

80/20 & 70/30 Plan for 100% Contributory for Leave of Absence Subscribers

Monthly Premium Rates January 1, 2024 – December 31, 2024	Enhanced PPO Plan (80/20)		Base PPO Plan (70/30)	
	TOBACCO ATTESTATION COMPLETE?*		TOBACCO ATTESTATION COMPLETE?*	
	YES	NO	YES	NO
ACTIVE SUBSCRIBERS				
Subscriber	\$724.54	\$784.54	\$699.54	\$759.54
Subscriber + Child(ren)	\$979.54	\$1,039.54	\$892.54	\$952.54
Subscriber + Spouse	\$1,374.54	\$1,434.54	\$1,264.54	\$1,324.54
Subscriber + Family	\$1,394.54	\$1,454.54	\$1,272.54	\$1,332.54

Notes:

1. If your employment contract is for less than 12 months, contact your Health Benefits Representative or benefits office for monthly rates.
2. If you are actively employed and you or your dependent(s) are Medicare eligible, the State Health Plan is the primary insurer and the Non-Medicare rates apply. An exception to this would be if you or your dependent(s) are Medicare eligible due to end stage renal disease (ESRD).

*Premium credit completed during enrollment period.