

# State Employees' Group Health Self-Insurance Trust Fund

## Premium Rate Table



Premium rate change for all participants effective December 2024 for January 2025 coverage.

Subscriber Category/Contribution Cycle		Coverage Types	PPO/HMO Standard			PPO/HMO HDHP		
			Employer	Enrollee	Total	Employer (4)	Enrollee	Total
Career Service/OPS	Monthly Full-Time Employees (1)	Single	844.82	50.00	894.82	844.82	15.00	859.82
		Family	1,834.20	180.00	2,014.20	1,834.20	64.30	1,898.50
		Spouse	1,984.20	30.00	2,014.20	1,868.52	30.00	1,898.52
	Bi-Weekly Full-Time Employees (1)	Single	422.41	25.00	447.41	422.41	7.50	429.91
		Family	917.10	90.00	1,007.10	917.10	32.15	949.25
		Spouse	992.10	15.00	1,007.10	934.26	15.00	949.26
SES/SMS	Monthly Full-Time Employees (1,2)	Single	886.48	8.34	894.82	851.48	8.34	859.82
		Family	1,984.20	30.00	2,014.20	1,868.50	30.00	1,898.50
	Bi-Weekly Full-Time Employees (1,2)	Single	443.24	4.17	447.41	425.74	4.17	429.91
		Family	992.10	15.00	1,007.10	934.25	15.00	949.25
COBRA (Non-Medicare)	Monthly (3)	Single	0.00	912.72	912.72	0.00	834.52	834.52
		Family	0.00	2,054.48	2,054.48	0.00	1,851.47	1,851.47
Eligible Former Employees	Monthly	Single	0.00	813.46	813.46	0.00	736.80	736.80
		Family	0.00	1,831.08	1,831.08	0.00	1,632.05	1,632.05
Early Retirees	Monthly	Single	0.00	813.46	813.46	0.00	736.80	736.80
		Family	0.00	1,831.08	1,831.08	0.00	1,632.05	1,632.05
Over-age Dependents		Single	0.00	813.46	813.46	0.00	736.80	736.80

Medicare Monthly Premium Rates					
Plan Name	Plan Type	Medicare I	Medicare II	Medicare III	MA-PD Plan(5)
		One Eligible (5)	One Under/Over (5) (6)	Both Eligible (5) (7)	
Self-Insured PPO/HMO	Standard	430.18	1,243.63	860.35	
	HDHP	324.26	1,061.06	648.52	
Capital Health Plan (8)	Standard (Retiree Advantage) (8)	290.66	1,241.33	581.32	
	HDHP (Retiree Advantage) (8)	264.55	1,110.12	529.10	
	MA-PD (9) (Classic)				180.00
Humana	MA-PD (9)				75.09
UnitedHealthcare	MA-PD (9)				345.00
COBRA Self-Insured PPO/HMO (3)	Standard	438.78	1,268.50	877.56	
	HDHP	330.75	1,082.28	661.49	
COBRA Capital Health Plan (3,8)	Standard	296.47	1,266.16	592.95	
	HDHP	269.84	1,132.32	539.68	

### Notes

- Premium contributions for Part-Time Employees (FTE < 0.75) are to be calculated as follows:  
Step 1. State Contribution x FTE% = Calculated State Contribution  
Step 2. Total Contribution – Calculated State Contribution = Employee Contribution
- SES/SMS includes executive, legislative, and judicial branch agencies for employees with enhanced benefits, excluding Spouse Program participants.
- COBRA includes an additional 2% for administrative costs as permitted by federal regulations.
- The employer monthly Health Savings Account contribution of \$41.66/single (\$500 annually) and \$83.33/family (\$1,000 annually) is included in the listed employer rates.
- Premium rates for members who are enrolled into Medicare I, II, III, and MA-PD plans and eligible for Medicare Part A and Part B. Does not include Medicare Part B premium.
- Family coverage for two or more participants, if at least one participant is eligible for Medicare Part A and Part B. Does not include Medicare Part B premium.
- Family coverage for two participants and both are eligible for Medicare Part A and Part B. Does not include Medicare Part B premium.
- Must be enrolled in Medicare and complete the HMO's Retiree Advantage application process to be eligible for this coverage.
- Must be enrolled in Medicare Part A and Part B to be eligible for an MA-PD plan. If you are enrolled in family coverage, all covered family members must be enrolled in Medicare Part A and Part B to be eligible for an MA-PD plan. The premiums listed above are per member. Multiply the premium by the number of members covered under your plan to calculate total cost. Premiums do not include Medicare Part B.