[HBCN] Blue Care Network ¹	Employee Only	\$2,929.80	\$6,112.80	\$9,042.60
	Employee & Spouse	\$6,591.91	\$13,753.73	\$20,345.64
	Employee & Child (ren)	\$5,127.14	\$10,697.38	\$15,824.52
	Full Family	\$8,789.26	\$18,338.30	\$27,127.56
PLAN NAME/CODE	Option	Employee	State	Total
[HCP1] COPS Trust Health Plan 1	Employee Only	\$1,441.80	\$6,112.80	\$7,554.60
	Employee & Spouse	\$3,243.79	\$13,753.73	\$16,997.52
	Employee & Child (ren)	\$2,522.90	\$10,697.38	\$13,220.28
	Full Family	\$4,325.14	\$18,338.30	\$22,663.44
PLAN NAME/CODE	Option	Employee	State	Total
[HCP2] COPS Trust Health Plan 2	Employee Only	\$970.92	\$6,112.80	\$7,083.72
	Employee & Spouse	\$2,184.55	\$13,753.73	\$15,938.28
	Employee & Child (ren)	\$1,699.22	\$10,697.38	\$12,396.60
	Full Family	\$2,912.86	\$18,338.30	\$21,251.16
PLAN NAME/CODE	Option	Employee	State	Total
[HCP3] COPS Trust Health Plan 3	Employee Only	\$2,523.36	\$6,112.80	\$8,636.16
	Employee & Spouse	\$5,677.39	\$13,753.73	\$19,431.12
	Employee & Child (ren)	\$4,415.66	\$10,697.38	\$15,113.04
	Full Family	\$7,569.94	\$18,338.30	\$25,908.24
PLAN NAME/CODE	Option	Employee	State	Total
[HCP4] COPS Trust Health Plan 4	Employee Only	\$38.52	\$6,112.80	\$6,151.32
	Employee & Spouse	\$86.59	\$13,753.73	\$13,840.32
	Employee & Child (ren)	\$67.46	\$10,697.38	\$10,764.84
	Full Family	\$115.78	\$18,338.30	\$18,454.08
PLAN NAME/CODE	Option	Employee	State	Total
[HI00] Health Alliance Plan ¹	Employee Only	\$3,215.52	\$6,112.80	\$9,328.32
	Employee & Spouse	\$7,234.99	\$13,753.73	\$20,988.72
	Employee & Child (ren)	\$5,627.30	\$10,697.38	\$16,324.68
	Full Family	\$9,646.66	\$18,338.30	\$27,984.96
PLAN NAME/CODE	Option	Employee	State	Total
[H3ZN] Decline Health Insurance	(n/a)	(n/a)	(n/a)	(n/a)
[HLWR] "Opt Out" Health ²	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
[VEYE] State Vision Plan	Employee Only	\$0.00	\$59.51	\$59.51
	Employee & Spouse	\$0.00	\$133.89	\$133.89
	Employee & Child (ren)	\$0.00	\$104.14	\$104.14
	Full Family	\$0.00	\$178.52	\$178.52

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.

² 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	\$25.76	\$489.46	\$515.22
	Employee & Spouse	\$51.52	\$978.91	\$1,030.43
	Employee & Child (ren)	\$57.96	\$1,101.27	\$1,159.23
	Full Family	\$83.72	\$1,590.73	\$1,674.45
PLAN NAME/CODE	Option	Employee	State	Total
[DNPR] Preventive Dental Plan	Employee Only	\$0.00	\$66.33	\$66.33
	Employee & Spouse	\$0.00	\$132.65	\$132.65
	Employee & Child (ren)	\$0.00	\$149.23	\$149.23
	Full Family	\$0.00	\$215.56	\$215.56
PLAN NAME/CODE	Option	Employee	State	Total
[D3ZN] Decline Dental Insurance	(n/a)	(n/a)	(n/a)	(n/a)
[DNWR] "Opt Out" Dental ³	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
Employee Life	Employee Only	\$0.00	\$8.32/\$1,000	\$8.32/\$1,000
PLAN NAME/CODE	Option	Employee	State	Total
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$5.20	\$0.00	\$5.20
	Sp \$ 5,000 &/or Ch \$ 2,500	\$15.60	\$0.00	\$15.60
	Sp \$10,000 &/or Ch \$ 5,000	\$31.20	\$0.00	\$31.20
	Sp \$25,000 &/or Ch \$10,000	\$104.00	\$0.00	\$104.00
	Child(ren) Only \$10,000	\$19.50	\$0.00	\$19.50
	Sp \$50,000 &/or Ch \$15,000	\$198.12	\$0.00	\$198.12
	Child(ren) Only \$15,000	\$29.38	\$0.00	\$29.38
PLAN NAME/CODE	Option	Employee	State	Total
Long Term Disability (LTD) ⁴	Employee Only	0%	100%	100%

³ 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.

⁴ The State shall pay 100% of the premium for LTD insurance coverage.