



2017 Plan Year
Premiums

Active Employee Premiums *With Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Employee Only	\$0	\$25	\$41	\$66	\$70	\$95
Employee and Spouse¹	73	98	241	266	314	339
Employee and One Child	12	37	69	94	110	135
Employee and Two Children	18	43	89	114	141	166
Employee and Three Children	23	48	109	134	172	197
Employee and Four Children	31	56	129	154	204	229
Employee and Five or more Children	32	57	149	174	240	265
Employee, Spouse and One Child¹	85	110	269	294	354	379
Employee, Spouse and Two Children¹	91	116	289	314	385	410
Employee, Spouse and Three Children¹	96	121	309	334	416	441
Employee, Spouse and Four Children¹	104	129	329	354	448	473
Employee, Spouse and Five or more Children¹	105	130	349	374	484	509

1. The premium listed for "Employee and Spouse" and "Employee, Spouse and Child(ren)" assumes that both the employee and spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Active Employee Premiums *Without Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Employee Only	\$40	\$65	\$81	\$106	\$110	\$135
Employee and Spouse¹	153	178	321	346	394	419
Employee and One Child	52	77	109	134	150	175
Employee and Two Children	58	83	129	154	181	206
Employee and Three Children	63	88	149	174	212	237
Employee and Four Children	71	96	169	194	244	269
Employee and Five or more Children	72	97	189	214	280	305
Employee, Spouse and One Child¹	165	190	349	374	434	459
Employee, Spouse and Two Children¹	171	196	369	394	465	490
Employee, Spouse and Three Children¹	176	201	389	414	496	521
Employee, Spouse and Four Children¹	184	209	409	434	528	553
Employee, Spouse and Five or more Children¹	185	210	429	454	564	589

1. The premium listed for "Employee and Spouse" and "Employee, Spouse and Child(ren)" assumes that both the employee and spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.

Leave of Absence Subscriber Premiums *With Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber Only	\$492	\$517	\$575	\$600	\$602	\$627
Subscriber and Spouse¹	1,194	1,219	1,407	1,432	1,473	1,498
Subscriber and One Child	699	724	790	815	827	852
Subscriber and Two Children	881	906	1,004	1,029	1,051	1,076
Subscriber and Three Children	1,063	1,088	1,218	1,243	1,276	1,301
Subscriber and Four Children	1,245	1,270	1,432	1,457	1,501	1,526
Subscriber and Five or more Children	1,507	1,532	1,740	1,765	1,823	1,848
Subscriber, Spouse and One Child¹	1,376	1,401	1,621	1,646	1,697	1,722
Subscriber, Spouse and Two Children¹	1,558	1,583	1,836	1,861	1,922	1,947
Subscriber, Spouse and Three Children¹	1,740	1,765	2,050	2,075	2,147	2,172
Subscriber, Spouse and Four Children¹	1,922	1,947	2,264	2,289	2,372	2,397
Subscriber, Spouse and Five or more Children¹	2,184	2,209	2,572	2,597	2,694	2,719

1. The premium listed for "Subscriber and Spouse" and "Subscriber, Spouse and Child(ren)" assumes that both the subscriber and spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Leave of Absence Subscriber Premiums *Without Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber Only	\$532	\$557	\$615	\$640	\$642	\$667
Subscriber and Spouse¹	1,274	1,299	1,487	1,512	1,553	1,578
Subscriber and One Child	739	764	830	855	867	892
Subscriber and Two Children	921	946	1,044	1,069	1,091	1,116
Subscriber and Three Children	1,103	1,128	1,258	1,283	1,316	1,341
Subscriber and Four Children	1,285	1,310	1,472	1,497	1,541	1,566
Subscriber and Five or more Children	1,547	1,572	1,780	1,805	1,863	1,888
Subscriber, Spouse and One Child¹	1,456	1,481	1,701	1,726	1,777	1,802
Subscriber, Spouse and Two Children¹	1,638	1,663	1,916	1,941	2,002	2,027
Subscriber, Spouse and Three Children¹	1,820	1,845	2,130	2,155	2,227	2,252
Subscriber, Spouse and Four Children¹	2,002	2,027	2,344	2,369	2,452	2,477
Subscriber, Spouse and Five or more Children¹	2,264	2,289	2,652	2,677	2,774	2,799

1. The premium listed for "Subscriber and Spouse" and "Subscriber, Spouse and Child(ren)" assumes that both the subscriber and spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.

