

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2022 GROUP INSURANCE ANNUAL PREMIUM RATES
EFFECTIVE JANUARY 1, 2022
FOR BARGAINING UNIT MSPTA (T01)

PLAN NAME/CODE	Option	Employee	State	Total
[HAEX] State Health Plan PPO	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
[HCAT] Catastrophic Health Plan ¹	Employee Only	\$0.00	\$411.06	\$411.06
	Employee & Spouse	\$0.00	\$822.12	\$822.12
	Employee & Child (ren)	\$0.00	\$822.12	\$822.12
	Full Family	\$0.00	\$822.12	\$822.12
PLAN NAME/CODE	Option	Employee	State	Total
[HBCN] Blue Care Network	Employee Only	\$1,350.96	\$6,112.80	\$7,463.76
	Employee & Spouse	\$3,039.55	\$13,753.73	\$16,793.28
	Employee & Child (ren)	\$2,364.14	\$10,697.38	\$13,061.52
	Full Family	\$4,052.74	\$18,338.30	\$22,391.04
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	\$38.51	\$6,112.80	\$6,151.31
	Employee & Spouse	\$86.59	\$13,753.73	\$13,840.32
	Employee & Child (ren)	\$67.46	\$10,697.38	\$10,764.84
	Full Family	\$115.77	\$18,338.30	\$18,454.07
PLAN NAME/CODE	Option	Employee	State	Total
[HI00] Health Alliance Plan	Employee Only	\$1,664.88	\$6,112.80	\$7,777.68
	Employee & Spouse	\$3,746.11	\$13,753.73	\$17,499.84
	Employee & Child (ren)	\$2,913.62	\$10,697.38	\$13,611.00
	Full Family	\$4,994.74	\$18,338.30	\$23,333.04
PLAN NAME/CODE	Option	Employee	State	Total
[HMCL] McLaren Health Plan	Employee Only	\$1,484.04	\$6,112.80	\$7,596.84
	Employee & Spouse	\$3,339.07	\$13,753.73	\$17,092.80
	Employee & Child (ren)	\$2,597.06	\$10,697.38	\$13,294.44
	Full Family	\$4,452.10	\$18,338.30	\$22,790.40
PLAN NAME/CODE	Option	Employee	State	Total
[HMEX] Physicians Health Plan	Employee Only	\$1,474.92	\$6,112.80	\$7,587.72
	Employee & Spouse	\$3,317.47	\$13,753.73	\$17,071.20
	Employee & Child (ren)	\$2,581.22	\$10,697.38	\$13,278.60
	Full Family	\$4,424.98	\$18,338.30	\$22,763.28
PLAN NAME/CODE	Option	Employee	State	Total
[HPRI] Priority Health Plan	Employee Only	\$3,192.12	\$6,112.80	\$9,304.92
	Employee & Spouse	\$7,182.31	\$13,753.73	\$20,936.04
	Employee & Child (ren)	\$5,586.26	\$10,697.38	\$16,283.64
	Full Family	\$9,576.46	\$18,338.30	\$27,914.76
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)

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.

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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
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	\$7.28/\$1,000	\$7.28/\$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.