FY17 Health Plan Contributions

If you enroll your spouse and/or dependents in one of the Health Plans, contributions are deducted on a pretax basis. The chart below shows the State Employee Health Plan contributions for FY17.

24 PAY PERIODS		
Coverage Level	$750 Deductible Health Plan Contributions[1]	$1,800 Deductible Health Plan with HSA Contributions[1]
Employee	N/A	N/A
Employee and 1 Child	$43.42	$6.71
Employee and 2 Children	$79.33	$13.40
Employee and 3 or more Children	$101.33	$20.08
Employee and Spouse (Spouse Age as of July 1, 2016)[2]		
< 30	$54.14	$13.95
30 to 39	$69.52	$22.07
40 to 44	$86.09	$31.67
45 to 49	$102.40	$42.13
50 to 54	$124.36	$56.97
55 to 59	$149.76	$72.96
60 +	$171.81	$83.52
Employee and Spouse and 1 Child (Spouse Age as of July 1, 2016)[2]		
< 30	$91.73	$20.30
30 to 39	$107.61	$28.70
40 to 44	$124.48	$38.30
45 to 49	$140.95	$48.80
50 to 54	$161.43	$63.60
55 to 59	$187.24	$79.60
60 +	$210.40	$90.20
Employee and Spouse and 2+ Children (Spouse Age as of July 1, 2016)[2]		
< 30	$128.94	$27.00
30 to 39	$145.88	$35.40
40 to 44	$162.75	$45.00
45 to 49	$179.20	$55.50
50 to 54	$199.68	$70.30
55 to 59	$225.51	$86.30
60 +	$248.67	$96.90

[1]$30 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products.

[2] For Family Status Changes during the plan year, current age determines rate.

FY17 Health Plan Contributions

If you enroll your spouse and/or dependents in one of the Health Plans, contributions are deducted on a pretax basis. The chart below shows the State Employee Health Plan contributions for FY17.

12 PAY PERIODS*		
Coverage Level	$750 Deductible Health Plan Contributions[1]	$1,800 Deductible Health Plan with HSA Contributions[1]
Employee	N/A	N/A
Employee and 1 Child	$86.84	$13.42
Employee and 2 Children	$158.66	$26.80
Employee and 3 or more Children	$202.66	$40.16
Employee and Spouse (Spouse Age as of July 1, 2016)[2]		
< 30	$108.28	$27.90
30 to 39	$139.04	$44.14
40 to 44	$172.18	$63.34
45 to 49	$204.80	$84.26
50 to 54	$248.72	$113.94
55 to 59	$299.52	$145.92
60 +	$343.62	$167.04
Employee and Spouse and 1 Child (Spouse Age as of July 1, 2016)[2]		
< 30	$183.46	$40.60
30 to 39	$215.22	$57.40
40 to 44	$248.96	$76.60
45 to 49	$281.90	$97.60
50 to 54	$322.86	$127.20
55 to 59	$374.48	$159.20
60 +	$420.80	$180.40
Employee and Spouse and 2+ Children (Spouse Age as of July 1, 2016)[2]		
< 30	$257.88	$54.00
30 to 39	$291.76	$70.80
40 to 44	$325.50	$90.00
45 to 49	$358.40	$111.00
50 to 54	$399.36	$140.60
55 to 59	$451.02	$172.60
60 +	$497.34	$193.80

[1]$60 per person, per pay period will be added to your Health Plan contribution if you and/or your spouse use tobacco products.

[2] For Family Status Changes during the plan year, current age determines the contribution rate.

* This applies only to employees of the Board of Regents.

FY17 FLEXIBLE BENEFITS PREMIUM RATES - Active Employees

Dental Plan - Delta Dental

Coverage Level	Premiums 24 Pay Period	Premiums 24 Pay Period		Premiums 12 Pay Period	Premiums 12 Pay Period
	Base Plan	Enhanced Plan		Enhanced Plan	Base Plan
Employee	$15.58	$25.16		$50.32	$31.16
Employee + Spouse	$31.11	$50.24		$100.48	$62.22
Employee + Child(ren)	$34.05	$51.23		$102.46	$68.10
Employee + Family	$49.58	$76.32		$152.64	$99.16
Premiums for coverage under the Dental Plan are made on a pretax basis.					

Vision Plan- MetLife

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	$3.26	$6.52
Employee + Spouse	$6.54	$13.08
Employee + Child(ren)	$5.54	$11.08
Employee + Family	$9.13	$18.26
Premiums for coverage under the Vision Care Plan are made on a pretax basis.		

Accident Insurance Plan

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	$4.03	$8.06
Employee + Spouse	$6.10	$12.20
Employee + Child(ren)	$7.99	$15.98
Employee + Family	$10.22	$20.44
Premiums for coverage under the Accident Insurance Plan are made on an after tax basis.		

Short-Term Disability

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	$3.98	$7.96
Premiums for coverage under the Short-Term Disability Income Protection Plan are made on an after tax basis.		

FY17 FLEXIBLE BENEFITS PREMIUM RATES - Active Employees

Hospital Indemnity Plan

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	$4.36	$8.72
Employee + Spouse	$5.81	$11.62
Employee + Child(ren)	$8.92	$17.84
Employee + Family	$11.81	$23.62
Premiums for coverage under the Hospital Indemnity Plan are made on an after tax basis.		

FY17 Supplemental Life Premium Rates - Voya Financial Per $1000 of Coverage

RATE PER $1,000 OF COVERAGE PER PAY PERIOD				
Age	Premiums 24 Pay Period		Premiums 12 Pay Period	
	Life	AD&D	Life	AD&D
Younger than 30	$0.030	$0.015	$0.060	$0.030
30 to 34	$0.030	$0.015	$0.060	$0.030
35 to 39	$0.050	$0.015	$0.100	$0.030
40 to 44	$0.065	$0.015	$0.130	$0.030
45 to 49	$0.090	$0.015	$0.180	$0.030
50 to 54	$0.135	$0.015	$0.270	$0.030
55 to 59	$0.160	$0.015	$0.320	$0.030
60 to 64	$0.250	$0.015	$0.500	$0.030
65 to 69	$0.520	$0.015	$1.040	$0.030
70+	$0.900	$0.015	$1.800	$0.030

FY17 Dependent Life Premium Rates - Voya Financial $10,000 Coverage

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
$10,000 Life	$1.13	$2.26
$10,000 AD&D	$0.15	$0.30