COBRA Subscriber Premiums *With Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber Only	\$476	\$501	\$587	\$612	\$614	\$639
Subscriber and Spouse¹	1,167	1,192	1,435	1,460	1,502	1,527
Subscriber and One Child	662	687	805	830	843	868
Subscriber and Two Children	848	873	1,024	1,049	1,072	1,097
Subscriber and Three Children	1,033	1,058	1,242	1,267	1,302	1,327
Subscriber and Four Children	1,219	1,244	1,461	1,486	1,531	1,556
Subscriber and Five or more Children	1,486	1,511	1,775	1,800	1,860	1,885
Subscriber, Spouse and One Child¹	1,352	1,377	1,654	1,679	1,731	1,756
Subscriber, Spouse and Two Children¹	1,538	1,563	1,872	1,897	1,961	1,986
Subscriber, Spouse and Three Children¹	1,724	1,749	2,091	2,116	2,190	2,215
Subscriber, Spouse and Four Children¹	1,910	1,935	2,309	2,334	2,419	2,444
Subscriber, Spouse and Five or more Children¹	2,176	2,201	2,623	2,648	2,748	2,773
Child Only	186	186	219	219	229	229
Spousal Continuation without Medicare	476	501	587	612	614	639
Spousal Continuation with Medicare	Not Available		307	307	327	327

1. The premium listed for "Subscriber and Spouse" and "Subscriber, Spouse and Child(ren)" assumes that both the subscriber and spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

COBRA Subscriber Premiums *Without Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber Only	\$516	\$541	\$627	\$652	\$654	\$679
Subscriber and Spouse¹	1,247	1,272	1,515	1,540	1,582	1,607
Subscriber and One Child	702	727	845	870	883	908
Subscriber and Two Children	888	913	1,064	1,089	1,112	1,137
Subscriber and Three Children	1,073	1,098	1,282	1,307	1,342	1,367
Subscriber and Four Children	1,259	1,284	1,501	1,526	1,571	1,596
Subscriber and Five or more Children	1,526	1,551	1,815	1,840	1,900	1,925
Subscriber, Spouse and One Child¹	1,432	1,457	1,734	1,759	1,811	1,836
Subscriber, Spouse and Two Children¹	1,618	1,643	1,952	1,977	2,041	2,066
Subscriber, Spouse and Three Children¹	1,804	1,829	2,171	2,196	2,270	2,295
Subscriber, Spouse and Four Children¹	1,990	2,015	2,389	2,414	2,499	2,524
Subscriber, Spouse and Five or more Children¹	2,256	2,281	2,703	2,728	2,828	2,853
Child Only	186	186	219	219	229	229
Spousal Continuation without Medicare	516	541	627	652	654	679
Spousal Continuation with Medicare	Not Available		307	307	327	327

1. The premium listed for "Subscriber and Spouse" and "Subscriber, Spouse and Child(ren)" assumes that both the subscriber and spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.

