CIVIL SERVICE COMMISSION EMPLOYEE BENEFITS DIVISION

CY2022 GROUP INSURANCE BIWEEKLY PREMIUM RATES EFFECTIVE JANUARY 1, 2022 FOR BARGAINING UNIT MSPTA (T01)

PIAEX State Health Plan PPO	HAEX State Health Plan PPO			- ,		
Employee & Spouse	Employee & Souse	PLAN NAME/CODE				
Employee & Child (ren) \$102.86 \$411.44 \$514.30	Employee & Child (ren) \$102.86 \$411.44 \$514.30	[HAEX] State Health Plan PPO	1 ,		· '	
PLAN NAME/CODE	Full Family \$176.33 \$705.32 \$881.65					
PLAN NAME/CODE	PLAN NAME/CODE					
HCATI Catastrophic Health Plan 1	Employee Only \$0.00 \$15.81 \$15.81 \$15.81 Employee & Spouse \$0.00 \$31.62 \$31.62 \$31.62 Employee & Spouse \$0.00 \$31.62 \$3					
Employee & Spouse \$0.00 \$31,62 \$31,62 Employee & Child (ren) \$0.00 \$31,62 \$31,62 \$31,62 Full Family \$0.00 \$31,62 \$31,62 \$31,62 Full Family \$0.00 \$31,62 \$31,62 \$31,62 Full Family \$0.00 \$31,62 \$31,62 \$31,62 \$31,62 Full Family \$0.00 \$31,62 \$31,62 \$31,62 Full Family \$0.00 \$31,62 \$31,62 \$31,62 \$31,62 Full Family \$0.00 \$31,62 \$32,61 \$32,62,99 \$364,90 \$364,90 \$31,62 \$31,62 \$364,90 \$364,90 \$364,90 \$364,90 \$364,90 \$364,90 \$364,90 \$364,90 \$364,90 \$364,90 \$364,90 \$364,90 \$364,90 \$365,37 \$366,19 \$366,37 \$366,19 \$366,37 \$366,19 \$366,37 \$366,19 \$366,37 \$366,90 \$366,37 \$366,90 \$366,37 \$366,90 \$36	Employee & Spouse S.0.00 \$31.62 \$31.62 Employee & Child (ren) S.0.00 \$31.62 \$31.62 \$31.62 Employee & Child (ren) S.0.00 \$31.62 \$31					
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PLAN NAME/CODE	PLAN NAME/CODE					
PLAN NAME/CODE Option Employee State Total	PLAN NAME/CODE					
Employee & Si 18 \$225.51 \$228.70	Employee & Child (ren) \$51.96 \$235.11 \$227.07		,			
Employee & Spouse \$116.91 \$528.99 \$645.90.37	Employee & Child (ren) \$92.89 \$645.90					
Employee & Child (ren) \$90.93 \$411.44 \$502.37 \$961.19	Employee & Child (ren) \$90.93	[HBCN] Blue Care Network				· ·
PLAN NAME/CODE	PLAN NAME/CODE			· ·	<u> </u>	· ·
PLAN NAME/CODE Option Employee State Total	PLAN NAME/CODE				· · · · · · · · · · · · · · · · · · ·	
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Employee & Spouse \$124.76 \$528.99 \$653.75	Employee & Spouse \$124.76 \$528.99 \$653.75					
Employee & Child (ren) \$97.03 \$411.44 \$508.47	Employee & Child (ren) \$97.03 \$411.44 \$508.47 Full Family \$168.35 \$705.32 \$871.67 Full Family \$168.35 \$705.32 \$871.67 Full Family \$168.35 \$705.32 \$871.67 Full Family \$37.34 \$235.11 \$272.45 Employee & Child (ren) \$37.34 \$235.11 \$272.45 Employee & Child (ren) \$65.35 \$411.44 \$476.79 Full Family \$112.03 \$705.32 \$817.35 Full Family \$112.03 \$705.32 \$817.35 Full Family \$112.03 \$705.32 \$817.35 Full Family \$97.05 \$235.11 \$332.16 Employee Child (ren) \$97.05 \$235.11 \$332.16 Employee & Child (ren) \$97.05 \$235.11 \$332.16 Employee & Child (ren) \$169.83 \$528.99 \$747.35 Full Family \$291.15 \$705.32 \$996.47 Full Family \$445 \$705.32 \$999.67 Full Family \$445 \$705.32 \$999.77 Full NAME/CODE Option Employee State Total Full Family \$445 \$705.32 \$999.77 Full NAME/CODE Option Employee State Total Full Family \$445 \$705.32 \$999.77 Full Family \$445 \$705.32 \$999.77 Full NAME/CODE Option Employee State Total Full Family \$170.53 \$897.43 Full Family \$170.53 \$897.43 Full Family \$170.53 \$897.43 Full Family \$170.33 \$528.99 \$665.74 Full Family \$170.33 \$528.99 \$665.74 Full Family \$170.93 \$705.32 \$876.55 Full Family \$170.19 \$705.32 \$8	[HCP1] COPS Trust Health Plan 1				
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Employee & Spouse	Employee & Spouse					
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PLAN NAME/CODE	PLAN NAME/CODE Option Employee State Total					
