

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2022 GROUP INSURANCE BIWEEKLY 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	Employee	State	Total
[HAEX] State Health Plan PPO	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
Employee or Spouse w/Medicare (State pays 100%)	Option	Employee	State	Total
	Employee Only	\$0.00	\$235.11	\$235.11
	Employee & Spouse	\$0.00	\$528.99	\$528.99
	Employee & Child (ren)	\$0.00	\$411.44	\$411.44
	Full Family	\$0.00	\$705.32	\$705.32
PLAN NAME/CODE	Option	Employee	State	Total
[HDHP] State High Deductible Health Plan with HSA	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
[HCAT] Catastrophic Health Plan ¹	Employee Only	\$0.00	\$15.81	\$15.81
	Employee & Spouse	\$0.00	\$31.62	\$31.62
	Employee & Child (ren)	\$0.00	\$31.62	\$31.62
	Full Family	\$0.00	\$31.62	\$31.62
PLAN NAME/CODE	Option	Employee	State	Total
[HBCN] Blue Care Network	Employee Only	\$51.96	\$235.11	\$287.07
	Employee & Spouse	\$116.91	\$528.99	\$645.90
	Employee & Child (ren)	\$90.93	\$411.44	\$502.37
	Full Family	\$155.87	\$705.32	\$861.19
PLAN NAME/CODE	Option	Employee	State	Total
[HI00] Health Alliance Plan	Employee Only	\$64.03	\$235.11	\$299.14
	Employee & Spouse	\$144.08	\$528.99	\$673.07
	Employee & Child (ren)	\$112.06	\$411.44	\$523.50
	Full Family	\$192.11	\$705.32	\$897.43
PLAN NAME/CODE	Option	Employee	State	Total
[HMCL] McLaren Health Plan	Employee Only	\$57.08	\$235.11	\$292.19
	Employee & Spouse	\$128.43	\$528.99	\$657.42
	Employee & Child (ren)	\$99.89	\$411.44	\$511.33
	Full Family	\$171.23	\$705.32	\$876.55
PLAN NAME/CODE	Option	Employee	State	Total
[HMEX] Physicians Health Plan	Employee Only	\$56.73	\$235.11	\$291.84
	Employee & Spouse	\$127.60	\$528.99	\$656.59
	Employee & Child (ren)	\$99.28	\$411.44	\$510.72
	Full Family	\$170.19	\$705.32	\$875.51
PLAN NAME/CODE	Option	Employee	State	Total
[HPRI] Priority Health Plan	Employee Only	\$122.77	\$235.11	\$357.88
	Employee & Spouse	\$276.24	\$528.99	\$805.23
	Employee & Child (ren)	\$214.86	\$411.44	\$626.30
	Full Family	\$368.33	\$705.32	\$1,073.65
PLAN NAME/CODE	Option	Employee	State	Total
[H3ZN] Decline Health Ins.	(n/a)	(n/a)	(n/a)	(n/a)
[HLWR] "Opt Out" Health ²	(n/a)	(n/a)	(n/a)	(n/a)

¹ Employees in the Catastrophic Health Plan will receive a \$50 rebate with each paycheck beginning the first pay period after effective date of coverage.

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 rebate identical to the Catastrophic Health Plan.

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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
PLAN NAME/CODE	Option	Employee	State	Total
[V3ZN] Decline Vision Ins.	(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	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 Ins.	(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	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

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.