Retiree & Survivor without Medicare Total Premiums *With Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Retiree only without Medicare	\$767	\$792	\$935	\$960	\$953	\$978
Retiree and Spouse without Medicare¹	1,533	1,558	1,870	1,895	1,906	1,931
Retiree, Spouse without Medicare and One Child¹	1,748	1,773	2,127	2,152	2,169	2,194
Retiree, Spouse without Medicare and Two Children¹	1,963	1,988	2,385	2,410	2,432	2,457
Retiree, Spouse without Medicare and Three Children¹	2,177	2,202	2,643	2,668	2,694	2,719
Retiree, Spouse without Medicare and Four Children¹	2,392	2,417	2,901	2,926	2,957	2,982
Retiree, Spouse without Medicare and Five or more Children¹	2,699	2,724	3,269	3,294	3,332	3,357
Retiree without Medicare, Spouse with Medicare	Not Available		1,242	1,267	1,280	1,305
Retiree, Spouse with Medicare and One Child	Not Available		1,499	1,524	1,543	1,568
Retiree, Spouse with Medicare and Two Children	Not Available		1,757	1,782	1,806	1,831
Retiree, Spouse with Medicare and Three Children	Not Available		2,015	2,040	2,069	2,094
Retiree, Spouse with Medicare and Four Children	Not Available		2,273	2,298	2,332	2,357
Retiree, Spouse with Medicare and Five or more Children	Not Available		2,641	2,666	2,707	2,732
Retiree and One Child	981	1,006	1,193	1,218	1,216	1,241
Retiree and Two Children	1,196	1,221	1,450	1,475	1,479	1,504
Retiree and Three Children	1,411	1,436	1,708	1,733	1,741	1,766
Retiree and Four Children	1,625	1,650	1,966	1,991	2,004	2,029
Retiree and Five or more Children	1,932	1,957	2,334	2,359	2,380	2,405
Surviving Child	215	215	258	258	263	263

1. The premium listed for "Subscriber and Spouse" and "Subscriber, Spouse and Child(ren)" assumes that both the subscriber and spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

* If you are a current retiree or survivor, you will receive a contribution for your 2017 medical coverage. This contribution is based on years of state service. To determine your monthly premium, subtract the contribution from the total premium listed above. You may also log into your myMCHCP account, select the Open Enrollment link or use the premium calculator.

Retiree & Survivor without Medicare Total Premiums *Without Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Retiree only without Medicare	\$807	\$832	\$975	\$1,000	\$993	\$1,018
Retiree and Spouse without Medicare¹	1,613	1,638	1,950	1,975	1,986	2,011
Retiree, Spouse without Medicare and One Child¹	1,828	1,853	2,207	2,232	2,249	2,274
Retiree, Spouse without Medicare and Two Children¹	2,043	2,068	2,465	2,490	2,512	2,537
Retiree, Spouse without Medicare and Three Children¹	2,257	2,282	2,723	2,748	2,774	2,799
Retiree, Spouse without Medicare and Four Children¹	2,472	2,497	2,981	3,006	3,037	3,062
Retiree, Spouse without Medicare and Five or more Children¹	2,779	2,804	3,349	3,374	3,412	3,437
Retiree without Medicare, Spouse with Medicare	Not Available		1,282	1,307	1,320	1,345
Retiree, Spouse with Medicare and One Child	Not Available		1,539	1,564	1,583	1,608
Retiree, Spouse with Medicare and Two Children	Not Available		1,797	1,822	1,846	1,871
Retiree, Spouse with Medicare and Three Children	Not Available		2,055	2,080	2,109	2,134
Retiree, Spouse with Medicare and Four Children	Not Available		2,313	2,338	2,372	2,397
Retiree, Spouse with Medicare and Five or more Children	Not Available		2,681	2,706	2,747	2,772
Retiree and One Child	1,021	1,046	1,233	1,258	1,256	1,281
Retiree and Two Children	1,236	1,261	1,490	1,515	1,519	1,544
Retiree and Three Children	1,451	1,476	1,748	1,773	1,781	1,806
Retiree and Four Children	1,665	1,690	2,006	2,031	2,044	2,069
Retiree and Five or more Children	1,972	1,997	2,374	2,399	2,420	2,445
Surviving Child	215	215	258	258	263	263

1. The premium listed for "Subscriber and Spouse" and "Subscriber, Spouse and Child(ren)" assumes that both the subscriber and spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.

* If you are a current retiree or survivor, you will receive a contribution for your 2017 medical coverage. This contribution is based on years of state service. To determine your monthly premium, subtract the contribution from the total premium listed above. You may also log into your myMCHCP account, select the Open Enrollment link or use the premium calculator.

