

Premium amounts listed below are for the period July 1, 2023, through June 30, 2024 (New Salary Tier Effective November 1, 2023)

Level 1: Base Annual Salary is Equal to or Less Than \$50,000

Level of Coverage	With the Health Credit		Without the Health Credit	
	Employee Deduction	State Contribution	Employee Deduction	State Contribution
Employee Only	\$0.00	\$515.85	\$25.79	\$490.06
Employee & Spouse/Domestic Partner	\$215.79	\$863.15	\$242.76	\$836.18
Employee, Spouse/Domestic Partner & Child(ren)	\$297.73	\$986.06	\$324.70	\$959.09
Employee & Child(ren)	\$123.66	\$724.97	\$150.63	\$698.00
Family Contract (both employee, spouse/domestic partner work for the State and share children)	\$0.00	\$641.90	\$26.97	\$614.93

Level 2: Base Annual Salary is Between \$50,000 - \$100,000

Level of Coverage	With the Health Credit		Without the Health Credit	
	Employee Deduction	State Contribution	Employee Deduction	State Contribution
Employee Only	\$25.79	\$490.06	\$51.58	\$464.27
Employee & Spouse/Domestic Partner	\$242.76	\$836.18	\$269.74	\$809.20
Employee, Spouse/Domestic Partner & Child(ren)	\$324.70	\$959.09	\$351.68	\$932.11
Employee & Child(ren)	\$150.63	\$698.00	\$177.61	\$671.02
Family Contract (both employee, spouse/domestic partner work for the State and share children)	\$26.97	\$614.93	\$53.95	\$587.95

Level 3: Base Annual Salary is equal to or more than \$100,000

Level of Coverage	With the Health Credit		Without the Health Credit	
	Employee Deduction	State Contribution	Employee Deduction	State Contribution
Employee Only	\$51.58	\$464.27	\$77.38	\$438.47
Employee & Spouse/Domestic Partner	\$269.74	\$809.20	\$296.71	\$782.23
Employee, Spouse/Domestic Partner & Child(ren)	\$351.68	\$932.11	\$378.65	\$905.14
Employee & Child(ren)	\$177.61	\$671.02	\$204.58	\$644.05
Family Contract (both employee, spouse/domestic partner work for the State and share children)	\$53.95	\$587.95	\$80.92	\$560.98

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	\$1,031.70
Retiree & Spouse/Domestic Partner	\$1,078.94	\$1,078.94
Retiree & Spouse/DP < 65 & Child(ren)	\$1,488.64	\$1,078.94
Retiree & Child(ren)	\$618.32	\$1,078.94
Surviving Spouse	\$1,031.70	\$0.00
Retiree on Medicare & Spouse under age 65	\$1,031.70	\$248.81

COBRA Participants

Level of Coverage	Non-COBRA State Premium	COBRA Monthly Premium
Employee Only	\$1,031.70	\$1,052.33
Employee & Spouse/Domestic Partner	\$2,157.88	\$2,201.04
Employee & Spouse/Domestic Partner & Child(ren)	\$2,567.58	\$2,618.93
Employee & Child(ren)	\$1,697.26	\$1,731.21