



2021 Monthly Subscriber Premiums

Without Contraception Coverage

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

Note: Premiums with 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 Without Contraception Coverage

| 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 | \$41 | \$66 | \$71 | \$96 |
| Employee and spouse | 76 | 101 | 243 | 268 | 322 | 347 |
| Employee and one child | 12 | 37 | 69 | 94 | 113 | 138 |
| Employee and two children | 18 | 43 | 89 | 114 | 144 | 169 |
| Employee and three children | 23 | 48 | 109 | 134 | 176 | 201 |
| Employee and four children | 32 | 57 | 129 | 154 | 209 | 234 |
| Employee and five or more children | 33 | 58 | 149 | 174 | 246 | 271 |
| Employee, spouse and one child | 89 | 114 | 271 | 296 | 364 | 389 |
| Employee, spouse and two children | 95 | 120 | 291 | 316 | 395 | 420 |
| Employee, spouse and three children | 100 | 125 | 311 | 336 | 427 | 452 |
| Employee, spouse and four children | 109 | 134 | 331 | 356 | 460 | 485 |
| Employee, spouse and five or more children | 110 | 135 | 351 | 376 | 496 | 521 |

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 Without Contraception Coverage

| Level of Coverage | HSA Plan | | PPO 1220 Plan | | PPO 750 Plan | |
|--|---------------------|------------------|---------------------|------------------|---------------------|------------------|
| | Partnership Premium | Standard Premium | Partnership Premium | Standard Premium | Partnership Premium | Standard Premium |
| Employee only | \$40 | \$65 | \$81 | \$106 | \$111 | \$136 |
| Employee and spouse | 156 | 181 | 323 | 348 | 402 | 427 |
| Employee and one child | 52 | 77 | 109 | 134 | 153 | 178 |
| Employee and two children | 58 | 83 | 129 | 154 | 184 | 209 |
| Employee and three children | 63 | 88 | 149 | 174 | 216 | 241 |
| Employee and four children | 72 | 97 | 169 | 194 | 249 | 274 |
| Employee and five or more children | 73 | 98 | 189 | 214 | 286 | 311 |
| Employee, spouse and one child | 169 | 194 | 351 | 376 | 444 | 469 |
| Employee, spouse and two children | 175 | 200 | 371 | 396 | 475 | 500 |
| Employee, spouse and three children | 180 | 205 | 391 | 416 | 507 | 532 |
| Employee, spouse and four children | 189 | 214 | 411 | 436 | 540 | 565 |
| Employee, spouse and five or more children | 190 | 215 | 431 | 456 | 576 | 601 |

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 Without Contraception Coverage

| 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 | \$591 | \$616 | \$670 | \$695 | \$714 | \$739 |
| Subscriber and spouse | 1,438 | 1,463 | 1,638 | 1,663 | 1,747 | 1,772 |
| Subscriber and one child | 837 | 862 | 918 | 943 | 979 | 1,004 |
| Subscriber and two children | 1,058 | 1,083 | 1,165 | 1,190 | 1,245 | 1,270 |
| Subscriber and three children | 1,279 | 1,304 | 1,413 | 1,438 | 1,510 | 1,535 |
| Subscriber and four children | 1,500 | 1,525 | 1,661 | 1,686 | 1,775 | 1,800 |
| Subscriber and five or more children | 1,817 | 1,842 | 2,017 | 2,042 | 2,156 | 2,181 |
| Subscriber, spouse and one child | 1,659 | 1,684 | 1,886 | 1,911 | 2,012 | 2,037 |
| Subscriber, spouse and two children | 1,880 | 1,905 | 2,133 | 2,158 | 2,277 | 2,302 |
| Subscriber, spouse and three children | 2,100 | 2,125 | 2,381 | 2,406 | 2,543 | 2,568 |
| Subscriber, spouse and four children | 2,321 | 2,346 | 2,629 | 2,654 | 2,808 | 2,833 |
| Subscriber, spouse and five or more children | 2,638 | 2,663 | 2,985 | 3,010 | 3,188 | 3,213 |

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 Without Contraception Coverage

| 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 | \$631 | \$656 | \$710 | \$735 | \$754 | \$779 |
| Subscriber and spouse | 1,518 | 1,543 | 1,718 | 1,743 | 1,827 | 1,852 |
| Subscriber and one child | 877 | 902 | 958 | 983 | 1,019 | 1,044 |
| Subscriber and two children | 1,098 | 1,123 | 1,205 | 1,230 | 1,285 | 1,310 |
| Subscriber and three children | 1,319 | 1,344 | 1,453 | 1,478 | 1,550 | 1,575 |
| Subscriber and four children | 1,540 | 1,565 | 1,701 | 1,726 | 1,815 | 1,840 |
| Subscriber and five or more children | 1,857 | 1,882 | 2,057 | 2,082 | 2,196 | 2,221 |
| Subscriber, spouse and one child | 1,739 | 1,764 | 1,966 | 1,991 | 2,092 | 2,117 |
| Subscriber, spouse and two children | 1,960 | 1,985 | 2,213 | 2,238 | 2,357 | 2,382 |
| Subscriber, spouse and three children | 2,180 | 2,205 | 2,461 | 2,486 | 2,623 | 2,648 |
| Subscriber, spouse and four children | 2,401 | 2,426 | 2,709 | 2,734 | 2,888 | 2,913 |
| Subscriber, spouse and five or more children | 2,718 | 2,743 | 3,065 | 3,090 | 3,268 | 3,293 |