Retiree & Survivor with Medicare Total Premiums

Level of Coverage	PPO 600 Plan	PPO 300 Plan	Medicare Prescription Drug Only Plan (All covered members must have Medicare)
Retiree only with Medicare	\$307	\$327	\$178
Retiree and Spouse without Medicare	1,242	1,280	Not Available
Retiree, Spouse without Medicare and One Child	1,499	1,543	Not Available
Retiree, Spouse without Medicare and Two Children	1,757	1,806	Not Available
Retiree, Spouse without Medicare and Three Children	2,015	2,069	Not Available
Retiree, Spouse without Medicare and Four Children	2,273	2,332	Not Available
Retiree, Spouse without Medicare and Five or more Children	2,641	2,707	Not Available
Retiree and Spouse with Medicare	613	655	356
Retiree, Spouse with Medicare and One Child	871	918	Not Available
Retiree, Spouse with Medicare and Two Children	1,129	1,181	Not Available
Retiree, Spouse with Medicare and Three Children	1,387	1,443	Not Available
Retiree, Spouse with Medicare and Four Children	1,644	1,706	Not Available
Retiree, Spouse with Medicare and Five or more Children	2,012	2,081	Not Available
Retiree and One Child	564	590	Not Available
Retiree and Two Children	822	853	Not Available
Retiree and Three Children	1,080	1,116	Not Available
Retiree and Four Children	1,338	1,379	Not Available
Retiree and Five or more Children	1,706	1,754	Not Available
Surviving Child	258	263	Not Available

* If you are a current retiree or survivor, you will receive a contribution for your 2017 medical coverage. This contribution is based on years of state service. To determine your monthly premium, subtract the contribution from the total premium listed above. You may also log into your myMCHCP account, select the Open Enrollment link or use the premium calculator.

Long-Term Disability Subscriber without Medicare Premiums *With Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only without Medicare	\$540	\$565	\$708	\$733	\$726	\$751
Subscriber and Spouse without Medicare¹	1,120	1,145	1,457	1,482	1,493	1,518
Subscriber, Spouse without Medicare and One Child¹	1,223	1,248	1,602	1,627	1,644	1,669
Subscriber, Spouse without Medicare and Two Children¹	1,438	1,463	1,860	1,885	1,907	1,932
Subscriber, Spouse without Medicare and Three Children¹	1,652	1,677	2,118	2,143	2,169	2,194
Subscriber, Spouse without Medicare and Four Children¹	1,867	1,892	2,376	2,401	2,432	2,457
Subscriber, Spouse without Medicare and Five or more Children¹	2,174	2,199	2,744	2,769	2,807	2,832
Subscriber without Medicare, Spouse with Medicare	Not Available		933	958	971	996
Subscriber, Spouse with Medicare and One Child	Not Available		1,079	1,104	1,123	1,148
Subscriber, Spouse with Medicare and Two Children	Not Available		1,337	1,362	1,386	1,411
Subscriber, Spouse with Medicare and Three Children	Not Available		1,595	1,620	1,649	1,674
Subscriber, Spouse with Medicare and Four Children	Not Available		1,853	1,878	1,912	1,937
Subscriber, Spouse with Medicare and Five or more Children	Not Available		2,221	2,246	2,287	2,312
Subscriber and One Child	645	670	857	882	880	905
Subscriber and Two Children	860	885	1,114	1,139	1,143	1,168
Subscriber and Three Children	1,075	1,100	1,372	1,397	1,405	1,430
Subscriber and Four Children	1,289	1,314	1,630	1,655	1,668	1,693
Subscriber and Five or more Children	1,596	1,621	1,998	2,023	2,044	2,069

