CIVIL SERVICE COMMISSION EMPLOYEE BENEFITS DIVISION

CY2025 GROUP INSURANCE BIWEEKLY PREMIUM RATES EFFECTIVE JANUARY 1, 2025

For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 517M, Judicial Branch, and Non-Represented (Z60-Z89)

PLAN NAME/CODE	Option	Employee	State	Total
[HAEX] State Health Plan PPO ¹ (Blue Cross)	Employee Only	\$67.92	\$271.68	\$339.60
	Employee & Spouse	\$152.82	\$611.28	\$764.10
	Employee & Child(ren)	\$118.86	\$475.44	\$594.30
	Full Family	\$203.76	\$815.04	\$1,018.80
	Option	Employee	State	Total
Employee or Spouse w/ Medicare Part A and/or Part B (State pays 100%)	Employee Only	\$0.00	\$271.68	\$271.68
	Employee & Spouse	\$0.00	\$611.28	\$611.28
	Employee & Child(ren)	\$0.00	\$475.44	\$475.44
	Full Family	\$0.00	\$815.04	\$815.04
PLAN NAME/CODE	Option	Employee	State	Total
[HDHP] State High Deductible Health Plan with HSA (Blue Cross)	Employee Only	\$30.33	\$222.44	\$252.77
	Employee & Spouse	\$68.34	\$501.15	\$569.49
	Employee & Child(ren)	\$53.13	\$389.62	\$442.75
	Full Family	\$91.06	\$667.78	\$758.84
PLAN NAME/CODE	Option	Employee	State	Total
[HBCN] Blue Care Network ²	Employee Only	\$141.43	\$271.68	\$413.11
Indian Blue Sale Network	Employee & Spouse	\$318.22	\$611.28	\$929.50
	Employee & Child(ren)	\$247.50	\$475.44	\$722.94
	Full Family	\$424.29	\$815.04	\$1,239.33
PLAN NAME/CODE	Option	Employee	State	Total
[HI00] Health Alliance Plan ²	Employee Only	\$104.57	\$271.68	\$376.25
	Employee & Spouse	\$235.28	\$611.28	\$846.56
	Employee & Child(ren)	\$183.00	\$475.44	\$658.44
	Full Family	\$313.71	\$815.04	\$1,128.75
PLAN NAME/CODE	Option	Employee	State	Total
[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)
PLAN NAME/CODE	Option	Employee	State	Total
[VEYE] State Vision Plan	Employee Only	\$0.00	\$2.20	\$2.20
	Employee & Spouse	\$0.00	\$4.96	\$4.96
	Employee & Child(ren)	\$0.00	\$3.86	\$3.86
	Full Family	\$0.00	\$6.61	\$6.61
PLAN NAME/CODE	Option	Employee	State	Total
[V3ZN] Decline Vision Ins.	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
[DBEX] State Dental Plan	Employee Only	\$1.03	\$19.58	\$20.61
[DDEX] Guite Demai Filan	Employee & Spouse	\$2.06	\$39.16	\$41.22
	Employee & Child(ren)	\$2.32	\$44.05	\$46.37
	Full Family	\$3.35	\$63.63	\$66.98
PLAN NAME/CODE	Option	Employee	State	Total
IDNPR1 Preventive Dental Plan 4	Employee Only	\$0.00	\$2.46	\$2.46
party resonate sentar rian	Employee & Spouse	\$0.00	\$4.91	\$4.91
	Employee & Child(ren)	\$0.00	\$5.53	\$5.53
	Full Family	\$0.00	\$7.98	\$7.98

¹ Circuit and District Court Judges are eligible to enroll in the State Health Plan PPO, Employee Life and Dependent Life and pay 100% of the premium.

² The State will pay up to 85% of the applicable HMO total premium, capped at the dollar amount which the State pays for the same coverage option under the State Health Plan PPO.

³ An employee who opts out of health insurance coverage and does not have health coverage through a State employee or retiree will receive a \$50 rebate with each paycheck beginning the first pay period after electing to opt-out of health insurance coverage.

⁴ An employee who opts out of dental insurance coverage or enrolls in the Preventive Dental Plan and does not have dental coverage through a State employee or retiree will receive an annual \$100 rebate on the January 16, 2025 paycheck. The rebate will be prorated for employees hired mid-year.

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PLAN NAME/CODE	Option	Employee	State	Total
[D3ZN] Decline Dental Ins.	(n/a)	(n/a)	(n/a)	(n/a)
[DNWR] "Opt Out" Dental ⁴	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
Employee Life 1	Employee Only	\$0.00	32¢/\$1,000	32¢/\$1,000
PLAN NAME/CODE	Option	Employee	State	Total
[DL01] Dependent Life Options ¹	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.19	\$0.00	\$0.19
	Sp \$ 5,000 &/or Ch \$ 2,500	\$0.58	\$0.00	\$0.58
	Sp \$10,000 &/or Ch \$ 5,000	\$1.16	\$0.00	\$1.16
	Sp \$25,000 &/or Ch \$10,000	\$3.85	\$0.00	\$3.85
	Child(ren) Only \$10,000	\$0.72	\$0.00	\$0.72
	Sp \$50,000 &/or Ch \$15,000	\$7.34	\$0.00	\$7.34
	Child(ren) Only \$15,000	\$1.09	\$0.00	\$1.09

¹ Circuit and District Court Judges are eligible to enroll in the State Health Plan PPO, Employee Life and Dependent Life and pay 100% of the premium.

⁴ An employee who opts out of dental insurance coverage or enrolls in the Preventive Dental Plan and does not have dental coverage through a State employee or retiree will receive an annual \$100 rebate on the January 16, 2025 paycheck. The rebate will be prorated for employees hired mid-year.