

State and Higher Education

2017 Monthly Premiums for Active Employees

ALL REGIONS				
	BCBST	CIGNA LOCALPLUS	CIGNA OPEN ACCESS	EMPLOYER SHARE
PARTNERSHIP PROMISE PPO				
Employee Only	\$133	\$133	\$173	\$572
Employee + Child(ren)	\$200	\$200	\$240	\$857
Employee + Spouse	\$280	\$280	\$360	\$1,200
Employee + Spouse + Child(ren)	\$346	\$346	\$426	\$1,486
NO PARTNERSHIP PROMISE PPO				
Employee Only	\$183	\$183	\$223	\$572
Employee + Child(ren)	\$250	\$250	\$290	\$857
Employee + Spouse	\$380	\$380	\$460	\$1,200
Employee + Spouse + Child(ren)	\$446	\$446	\$526	\$1,486
STANDARD PPO				
Employee Only	\$130	\$130	\$170	\$572
Employee + Child(ren)	\$197	\$197	\$237	\$857
Employee + Spouse	\$275	\$275	\$355	\$1,200
Employee + Spouse + Child(ren)	\$340	\$340	\$420	\$1,486
HEALTHSAVINGS CDHP (PROMISE OR NO PROMISE)				
Employee Only	\$84	\$84	\$124	\$572
Employee + Child(ren)	\$127	\$127	\$167	\$857
Employee + Spouse	\$177	\$177	\$257	\$1,200
Employee + Spouse + Child(ren)	\$219	\$219	\$299	\$1,486

HEALTH PREMIUMS—ACTIVE

2017 Monthly Premiums

	CIGNA PREPAID PLAN	METLIFE DPPO PLAN
ACTIVE MEMBERS		
Employee Only	\$12.99	\$22.37
Employee + Child(ren)	\$26.97	\$51.44
Employee + Spouse	\$23.02	\$42.32
Employee + Spouse + Child(ren)	\$31.65	\$82.80
COBRA PARTICIPANTS		
Employee Only/Single	\$13.25	\$22.82
Employee + Child(ren)	\$27.51	\$52.47
Employee + Spouse	\$23.48	\$43.17
Employee + Spouse + Child(ren)	\$32.28	\$84.46
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	\$19.49	\$33.56
Employee + Child(ren)	\$40.46	\$77.16
Employee + Spouse	\$34.53	\$63.48
Employee + Spouse + Child(ren)	\$47.48	\$124.20
RETIREE PARTICIPANTS		
Retiree Only	\$14.29	\$28.88
Retiree + Child(ren)	\$29.67	\$66.41
Retiree + Spouse	\$25.33	\$54.64
Retiree + Spouse + Child(ren)	\$34.80	\$106.91

DENTAL PREMIUMS

2017 Monthly Premiums

	BASIC PLAN	EXPANDED PLAN
ACTIVE MEMBERS		
Employee Only	\$3.35	\$5.86
Employee + Child(ren)	\$6.69	\$11.72
Employee + Spouse	\$6.35	\$11.14
Employee + Spouse + Child(ren)	\$9.83	\$17.23
COBRA PARTICIPANTS		
Employee Only/Single	\$3.42	\$5.98
Employee + Child(ren)	\$6.82	\$11.95
Employee + Spouse	\$6.48	\$11.36
Employee + Spouse + Child(ren)	\$10.03	\$17.57
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	\$5.03	\$8.79
Employee + Child(ren)	\$10.04	\$17.58
Employee + Spouse	\$9.53	\$16.71
Employee + Spouse + Child(ren)	\$14.75	\$25.85
RETIREE PARTICIPANTS		
Retiree Only	\$3.35	\$5.86
Retiree + Child(ren)	\$6.69	\$11.72
Retiree + Spouse	\$6.35	\$11.14
Retiree + Spouse + Child(ren)	\$9.83	\$17.23