1. The premium listed for "Subscriber and Spouse" and "Subscriber, Spouse and Child(ren)" assumes that both the subscriber and spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Long-Term Disability Subscriber without Medicare Premiums *Without Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only without Medicare	\$580	\$605	\$748	\$773	\$766	\$791
Subscriber and Spouse without Medicare¹	1,200	1,225	1,537	1,562	1,573	1,598
Subscriber, Spouse without Medicare and One Child¹	1,303	1,328	1,682	1,707	1,724	1,749
Subscriber, Spouse without Medicare and Two Children¹	1,518	1,543	1,940	1,965	1,987	2,012
Subscriber, Spouse without Medicare and Three Children¹	1,732	1,757	2,198	2,223	2,249	2,274
Subscriber, Spouse without Medicare and Four Children¹	1,947	1,972	2,456	2,481	2,512	2,537
Subscriber, Spouse without Medicare and Five or more Children¹	2,254	2,279	2,824	2,849	2,887	2,912
Subscriber without Medicare, Spouse with Medicare	Not Available		973	998	1,011	1,036
Subscriber, Spouse with Medicare and One Child	Not Available		1,119	1,144	1,163	1,188
Subscriber, Spouse with Medicare and Two Children	Not Available		1,377	1,402	1,426	1,451
Subscriber, Spouse with Medicare and Three Children	Not Available		1,635	1,660	1,689	1,714
Subscriber, Spouse with Medicare and Four Children	Not Available		1,893	1,918	1,952	1,977
Subscriber, Spouse with Medicare and Five or more Children	Not Available		2,261	2,286	2,327	2,352
Subscriber and One Child	685	710	897	922	920	945
Subscriber and Two Children	900	925	1,154	1,179	1,183	1,208
Subscriber and Three Children	1,115	1,140	1,412	1,437	1,445	1,470
Subscriber and Four Children	1,329	1,354	1,670	1,695	1,708	1,733
Subscriber and Five or more Children	1,636	1,661	2,038	2,063	2,084	2,109

1. The premium listed for "Subscriber and Spouse" and "Subscriber, Spouse and Child(ren)" assumes that both the subscriber and spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.

Long-Term Disability Subscriber with Medicare Premiums

Level of Coverage	PPO 600 Plan	PPO 300 Plan	Medicare Prescription Drug Only Plan (All covered members must have Medicare)
Subscriber only with Medicare	\$189	\$209	\$110
Subscriber and Spouse without Medicare	905	943	Not Available
Subscriber, Spouse without Medicare and One Child	1,049	1,093	Not Available
Subscriber, Spouse without Medicare and Two Children	1,307	1,356	Not Available
Subscriber, Spouse without Medicare and Three Children	1,565	1,619	Not Available
Subscriber, Spouse without Medicare and Four Children	1,823	1,882	Not Available
Subscriber, Spouse without Medicare and Five or more Children	2,191	2,257	Not Available
Subscriber and Spouse with Medicare	380	422	221
Subscriber, Spouse with Medicare and One Child	524	571	Not Available
Subscriber, Spouse with Medicare and Two Children	782	834	Not Available
Subscriber, Spouse with Medicare and Three Children	1,040	1,096	Not Available
Subscriber, Spouse with Medicare and Four Children	1,297	1,359	Not Available
Subscriber, Spouse with Medicare and Five or more Children	1,665	1,734	Not Available
Subscriber and One Child	335	361	Not Available
Subscriber and Two Children	593	624	Not Available
Subscriber and Three Children	851	887	Not Available
Subscriber and Four Children	1,109	1,150	Not Available
Subscriber and Five or more Children	1,477	1,525	Not Available

Terminated Vested Subscriber without Medicare Premiums *With Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only without Medicare	\$631	\$656	\$751	\$776	\$766	\$791
Subscriber and Spouse without Medicare¹	1,262	1,287	1,503	1,528	1,532	1,557
Subscriber, Spouse without Medicare and One Child¹	1,439	1,464	1,710	1,735	1,743	1,768
Subscriber, Spouse without Medicare and Two Children¹	1,616	1,641	1,917	1,942	1,954	1,979
Subscriber, Spouse without Medicare and Three Children¹	1,793	1,818	2,124	2,149	2,165	2,190
Subscriber, Spouse without Medicare and Four Children¹	1,969	1,994	2,332	2,357	2,377	2,402
Subscriber, Spouse without Medicare & Five or more Children¹	2,222	2,247	2,627	2,652	2,678	2,703
Subscriber without Medicare, Spouse with Medicare	Not Available		1,058	1,083	1,093	1,118
Subscriber, Spouse with Medicare and One Child	Not Available		1,265	1,290	1,305	1,330
Subscriber, Spouse with Medicare and Two Children	Not Available		1,472	1,497	1,516	1,541
Subscriber, Spouse with Medicare and Three Children	Not Available		1,680	1,705	1,727	1,752
Subscriber, Spouse with Medicare and Four Children	Not Available		1,887	1,912	1,938	1,963
Subscriber, Spouse with Medicare and Five or more Children	Not Available		2,183	2,208	2,240	2,265
Subscriber and One Child	808	833	959	984	977	1,002
Subscriber and Two Children	985	1,010	1,166	1,191	1,188	1,213
Subscriber and Three Children	1,161	1,186	1,373	1,398	1,400	1,425
Subscriber and Four Children	1,338	1,363	1,580	1,605	1,611	1,636
Subscriber and Five or more Children	1,591	1,616	1,876	1,901	1,912	1,937

