

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY2021 GROUP INSURANCE BIWEEKLY PREMIUM RATES
EFFECTIVE January 1, 2021
FOR BARGAINING UNIT MSPTA (T01)

PLAN NAME/CODE	Option	Employee	State	Total
[HAEX] State Health Plan PPO	Employee Only	\$58.78	\$235.11	\$293.89
	Employee & Spouse	\$132.25	\$528.99	\$661.24
	Employee & Child (ren)	\$102.86	\$411.44	\$514.30
	Full Family	\$176.33	\$705.32	\$881.65
PLAN NAME/CODE	Option	Employee	State	Total
[HCAT] Catastrophic Health Plan ¹	Employee Only	\$0.00	\$15.81	\$15.81
	Employee & Spouse	\$0.00	\$31.62	\$31.62
	Employee & Child (ren)	\$0.00	\$31.62	\$31.62
	Full Family	\$0.00	\$31.62	\$31.62
PLAN NAME/CODE	Option	Employee	State	Total
[HBCN] Blue Care Network	Employee Only	\$40.82	\$231.33	\$272.15
	Employee & Spouse	\$91.85	\$520.49	\$612.34
	Employee & Child (ren)	\$71.44	\$404.83	\$476.27
	Full Family	\$122.47	\$693.98	\$816.45
PLAN NAME/CODE	Option	Employee	State	Total
[HCP1] COPS Trust Health Plan 1	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
PLAN NAME/CODE	Option	Employee	State	Total
[HCP2] COPS Trust Health Plan 2	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
PLAN NAME/CODE	Option	Employee	State	Total
[HCP3] COPS Trust Health Plan 3	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
PLAN NAME/CODE	Option	Employee	State	Total
[HCP4] COPS Trust Health Plan 4	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
PLAN NAME/CODE	Option	Employee	State	Total
[HI00] Health Alliance Plan	Employee Only	\$55.18	\$235.11	\$290.29
	Employee & Spouse	\$124.16	\$528.99	\$653.15
	Employee & Child (ren)	\$96.57	\$411.44	\$508.01
	Full Family	\$165.55	\$705.32	\$870.87
PLAN NAME/CODE	Option	Employee	State	Total
[HMCL] McLaren Health Plan	Employee Only	\$47.33	\$235.11	\$282.44
	Employee & Spouse	\$106.50	\$528.99	\$635.49
	Employee & Child (ren)	\$82.83	\$411.44	\$494.27
	Full Family	\$142.00	\$705.32	\$847.32
PLAN NAME/CODE	Option	Employee	State	Total
[HMEX] Physicians Health Plan	Employee Only	\$51.85	\$235.11	\$286.96
	Employee & Spouse	\$116.67	\$528.99	\$645.66
	Employee & Child (ren)	\$90.74	\$411.44	\$502.18
	Full Family	\$155.56	\$705.32	\$860.88
PLAN NAME/CODE	Option	Employee	State	Total
[HPRI] Priority Health Plan	Employee Only	\$74.76	\$235.11	\$309.87
	Employee & Spouse	\$168.22	\$528.99	\$697.21
	Employee & Child (ren)	\$130.84	\$411.44	\$542.28
	Full Family	\$224.30	\$705.32	\$929.62
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.

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY2021 GROUP INSURANCE BIWEEKLY PREMIUM RATES
EFFECTIVE January 1, 2021
FOR BARGAINING UNIT MSPTA (T01)

PLAN NAME/CODE	Option	Employee	State	Total
[VEYE] State Vision Plan	Employee Only	\$0.00	\$2.29	\$2.29
	Employee & Spouse	\$0.00	\$5.15	\$5.15
	Employee & Child (ren)	\$0.00	\$4.01	\$4.01
	Full Family	\$0.00	\$6.87	\$6.87
[V3ZN] Decline Vision Insurance	(n/a)	(n/a)	(n/a)	(n/a)
[DBEX] State Dental Plan	Employee Only	\$0.99	\$18.83	\$19.82
	Employee & Spouse	\$1.98	\$37.65	\$39.63
	Employee & Child (ren)	\$2.23	\$42.36	\$44.59
	Full Family	\$3.22	\$61.18	\$64.40
[DNPR] Preventive Dental Plan	Employee Only	\$0.00	\$2.55	\$2.55
	Employee & Spouse	\$0.00	\$5.10	\$5.10
	Employee & Child (ren)	\$0.00	\$5.74	\$5.74
	Full Family	\$0.00	\$8.29	\$8.29
[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)
Employee Life	Employee Only	\$0.00	28¢/\$1,000	28¢/\$1,000
[DL01] Dependent Life Options	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
Long Term Disability (LTD) ⁴	Employee Only	0%	100%	100%

³Employees 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 November. The rebate will be prorated for new employees hired mid-year.

⁴The State shall pay 100% of the premium for LTD insurance coverage.