

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY2020-2021 GROUP INSURANCE PART-TIME PREMIUM RATES
EFFECTIVE OCTOBER 4, 2020

For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 517M, Judicial Branch, and Non-Represented (Z60-Z89)

PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[HAEX] State Health Plan PPO	Employee Only	\$146.94	\$146.94	\$3,820.50	\$3,820.50
	Employee & Spouse	\$330.62	\$330.62	\$8,596.08	\$8,596.08
	Employee & Child (ren)	\$257.15	\$257.15	\$6,685.86	\$6,685.86
	Full Family	\$440.82	\$440.82	\$11,461.44	\$11,461.44
[H2F0] Catastrophic Health Plan ²	Employee Only	\$0.00	\$7.91	\$0.00	\$205.53
	Employee & Spouse	\$0.00	\$15.81	\$0.00	\$411.06
	Employee & Child (ren)	\$0.00	\$15.81	\$0.00	\$411.06
	Full Family	\$0.00	\$15.81	\$0.00	\$411.06
[HBCN] Blue Care Network	Employee Only	\$136.08	\$136.08	\$3,537.96	\$3,537.96
	Employee & Spouse	\$306.17	\$306.17	\$7,960.44	\$7,960.44
	Employee & Child (ren)	\$238.13	\$238.13	\$6,191.46	\$6,191.46
	Full Family	\$408.23	\$408.23	\$10,613.88	\$10,613.88
[HI00] Health Alliance Plan	Employee Only	\$145.14	\$145.14	\$3,773.76	\$3,773.76
	Employee & Spouse	\$326.58	\$326.58	\$8,490.96	\$8,490.96
	Employee & Child (ren)	\$254.00	\$254.00	\$6,604.08	\$6,604.08
	Full Family	\$435.43	\$435.43	\$11,321.28	\$11,321.28
[HMCL] McLaren Health Plan	Employee Only	\$141.22	\$141.22	\$3,671.70	\$3,671.70
	Employee & Spouse	\$317.75	\$317.75	\$8,261.40	\$8,261.40
	Employee & Child (ren)	\$247.14	\$247.14	\$6,425.52	\$6,425.52
	Full Family	\$423.66	\$423.66	\$11,015.16	\$11,015.16
[HMEX] Physicians Health Plan	Employee Only	\$143.48	\$143.48	\$3,730.44	\$3,730.44
	Employee & Spouse	\$322.83	\$322.83	\$8,393.52	\$8,393.52
	Employee & Child (ren)	\$251.09	\$251.09	\$6,528.30	\$6,528.30
	Full Family	\$430.44	\$430.44	\$11,191.38	\$11,191.38
[HPRI] Priority Health Plan	Employee Only	\$154.94	\$154.94	\$4,028.34	\$4,028.34
	Employee & Spouse	\$348.61	\$348.61	\$9,063.78	\$9,063.78
	Employee & Child (ren)	\$271.14	\$271.14	\$7,049.58	\$7,049.58
	Full Family	\$464.81	\$464.81	\$12,085.02	\$12,085.02
[H3ZN] Decline Health Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[H4ZN] "Opt Out" Health ³	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

¹ Part-time employees hired on or after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period. Part-time employees hired on or before 12/31/1999 pay the full-time rate.

² Employees in the Catastrophic Health Plan will receive a \$50 rebate with each paycheck beginning the first pay period after effective date of coverage.

³ 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	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[VEYE] State Vision Plan	Employee Only	\$1.14	\$1.14	\$29.75	\$29.76
	Employee & Spouse	\$2.57	\$2.58	\$66.94	\$66.95
	Employee & Child (ren)	\$2.00	\$2.00	\$52.07	\$52.07
	Full Family	\$3.43	\$3.43	\$89.26	\$89.26
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[V3ZN] Decline Vision Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[DBEX] State Dental Plan	Employee Only	\$9.91	\$9.91	\$257.61	\$257.61
	Employee & Spouse	\$19.82	\$19.82	\$515.21	\$515.22
	Employee & Child (ren)	\$22.29	\$22.29	\$579.61	\$579.62
	Full Family	\$32.20	\$32.20	\$837.22	\$837.23
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[DP00] Preventive Dental Plan	Employee Only	\$1.28	\$1.28	\$33.16	\$33.17
	Employee & Spouse	\$2.55	\$2.55	\$66.32	\$66.33
	Employee & Child (ren)	\$2.87	\$2.87	\$74.61	\$74.62
	Full Family	\$4.15	\$4.15	\$107.78	\$107.78
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[D3ZN] Decline Dental Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[D4ZN] "Opt Out" Dental ⁴	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
Employee Life	Employee Only	\$0.00	\$0.00	\$0.00	\$7.28/\$1,000
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.20	\$0.00	\$5.20	\$0.00
	Sp \$ 5,000 &/or Ch \$ 2,500	\$0.60	\$0.00	\$15.60	\$0.00
	Sp \$10,000 &/or Ch \$ 5,000	\$1.20	\$0.00	\$31.20	\$0.00
	Sp \$25,000 &/or Ch \$10,000	\$4.00	\$0.00	\$104.00	\$0.00
	Child(ren) Only \$10,000	\$0.75	\$0.00	\$19.50	\$0.00
	Sp \$50,000 &/or Ch \$15,000	\$7.62	\$0.00	\$198.12	\$0.00
	Child(ren) Only \$15,000	\$1.13	\$0.00	\$29.38	\$0.00

¹ Part-time employees hired on or after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period. Part-time employees hired on or before 12/31/1999 pay the full-time rate.

⁴ 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 \$23.10 rebate in November 2020. The rebate will be prorated for new employees hired mid-year.