1. The premium listed for "Subscriber and Spouse" and "Subscriber, Spouse and Child(ren)" assumes that both the subscriber and spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Terminated Vested Subscriber without Medicare Premiums *Without Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only without Medicare	\$671	\$696	\$791	\$816	\$806	\$831
Subscriber and Spouse without Medicare¹	1,342	1,367	1,583	1,608	1,612	1,637
Subscriber, Spouse without Medicare and One Child¹	1,519	1,544	1,790	1,815	1,823	1,848
Subscriber, Spouse without Medicare and Two Children¹	1,696	1,721	1,997	2,022	2,034	2,059
Subscriber, Spouse without Medicare and Three Children¹	1,873	1,898	2,204	2,229	2,245	2,270
Subscriber, Spouse without Medicare and Four Children¹	2,049	2,074	2,412	2,437	2,457	2,482
Subscriber, Spouse without Medicare and Five or more Children¹	2,302	2,327	2,707	2,732	2,758	2,783
Subscriber without Medicare, Spouse with Medicare	Not Available		1,098	1,123	1,133	1,158
Subscriber, Spouse with Medicare and One Child	Not Available		1,305	1,330	1,345	1,370
Subscriber, Spouse with Medicare and Two Children	Not Available		1,512	1,537	1,556	1,581
Subscriber, Spouse with Medicare and Three Children	Not Available		1,720	1,745	1,767	1,792
Subscriber, Spouse with Medicare and Four Children	Not Available		1,927	1,952	1,978	2,003
Subscriber, Spouse with Medicare and Five or more Children	Not Available		2,223	2,248	2,280	2,305
Subscriber and One Child	848	873	999	1,024	1,017	1,042
Subscriber and Two Children	1,025	1,050	1,206	1,231	1,228	1,253
Subscriber and Three Children	1,201	1,226	1,413	1,438	1,440	1,465
Subscriber and Four Children	1,378	1,403	1,620	1,645	1,651	1,676
Subscriber and Five or more Children	1,631	1,656	1,916	1,941	1,952	1,977

1. The premium listed for "Subscriber and Spouse" and "Subscriber, Spouse and Child(ren)" assumes that both the subscriber and spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.

Terminated Vested Subscriber with Medicare Premiums

Level of Coverage	PPO 600 Plan	PPO 300 Plan	Medicare Prescription Drug Only Plan (All covered members must have Medicare)
Subscriber only with Medicare	\$307	\$327	\$178
Subscriber and Spouse without Medicare	1,058	1,093	Not Available
Subscriber, Spouse without Medicare and One Child	1,316	1,356	Not Available
Subscriber, Spouse without Medicare and Two Children	1,574	1,619	Not Available
Subscriber, Spouse without Medicare and Three Children	1,831	1,882	Not Available
Subscriber, Spouse without Medicare and Four Children	2,089	2,145	Not Available
Subscriber, Spouse without Medicare and Five or more Children	2,457	2,520	Not Available
Subscriber and Spouse with Medicare	613	655	356
Subscriber, Spouse with Medicare and One Child	871	918	Not Available
Subscriber, Spouse with Medicare and Two Children	1,129	1,181	Not Available
Subscriber, Spouse with Medicare and Three Children	1,387	1,443	Not Available
Subscriber, Spouse with Medicare and Four Children	1,644	1,706	Not Available
Subscriber, Spouse with Medicare and Five or more Children	2,012	2,081	Not Available
Subscriber and One Child	564	590	Not Available
Subscriber and Two Children	822	853	Not Available
Subscriber and Three Children	1,080	1,116	Not Available
Subscriber and Four Children	1,338	1,379	Not Available
Subscriber and Five or more Children	1,706	1,754	Not Available