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 Without Contraception Coverage

| 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 | \$578 | \$603 | \$683 | \$708 | \$729 | \$754 |
| Subscriber and spouse | 1,415 | 1,440 | 1,671 | 1,696 | 1,782 | 1,807 |
| Subscriber and one child | 803 | 828 | 936 | 961 | 999 | 1,024 |
| Subscriber and two children | 1,028 | 1,053 | 1,189 | 1,214 | 1,270 | 1,295 |
| Subscriber and three children | 1,254 | 1,279 | 1,441 | 1,466 | 1,540 | 1,565 |
| Subscriber and four children | 1,479 | 1,504 | 1,694 | 1,719 | 1,811 | 1,836 |
| Subscriber and five or more children | 1,803 | 1,828 | 2,057 | 2,082 | 2,199 | 2,224 |
| Subscriber, spouse and one child | 1,641 | 1,666 | 1,923 | 1,948 | 2,052 | 2,077 |
| Subscriber, spouse and two children | 1,866 | 1,891 | 2,176 | 2,201 | 2,323 | 2,348 |
| Subscriber, spouse and three children | 2,091 | 2,116 | 2,429 | 2,454 | 2,593 | 2,618 |
| Subscriber, spouse and four children | 2,317 | 2,342 | 2,682 | 2,707 | 2,864 | 2,889 |
| Subscriber, spouse and five or more children | 2,640 | 2,665 | 3,044 | 3,069 | 3,252 | 3,277 |
| Child Only | 225 | 225 | 253 | 253 | 270 | 270 |

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 Without Contraception Coverage

| 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 | \$618 | \$643 | \$723 | \$748 | \$769 | \$794 |
| Subscriber and spouse | 1,495 | 1,520 | 1,751 | 1,776 | 1,862 | 1,887 |
| Subscriber and one child | 843 | 868 | 976 | 1,001 | 1,039 | 1,064 |
| Subscriber and two children | 1,068 | 1,093 | 1,229 | 1,254 | 1,310 | 1,335 |
| Subscriber and three children | 1,294 | 1,319 | 1,481 | 1,506 | 1,580 | 1,605 |
| Subscriber and four children | 1,519 | 1,544 | 1,734 | 1,759 | 1,851 | 1,876 |
| Subscriber and five or more children | 1,843 | 1,868 | 2,097 | 2,122 | 2,239 | 2,264 |
| Subscriber, spouse and one child | 1,721 | 1,746 | 2,003 | 2,028 | 2,132 | 2,157 |
| Subscriber, spouse and two children | 1,946 | 1,971 | 2,256 | 2,281 | 2,403 | 2,428 |
| Subscriber, spouse and three children | 2,171 | 2,196 | 2,509 | 2,534 | 2,673 | 2,698 |
| Subscriber, spouse and four children | 2,397 | 2,422 | 2,762 | 2,787 | 2,944 | 2,969 |
| Subscriber, spouse and five or more children | 2,720 | 2,745 | 3,124 | 3,149 | 3,332 | 3,357 |
| Child Only | 225 | 225 | 253 | 253 | 270 | 270 |

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 Without Contraception Coverage

| 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 | \$591 | \$616 | \$670 | \$695 | \$714 | \$739 |
| Subscriber and spouse | 1,438 | 1,463 | 1,638 | 1,663 | 1,747 | 1,772 |
| Subscriber and one child | 837 | 862 | 918 | 943 | 979 | 1,004 |
| Subscriber and two children | 1,058 | 1,083 | 1,165 | 1,190 | 1,245 | 1,270 |
| Subscriber and three children | 1,279 | 1,304 | 1,413 | 1,438 | 1,510 | 1,535 |
| Subscriber and four children | 1,500 | 1,525 | 1,661 | 1,686 | 1,775 | 1,800 |
| Subscriber and five or more children | 1,817 | 1,842 | 2,017 | 2,042 | 2,156 | 2,181 |
| Subscriber, spouse and one child | 1,659 | 1,684 | 1,886 | 1,911 | 2,012 | 2,037 |
| Subscriber, spouse and two children | 1,880 | 1,905 | 2,133 | 2,158 | 2,277 | 2,302 |
| Subscriber, spouse and three children | 2,100 | 2,125 | 2,381 | 2,406 | 2,543 | 2,568 |
| Subscriber, spouse and four children | 2,321 | 2,346 | 2,629 | 2,654 | 2,808 | 2,833 |
| Subscriber, spouse and five or more children | 2,638 | 2,663 | 2,985 | 3,010 | 3,188 | 3,213 |

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 Without Contraception Coverage

| 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 | \$631 | \$656 | \$710 | \$735 | \$754 | \$779 |
| Subscriber and spouse | 1,518 | 1,543 | 1,718 | 1,743 | 1,827 | 1,852 |
| Subscriber and one child | 877 | 902 | 958 | 983 | 1,019 | 1,044 |
| Subscriber and two children | 1,098 | 1,123 | 1,205 | 1,230 | 1,285 | 1,310 |
| Subscriber and three children | 1,319 | 1,344 | 1,453 | 1,478 | 1,550 | 1,575 |
| Subscriber and four children | 1,540 | 1,565 | 1,701 | 1,726 | 1,815 | 1,840 |
| Subscriber and five or more children | 1,857 | 1,882 | 2,057 | 2,082 | 2,196 | 2,221 |
| Subscriber, spouse and one child | 1,739 | 1,764 | 1,966 | 1,991 | 2,092 | 2,117 |
| Subscriber, spouse and two children | 1,960 | 1,985 | 2,213 | 2,238 | 2,357 | 2,382 |
| Subscriber, spouse and three children | 2,180 | 2,205 | 2,461 | 2,486 | 2,623 | 2,648 |
| Subscriber, spouse and four children | 2,401 | 2,426 | 2,709 | 2,734 | 2,888 | 2,913 |
| Subscriber, spouse and five or more children | 2,718 | 2,743 | 3,065 | 3,090 | 3,268 | 3,293 |

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 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 |