

CIVIL SERVICE COMMISSION  
EMPLOYEE BENEFITS DIVISION  
**FY2021 BIWEEKLY DROP (T01) GROUP INSURANCE PREMIUM RATES\***  
**EFFECTIVE January 1, 2021**

PLAN NAME/CODE	Option	Employee	State	Total
(HAEX) State Health Plan PPO	Employee Only	\$20.74	\$394.01	\$414.75
	Employee & Spouse	\$41.47	\$788.01	\$829.48
	Employee & Child (ren)	\$26.12	\$496.31	\$522.43
	Full Family	\$48.01	\$912.22	\$960.23
(HBCN) Blue Care Network	Employee Only	\$100.70	\$394.01	\$494.71
	Employee & Spouse	\$201.41	\$788.01	\$989.42
	Employee & Child (ren)	\$134.94	\$496.31	\$631.25
	Full Family	\$213.74	\$912.22	\$1,125.96
(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
(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
(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
(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
(HI00) Health Alliance Plan	Employee Only	\$217.74	\$394.01	\$611.75
	Employee & Spouse	\$435.48	\$788.01	\$1,223.49
	Employee & Child (ren)	\$274.49	\$496.31	\$770.80
	Full Family	\$470.33	\$912.22	\$1,382.55
(HMEX) Physicians Health Plan	Employee Only	\$208.38	\$394.01	\$602.39
	Employee & Spouse	\$416.75	\$788.01	\$1,204.76
	Employee & Child (ren)	\$262.69	\$496.31	\$759.00
	Full Family	\$449.16	\$912.22	\$1,361.38
(HPRI) Priority Health Plan	Employee Only	\$252.28	\$394.01	\$646.29
	Employee & Spouse	\$504.55	\$788.01	\$1,292.56
	Employee & Child (ren)	\$317.17	\$496.31	\$813.48
	Full Family	\$547.54	\$912.22	\$1,459.76
[DBEX] State Dental Plan	Employee Only	\$2.26	\$20.38	\$22.64
	Employee & Spouse	\$4.12	\$37.12	\$41.24
	Employee & Child (ren)	\$5.04	\$45.35	\$50.39
	Full Family	\$6.90	\$62.10	\$69.00
[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
Employee Life	Employee Only	\$0.00	28¢/\$1,000	28¢/\$1,000
[DL01] Dependent Life Options	Option	Employee	State	Total
	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.