

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY2021 GROUP INSURANCE ANNUAL 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	\$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	\$1,061.39	\$6,014.53	\$7,075.92
	Employee & Spouse	\$2,388.13	\$13,532.75	\$15,920.88
	Employee & Child (ren)	\$1,857.44	\$10,525.48	\$12,382.92
	Full Family	\$3,184.16	\$18,043.60	\$21,227.76
PLAN NAME/CODE	Option	Employee	State	Total
[HCP1] COPS Trust Health Plan 1	Employee Only	\$1,441.76	\$6,112.80	\$7,554.56
	Employee & Spouse	\$3,243.77	\$13,753.73	\$16,997.50
	Employee & Child (ren)	\$2,522.84	\$10,697.38	\$13,220.22
	Full Family	\$4,325.12	\$18,338.30	\$22,663.42
PLAN NAME/CODE	Option	Employee	State	Total
[HCP2] COPS Trust Health Plan 2	Employee Only	\$970.90	\$6,112.80	\$7,083.70
	Employee & Spouse	\$2,184.53	\$13,753.73	\$15,938.26
	Employee & Child (ren)	\$1,699.16	\$10,697.38	\$12,396.54
	Full Family	\$2,912.80	\$18,338.30	\$21,251.10
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	\$5,677.37	\$13,753.73	\$19,431.10
	Employee & Child (ren)	\$4,415.64	\$10,697.38	\$15,113.02
	Full Family	\$7,569.92	\$18,338.30	\$25,908.22
PLAN NAME/CODE	Option	Employee	State	Total
[HCP4] COPS Trust Health Plan 4	Employee Only	\$38.54	\$6,112.80	\$6,151.34
	Employee & Spouse	\$86.59	\$13,753.73	\$13,840.32
	Employee & Child (ren)	\$67.40	\$10,697.38	\$10,764.78
	Full Family	\$115.72	\$18,338.30	\$18,454.02
PLAN NAME/CODE	Option	Employee	State	Total
[HI00] Health Alliance Plan	Employee Only	\$1,434.72	\$6,112.80	\$7,547.52
	Employee & Spouse	\$3,228.19	\$13,753.73	\$16,981.92
	Employee & Child (ren)	\$2,510.78	\$10,697.38	\$13,208.16
	Full Family	\$4,304.26	\$18,338.30	\$22,642.56
PLAN NAME/CODE	Option	Employee	State	Total
[HMCL] McLaren Health Plan	Employee Only	\$1,230.60	\$6,112.80	\$7,343.40
	Employee & Spouse	\$2,769.07	\$13,753.73	\$16,522.80
	Employee & Child (ren)	\$2,153.66	\$10,697.38	\$12,851.04
	Full Family	\$3,692.02	\$18,338.30	\$22,030.32
PLAN NAME/CODE	Option	Employee	State	Total
[HMEX] Physicians Health Plan	Employee Only	\$1,348.08	\$6,112.80	\$7,460.88
	Employee & Spouse	\$3,033.31	\$13,753.73	\$16,787.04
	Employee & Child (ren)	\$2,359.22	\$10,697.38	\$13,056.60
	Full Family	\$4,044.46	\$18,338.30	\$22,382.76
PLAN NAME/CODE	Option	Employee	State	Total
[HPRI] Priority Health Plan	Employee Only	\$1,943.88	\$6,112.80	\$8,056.68
	Employee & Spouse	\$4,373.83	\$13,753.73	\$18,127.56
	Employee & Child (ren)	\$3,401.78	\$10,697.38	\$14,099.16
	Full Family	\$5,831.74	\$18,338.30	\$24,170.04
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%

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.