

CIVIL SERVICE COMMISSION  
EMPLOYEE BENEFITS DIVISION  
**CY2022 BIWEEKLY DROP (T01) GROUP INSURANCE PREMIUM RATES\***  
**EFFECTIVE JANUARY 1, 2022**

PLAN NAME/CODE	Option	Employee	State	Total
<b>[HAEX] State Health Plan PPO</b>	Employee Only	\$20.74	\$394.01	\$414.75
	Employee & Spouse	\$41.47	\$788.00	\$829.47
	Employee & Child (ren)	\$26.12	\$496.30	\$522.42
	Full Family	\$48.01	\$912.22	\$960.23
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
<b>[HBCN] Blue Care Network</b>	Employee Only	\$127.81	\$394.01	\$521.82
	Employee & Spouse	\$255.64	\$788.00	\$1,043.64
	Employee & Child (ren)	\$169.54	\$496.30	\$665.84
	Full Family	\$275.44	\$912.22	\$1,187.66
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
<b>[HCP1] COPS Trust Health Plan 1 (For T01 Only)</b>	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
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
<b>[HCP2] COPS Trust Health Plan 2 (For T01 Only)</b>	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
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
<b>[HCP3] COPS Trust Health Plan 3 (For T01 Only)</b>	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
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
<b>[HCP4] COPS Trust Health Plan 4 (For T01 Only)</b>	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
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
<b>[HI00] Health Alliance Plan</b>	Employee Only	\$244.12	\$394.01	\$638.13
	Employee & Spouse	\$488.25	\$788.00	\$1,276.25
	Employee & Child (ren)	\$307.73	\$496.30	\$804.03
	Full Family	\$529.95	\$912.22	\$1,442.17
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
<b>[HMEY] Physicians Health Plan</b>	Employee Only	\$218.61	\$394.01	\$612.62
	Employee & Spouse	\$437.24	\$788.00	\$1,225.24
	Employee & Child (ren)	\$275.60	\$496.30	\$771.90
	Full Family	\$472.30	\$912.22	\$1,384.52
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
<b>[HPRI] Priority Health Plan</b>	Employee Only	\$269.80	\$394.01	\$663.81
	Employee & Spouse	\$539.61	\$788.00	\$1,327.61
	Employee & Child (ren)	\$339.23	\$496.30	\$835.53
	Full Family	\$587.12	\$912.22	\$1,499.34
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
<b>[DBEX] State Dental Plan</b>	Employee Only	\$2.27	\$20.37	\$22.64
	Employee & Spouse	\$4.13	\$37.12	\$41.25
	Employee & Child (ren)	\$5.04	\$45.34	\$50.38
	Full Family	\$6.90	\$62.10	\$69.00
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
<b>[VEYE] State Vision Plan</b>	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
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
<b>Employee Life</b>	Employee Only	\$0.00	28¢/\$1,000	28¢/\$1,000
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
<b>[DL01] Dependent Life Options</b>	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.