Level B Foster Parent Premiums *With Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber Only	\$492	\$517	\$575	\$600	\$602	\$627
Subscriber and Spouse¹	1,194	1,219	1,407	1,432	1,473	1,498
Subscriber and One Child	699	724	790	815	827	852
Subscriber and Two Children	881	906	1,004	1,029	1,051	1,076
Subscriber and Three Children	1,063	1,088	1,218	1,243	1,276	1,301
Subscriber and Four Children	1,245	1,270	1,432	1,457	1,501	1,526
Subscriber and Five or more Children	1,507	1,532	1,740	1,765	1,823	1,848
Subscriber, Spouse and One Child¹	1,376	1,401	1,621	1,646	1,697	1,722
Subscriber, Spouse and Two Children¹	1,558	1,583	1,836	1,861	1,922	1,947
Subscriber, Spouse and Three Children¹	1,740	1,765	2,050	2,075	2,147	2,172
Subscriber, Spouse and Four Children¹	1,922	1,947	2,264	2,289	2,372	2,397
Subscriber, Spouse and Five or more Children¹	2,184	2,209	2,572	2,597	2,694	2,719

1. The premium listed for "Subscriber and Spouse" and "Subscriber, Spouse and Child(ren)" assumes that both the subscriber and spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Level B Foster Parent Premiums *Without Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber Only	\$532	\$557	\$615	\$640	\$642	\$667
Subscriber and Spouse¹	1,274	1,299	1,487	1,512	1,553	1,578
Subscriber and One Child	739	764	830	855	867	892
Subscriber and Two Children	921	946	1,044	1,069	1,091	1,116
Subscriber and Three Children	1,103	1,128	1,258	1,283	1,316	1,341
Subscriber and Four Children	1,285	1,310	1,472	1,497	1,541	1,566
Subscriber and Five or more Children	1,547	1,572	1,780	1,805	1,863	1,888
Subscriber, Spouse and One Child¹	1,456	1,481	1,701	1,726	1,777	1,802
Subscriber, Spouse and Two Children¹	1,638	1,663	1,916	1,941	2,002	2,027
Subscriber, Spouse and Three Children¹	1,820	1,845	2,130	2,155	2,227	2,252
Subscriber, Spouse and Four Children¹	2,002	2,027	2,344	2,369	2,452	2,477
Subscriber, Spouse and Five or more Children¹	2,264	2,289	2,652	2,677	2,774	2,799

1. The premium listed for "Subscriber and Spouse" and "Subscriber, Spouse and Child(ren)" assumes that both the subscriber and spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.

Dental, Vision, and TRICARE Premiums

Dental Premiums

	Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Subscriber and Family	COBRA Child(ren)
Active Employee	\$25.36	\$50.50	\$52.42	\$87.88	Not Available
Leave of Absence	\$25.36	\$50.50	\$52.42	\$87.88	Not Available
COBRA Subscriber	\$25.86	\$51.51	\$53.47	\$89.64	\$27.61
Retiree, Long-Term Disability, Terminated Vested and Survivor	\$25.36	\$50.50	\$52.42	\$87.88	Not Available

Vision Premiums

	Subscriber Only		Subscriber and Spouse		Subscriber and Child(ren)		Subscriber and Family		COBRA Child(ren)	
	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan
Active Employee	\$3.84	\$4.84	\$7.68	\$9.66	\$11.06	\$13.96	\$15.78	\$19.90	Not Available	
Leave of Absence	\$3.84	\$4.84	\$7.68	\$9.66	\$11.06	\$13.96	\$15.78	\$19.90	Not Available	
COBRA Subscriber	\$3.91	\$4.94	\$7.82	\$9.85	\$11.28	\$14.23	\$16.10	\$20.30	\$7.37	\$9.29
Retiree, Long-Term Disability, Terminated Vested and Survivor	\$4.00	\$5.05	\$8.01	\$10.09	\$11.55	\$14.57	\$16.48	\$20.79	Not Available	

TRICARE Supplement Premiums

Employee Only	\$60.50
Employee and Spouse	\$119.50
Employee and Child(ren)	\$119.50
Employee and Family	\$160.50