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Employee & Child (ren) \$99.89 \$411.44 \$511.33 Full Family \$171.23 \$705.32 \$876.55 PLAN NAME/CODE Option Employee State Total Employee & Spouse \$127.60 \$528.99 \$656.59 Employee & Child (ren) \$99.28 \$411.44 \$510.72 Employee & Child (ren) \$99.28 \$411.44 \$510.72 Full Family \$170.19 \$705.32 \$875.51 PLAN NAME/CODE Option Employee State Total Employee & Spouse \$276.24 \$528.99 \$805.23 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 Employee & Child (ren) \$214.86 \$411.44 \$626.30 Employee & Child (ren) \$214.86 \$411.44 \$6	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 & Spouse \$127.60 \$528.99 \$656.59 Employee & Child (ren) \$99.28 \$411.44 \$510.72 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 & 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 Full Family \$368.33 \$705.32 \$1,073.65 PLAN NAME/CODE Option Employee State Total H3ZN] Decline Health Insurance (n/a) (n/a) (n/a) (n/a)			\$128.43		
PLAN NAME/CODE Option Employee State Total	PLAN NAME/CODE Option Employee State Total					
PLAN NAME/CODE Option Employee State Total	PLAN NAME/CODE Option Employee State Total		. , , ,		· · · · · · · · · · · · · · · · · · ·	
Employee Only \$56.73 \$235.11 \$291.84	Employee & Spouse \$127.60 \$528.99 \$656.59	PLAN NAME/CODE		· · · · · · · · · · · · · · · · · · ·	· ·	
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 Full Family \$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 Full Family \$100.00 \$100.00 \$100.00 Full Family \$100.00 \$100.00 Full Family \$100.00 \$100.00 Full Family \$	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 & Spouse \$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 Insurance (n/a) (n/a) (n/a) (n/a)	[HMEX] Physicians Health Plan				
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 & Spouse \$216.24 \$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	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 & Spouse \$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 Insurance (n/a) (n/a) (n/a) (n/a)					\$656.59
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	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 Insurance (n/a) (n/a) (n/a)		Employee & Child (ren)	\$99.28	\$411.44	\$510.72
Employee Only \$122.77 \$235.11 \$357.88	Employee Only \$122.77 \$235.11 \$357.88		Full Family	\$170.19	\$705.32	\$875.51
Employee & Spouse \$276.24 \$528.99 \$805.23	Employee & Spouse \$276.24 \$528.99 \$805.23	PLAN NAME/CODE	Option	Employee	State	Total
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	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 Insurance (n/a) (n/a) (n/a) (n/a)	[HPRI] Priority Health Plan	Employee Only	\$122.77	\$235.11	
Full Family \$368.33 \$705.32 \$1,073.65 PLAN NAME/CODE Option Employee State Total	Full Family \$368.33 \$705.32 \$1,073.65 PLAN NAME/CODE Option Employee State Total H3ZN] Decline Health Insurance (n/a) (n/a) (n/a)		Employee & Spouse	\$276.24	\$528.99	\$805.23
PLAN NAME/CODE Option Employee State Total	PLAN NAME/CODE Option Employee State Total H3ZN] Decline Health Insurance (n/a) (n/a) (n/a) (n/a)		Employee & Child (ren)	\$214.86	\$411.44	\$626.30
	H3ZN] Decline Health Insurance (n/a) (n/a) (n/a) (n/a)		Full Family	\$368.33	\$705.32	\$1,073.65
[H3ZN] Decline Health Insurance (n/a) (n/a) (n/a) (n/a)		PLAN NAME/CODE	Option	Employee	State	Total
	HLWR] "Opt Out" Health ² (n/a) (n/a) (n/a)	MIGTHE B. II. III. III. I			()	
[HLWR] "Opt Out" Health ² (n/a) (n/a) (n/a)			(n/a)	(n/a)	(n/a)	(n/a)

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

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.

CIVIL SERVICE COMMISSION EMPLOYEE BENEFITS DIVISION

CY2022 GROUP INSURANCE BIWEEKLY PREMIUM RATES EFFECTIVE JANUARY 1, 2022 FOR BARGAINING UNIT MSPTA (T01)

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 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	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 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
PLAN NAME/CODE	Option	Employee	State	Total
Long Term Disability (LTD) 4	Employee Only	0%	100%	100%

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.

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