

January 2018 State Health Insurance Premium

Deduction Per Pay Period

| Premier PPO | | (Health Coach) | | | |
|-----------------------------|-------------|-------------------------------------|-----------------------|----------------------------------|--------------------------|
| <u>Coverage Description</u> | <u>Code</u> | <u>BCBST & CIGNA Local Plus</u> | | <u>Code</u> | <u>CIGNA Open Access</u> |
| | | <u>Total Premium</u> | <u>Employee Share</u> | | <u>Total Premium</u> |
| | | | | | <u>Employee Share</u> |
| Employee only | 501 | 649.00 | 64.90 | 505 | 689.00 |
| Employee + Children | 502 | 1,007.00 | 243.90 | 506 | 1,047.00 |
| Employee + Spouse | 503 | 1,396.00 | 438.40 | 507 | 1,476.00 |
| Employee Family | 504 | 1,754.00 | 617.40 | 508 | 1,834.00 |
| | | | | | |
| Standard PPO | | (No Health Coach) | | | |
| <u>Coverage Description</u> | <u>Code</u> | <u>BCBST & CIGNA Local Plus</u> | | <u>Code</u> | <u>CIGNA Open Access</u> |
| | | <u>Total Premium</u> | <u>Employee Share</u> | | <u>Total Premium</u> |
| | | | | | <u>Employee Share</u> |
| Employee only | 510 | 608.00 | 60.80 | 514 | 648.00 |
| Employee + Children | 511 | 943.00 | 228.30 | 515 | 983.00 |
| Employee + Spouse | 512 | 1,308.00 | 410.80 | 516 | 1,388.00 |
| Employee Family | 513 | 1,643.00 | 578.30 | 517 | 1,723.00 |
| | | | | | |
| Limited PPO | | BCBST & CIGNA Local Plus | | CIGNA Open Access | |
| <u>Coverage Description</u> | <u>Code</u> | <u>Total Premium</u> | <u>Employee Share</u> | <u>Code</u> | <u>Total Premium</u> |
| | | | | | <u>Employee Share</u> |
| Employee only | 518 | 472.00 | 0.00 | 522 | 512.00 |
| Employee + Children | 519 | 732.00 | 130.00 | 523 | 772.00 |
| Employee + Sp (524 TAXED) | 520 | 1,016.00 | 272.00 | | 1,096.00 |
| Employee Family | 521 | 1,276.00 | 402.00 | 525 | 1,356.00 |
| | | | | | |
| Local CDHP/H.S.A. | | BCBST & CIGNA Local Plus | | CIGNA Open Access | |
| <u>Coverage Description</u> | <u>Code</u> | <u>Total Premium</u> | <u>Employee Share</u> | <u>Code</u> | <u>Total Premium</u> |
| | | | | | <u>Employee Share</u> |
| Employee only | 531 | 450.00 | 0.00 | 535 | 465.00 |
| Employee + Children | 532 | 683.00 | 116.50 | 536 | 698.00 |
| Employee + Spouse | 533 | 938.00 | 244.00 | 537 | 993.00 |
| Employee Family | 534 | 1,172.00 | 361.00 | 538 | 1,227.00 |
| | | | | | |
| CONFERENCE CENTER | | | | SPPO Blue Family Coverage | |
| <u>Coverage Description</u> | <u>Code</u> | <u>Total Premium</u> | <u>Employee Share</u> | <u>Code</u> | <u>Total Premium</u> |
| | | | | | <u>Employee Share</u> |
| SPPO Cigna Employee Only | 527 | 648.00 | 0.00 | 530 | 1,643.00 |
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