

Premium Amounts Listed Below are for the Period July 1, 2022 through June 30, 2023

Level 1: Base Annual Salary is Equal to or Less Than \$30,000				
Level of Coverage	With the Health Credit		Without the Health Credit	
	Employee Deduction	State Contribution	Employee Deduction	State Contribution
Employee Only	\$0.00	\$497.59	\$24.88	\$472.71
Employee & Spouse/Domestic Partner	\$208.15	\$832.59	\$234.17	\$806.57
Employee, Spouse/Domestic Partner & Child(ren)	\$287.19	\$951.15	\$313.21	\$925.13
Employee & Child(ren)	\$119.28	\$699.30	\$145.30	\$673.28
Family Contract (both employee, spouse/domestic partner work for the State and share children)	\$0.00	\$619.17	\$26.02	\$593.15
Level 2: Base Annual Salary is Between \$30,000 - \$80,000				
Level of Coverage	With the Health Credit		Without the Health Credit	
	Employee Deduction	State Contribution	Employee Deduction	State Contribution
Employee Only	\$24.88	\$472.71	\$49.76	\$447.83
Employee & Spouse/Domestic Partner	\$234.17	\$806.57	\$260.19	\$780.55
Employee, Spouse/Domestic Partner & Child(ren)	\$313.21	\$925.13	\$339.23	\$899.11
Employee & Child(ren)	\$145.30	\$673.28	\$171.32	\$647.26
Family Contract (both employee, spouse/domestic partner work for the State and share children)	\$26.02	\$593.15	\$52.04	\$567.13
Level 3: Base Annual Salary is equal to or more than \$80,000				
Level of Coverage	With the Health Credit		Without the Health Credit	
	Employee Deduction	State Contribution	Employee Deduction	State Contribution
Employee Only	\$49.76	\$447.83	\$74.64	\$422.95
Employee & Spouse/Domestic Partner	\$260.19	\$780.55	\$286.21	\$754.53
Employee, Spouse/Domestic Partner & Child(ren)	\$339.23	\$899.11	\$365.25	\$873.09
Employee & Child(ren)	\$171.32	\$647.26	\$197.34	\$621.24
Family Contract (both employee, spouse/domestic partner work for the State and share children)	\$52.04	\$567.13	\$78.06	\$541.11

Retirees Not on Medicare		
Premium rates below do not reflect retirees who receive a pro-rated premium contribution.		
Level of Coverage	Monthly Pension Deduction	Monthly State Contribution
Retiree Only	\$0.00	\$995.18
Retiree & Spouse/Domestic Partner	\$1,040.74	\$1,040.74
Retiree & Spouse/DP < 65 & Child(ren)	\$1,435.94	\$1,040.74
Retiree & Child(ren)	\$596.42	\$1,040.74
Surviving Spouse	\$995.18	\$0.00
Retiree on Medicare & Spouse under age 65	\$995.18	\$248.81

COBRA Participants		
Level of Coverage	Non-COBRA State Premium	COBRA Monthly Premium
Employee Only	\$995.18	\$1,015.08
Employee & Spouse/Domestic Partner	\$2,081.48	\$2,123.11
Employee & Spouse/Domestic Partner & Child(ren)	\$2,476.68	\$2,526.21
Employee & Child(ren)	\$1,637.16	\$1,669.90