



2021 Monthly Subscriber Premiums

Active, Leave of Absence, COBRA & Level B
Foster Parent Subscribers

Note: Premiums without contraception coverage are available upon request.

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Important Note About MCHCP Contributions

Premiums listed in this guide do reflect the MCHCP contribution, and are what subscribers will owe each month. To review the MCHCP contribution amount or calculate premiums, log into myMCHCP. If you need additional help determining your premium, contact MCHCP Member Services at 800-487-0771.

Active Employee Subscriber With Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Employee only	\$0	\$25	\$42	\$67	\$72	\$97
Employee and spouse	77	102	244	269	324	349
Employee and one child	13	38	70	95	114	139
Employee and two children	19	44	90	115	145	170
Employee and three children	24	49	110	135	177	202
Employee and four children	33	58	130	155	210	235
Employee and five or more children	34	59	150	175	247	272
Employee, spouse and one child	90	115	272	297	365	390
Employee, spouse and two children	96	121	292	317	397	422
Employee, spouse and three children	101	126	312	337	429	454
Employee, spouse and four children	110	135	332	357	462	487
Employee, spouse and five or more children	111	136	352	377	499	524

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 Subscriber Without Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Employee only	\$40	\$65	\$82	\$107	\$112	\$137
Employee and spouse	157	182	324	349	404	429
Employee and one child	53	78	110	135	154	179
Employee and two children	59	84	130	155	185	210
Employee and three children	64	89	150	175	217	242
Employee and four children	73	98	170	195	250	275
Employee and five or more children	74	99	190	215	287	312
Employee, spouse and one child	170	195	352	377	445	470
Employee, spouse and two children	176	201	372	397	477	502
Employee, spouse and three children	181	206	392	417	509	534
Employee, spouse and four children	190	215	412	437	542	567
Employee, spouse and five or more children	191	216	432	457	579	604

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 With Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$595	\$620	\$674	\$699	\$718	\$743
Subscriber and spouse	1,445	1,470	1,647	1,672	1,757	1,782
Subscriber and one child	842	867	923	948	985	1,010
Subscriber and two children	1,064	1,089	1,172	1,197	1,251	1,276
Subscriber and three children	1,286	1,311	1,421	1,446	1,518	1,543
Subscriber and four children	1,508	1,533	1,670	1,695	1,784	1,809
Subscriber and five or more children	1,827	1,852	2,027	2,052	2,166	2,191
Subscriber, spouse and one child	1,668	1,693	1,896	1,921	2,023	2,048
Subscriber, spouse and two children	1,890	1,915	2,145	2,170	2,289	2,314
Subscriber, spouse and three children	2,112	2,137	2,394	2,419	2,556	2,581
Subscriber, spouse and four children	2,334	2,359	2,643	2,668	2,822	2,847
Subscriber, spouse and five or more children	2,653	2,678	3,001	3,026	3,205	3,230

The premium listed for "subscriber and spouse" and "subscriber, 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.

Leave of Absence Subscriber Without Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$635	\$660	\$714	\$739	\$758	\$783
Subscriber and spouse	1,525	1,550	1,727	1,752	1,837	1,862
Subscriber and one child	882	907	963	988	1,025	1,050
Subscriber and two children	1,104	1,129	1,212	1,237	1,291	1,316
Subscriber and three children	1,326	1,351	1,461	1,486	1,558	1,583
Subscriber and four children	1,548	1,573	1,710	1,735	1,824	1,849
Subscriber and five or more children	1,867	1,892	2,067	2,092	2,206	2,231
Subscriber, spouse and one child	1,748	1,773	1,976	2,001	2,103	2,128
Subscriber, spouse and two children	1,970	1,995	2,225	2,250	2,369	2,394
Subscriber, spouse and three children	2,192	2,217	2,474	2,499	2,636	2,661
Subscriber, spouse and four children	2,414	2,439	2,723	2,748	2,902	2,927
Subscriber, spouse and five or more children	2,733	2,758	3,081	3,106	3,285	3,310

The premium listed for "subscriber and spouse" and "subscriber, 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.

