

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2022 GROUP INSURANCE PART-TIME 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	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
[HDHP] State High Deductible Health Plan with HSA	Employee Only	\$125.00	\$125.00	\$3,250.00	\$3,250.00
	Employee & Spouse	\$281.62	\$281.62	\$7,322.00	\$7,322.00
	Employee & Child (ren)	\$218.94	\$218.94	\$5,692.50	\$5,692.50
	Full Family	\$375.25	\$375.25	\$9,756.50	\$9,756.50
[HCAT] 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	\$143.53	\$143.53	\$3,731.88	\$3,731.88
	Employee & Spouse	\$322.95	\$322.95	\$8,396.64	\$8,396.64
	Employee & Child (ren)	\$251.18	\$251.18	\$6,530.76	\$6,530.76
	Full Family	\$430.60	\$430.60	\$11,195.52	\$11,195.52
[HI00] Health Alliance Plan	Employee Only	\$149.57	\$149.57	\$3,888.84	\$3,888.84
	Employee & Spouse	\$336.54	\$336.54	\$8,749.92	\$8,749.92
	Employee & Child (ren)	\$261.75	\$261.75	\$6,805.50	\$6,805.50
	Full Family	\$448.71	\$448.71	\$11,666.52	\$11,666.52
[HMCL] McLaren Health Plan	Employee Only	\$146.09	\$146.09	\$3,798.42	\$3,798.42
	Employee & Spouse	\$328.71	\$328.71	\$8,546.40	\$8,546.40
	Employee & Child (ren)	\$255.66	\$255.66	\$6,647.22	\$6,647.22
	Full Family	\$438.28	\$438.28	\$11,395.20	\$11,395.20
[HMEX] Physicians Health Plan	Employee Only	\$145.92	\$145.92	\$3,793.86	\$3,793.86
	Employee & Spouse	\$328.29	\$328.29	\$8,535.60	\$8,535.60
	Employee & Child (ren)	\$255.36	\$255.36	\$6,639.30	\$6,639.30
	Full Family	\$437.76	\$437.76	\$11,381.64	\$11,381.64
[HPRI] Priority Health Plan	Employee Only	\$178.94	\$178.94	\$4,652.46	\$4,652.46
	Employee & Spouse	\$402.62	\$402.62	\$10,468.02	\$10,468.02
	Employee & Child (ren)	\$313.15	\$313.15	\$8,141.82	\$8,141.82
	Full Family	\$536.82	\$536.82	\$13,957.38	\$13,957.38
[H3ZN] Decline Health Ins.	(n/a)	(n/a)	(n/a)	(n/a)	
[HLWR] "Opt Out" Health ³	(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	Employee	State	Employee	State
[V3ZN] Decline Vision Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Employee	State
[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	Employee	State	Employee	State
[DNPR] 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	Employee	State	Employee	State
[D3ZN] Decline Dental Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[DNWR] "Opt Out" Dental ⁴	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Employee	State
Employee Life	Employee Only	\$0.00	\$0.00	\$0.00	\$7.28/\$1,000
PLAN NAME/CODE	Option	Employee	State	Employee	State
[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 \$100 rebate annually in January. The rebate will be prorated for new employees hired mid-year.