COBRA Subscriber With Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$581	\$606	\$687	\$712	\$733	\$758
Subscriber and spouse	1,423	1,448	1,680	1,705	1,792	1,817
Subscriber and one child	808	833	941	966	1,004	1,029
Subscriber and two children	1,034	1,059	1,195	1,220	1,276	1,301
Subscriber and three children	1,261	1,286	1,449	1,474	1,548	1,573
Subscriber and four children	1,487	1,512	1,703	1,728	1,820	1,845
Subscriber and five or more children	1,813	1,838	2,068	2,093	2,210	2,235
Subscriber, spouse and one child	1,650	1,675	1,934	1,959	2,063	2,088
Subscriber, spouse and two children	1,877	1,902	2,188	2,213	2,335	2,360
Subscriber, spouse and three children	2,103	2,128	2,442	2,467	2,607	2,632
Subscriber, spouse and four children	2,330	2,355	2,696	2,721	2,879	2,904
Subscriber, spouse and five or more children	2,655	2,680	3,061	3,086	3,269	3,294
Child Only	227	227	254	254	272	272

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 Without Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$621	\$646	\$727	\$752	\$773	\$798
Subscriber and spouse	1,503	1,528	1,760	1,785	1,872	1,897
Subscriber and one child	848	873	981	1,006	1,044	1,069
Subscriber and two children	1,074	1,099	1,235	1,260	1,316	1,341
Subscriber and three children	1,301	1,326	1,489	1,514	1,588	1,613
Subscriber and four children	1,527	1,552	1,743	1,768	1,860	1,885
Subscriber and five or more children	1,853	1,878	2,108	2,133	2,250	2,275
Subscriber, spouse and one child	1,730	1,755	2,014	2,039	2,143	2,168
Subscriber, spouse and two children	1,957	1,982	2,268	2,293	2,415	2,440
Subscriber, spouse and three children	2,183	2,208	2,522	2,547	2,687	2,712
Subscriber, spouse and four children	2,410	2,435	2,776	2,801	2,959	2,984
Subscriber, spouse and five or more children	2,735	2,760	3,141	3,166	3,349	3,374
Child Only	227	227	254	254	272	272

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.

Level B Foster Parent Subscriber With Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$595	\$620	\$674	\$699	\$718	\$743
Subscriber and spouse	1,445	1,470	1,647	1,672	1,757	1,782
Subscriber and one child	842	867	923	948	985	1,010
Subscriber and two children	1,064	1,089	1,172	1,197	1,251	1,276
Subscriber and three children	1,286	1,311	1,421	1,446	1,518	1,543
Subscriber and four children	1,508	1,533	1,670	1,695	1,784	1,809
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Subscriber, spouse and three children	2,112	2,137	2,394	2,419	2,556	2,581
Subscriber, spouse and four children	2,334	2,359	2,643	2,668	2,822	2,847
Subscriber, spouse and five or more children	2,653	2,678	3,001	3,026	3,205	3,230

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 Subscriber Without Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$635	\$660	\$714	\$739	\$758	\$783
Subscriber and spouse	1,525	1,550	1,727	1,752	1,837	1,862
Subscriber and one child	882	907	963	988	1,025	1,050
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Subscriber, spouse and one child	1,748	1,773	1,976	2,001	2,103	2,128
Subscriber, spouse and two children	1,970	1,995	2,225	2,250	2,369	2,394
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Dental, Vision and TRICARE Supplement

Dental Premiums

	Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Subscriber and Family	COBRA Child(ren)
Active, Leave of Absence and Level B Foster Parent Subscribers	\$23.44	\$46.68	\$48.44	\$81.22	N/A
COBRA Subscribers	\$23.91	\$47.61	\$49.41	\$82.83	\$25.50

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 Leave of Absence and Level B Foster Parent Subscribers	\$3.54	\$4.48	\$7.10	\$8.94	\$10.22	\$12.90	\$14.60	\$18.40	N/A	N/A
COBRA Subscribers	\$3.61	\$4.56	\$7.23	\$9.11	\$10.42	\$13.16	\$14.88	\$18.77	\$6.81	\$8.60

TRICARE Supplement Premiums

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

