



2022 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 Premiums 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 child	13	38	70	95	114	139
Employee and children	19	44	90	115	145	170
Employee, spouse and child	90	115	272	297	365	390
Employee, spouse and children	96	121	292	317	397	422

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 Employees 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 child	53	78	110	135	154	179
Employee and children	59	84	130	155	185	210
Employee, spouse and child	170	195	352	377	445	470
Employee, spouse and children	176	201	372	397	477	502

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 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$605	\$630	\$686	\$711	\$733	\$758
Subscriber and spouse	1,472	1,497	1,679	1,704	1,793	1,818
Subscriber and child	857	882	941	966	1,006	1,031
Subscriber and children	1,188	1,213	1,314	1,339	1,405	1,430
Subscriber, spouse and child	1,698	1,723	1,933	1,958	2,066	2,091
Subscriber, spouse and children	2,030	2,055	2,306	2,331	2,465	2,490

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 Premiums 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	\$645	\$670	\$726	\$751	\$773	\$798
Subscriber and spouse	1,552	1,577	1,759	1,784	1,873	1,898
Subscriber and child	897	922	981	1,006	1,046	1,071
Subscriber and children	1,228	1,253	1,354	1,379	1,445	1,470
Subscriber, spouse and child	1,778	1,803	2,013	2,038	2,146	2,171
Subscriber, spouse and children	2,110	2,135	2,386	2,411	2,545	2,570

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 Premiums 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	\$592	\$617	\$700	\$725	\$748	\$773
Subscriber and spouse	1,450	1,475	1,712	1,737	1,829	1,854
Subscriber and child	823	848	960	985	1,026	1,051
Subscriber and children	1,161	1,186	1,340	1,365	1,433	1,458
Subscriber, spouse and child	1,681	1,706	1,972	1,997	2,107	2,132
Subscriber, spouse and children	2,020	2,045	2,352	2,377	2,514	2,539
Child only	231	231	260	260	278	278

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.

COBRA Subscriber Premiums 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	\$632	\$657	\$740	\$765	\$788	\$813
Subscriber and spouse	1,530	1,555	1,792	1,817	1,909	1,934
Subscriber and child	863	888	1,000	1,025	1,066	1,091
Subscriber and children	1,201	1,226	1,380	1,405	1,473	1,498
Subscriber, spouse and child	1,761	1,786	2,052	2,077	2,187	2,212
Subscriber, spouse and children	2,100	2,125	2,432	2,457	2,594	2,619
Child only	231	231	260	260	278	278

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.

Level B Foster Parent Premiums 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	\$605	\$630	\$686	\$711	\$733	\$758
Subscriber and spouse	1,472	1,497	1,679	1,704	1,793	1,818
Subscriber and child	857	882	941	966	1,006	1,031
Subscriber and children	1,188	1,213	1,314	1,339	1,405	1,430
Subscriber, spouse and child	1,698	1,723	1,933	1,958	2,066	2,091
Subscriber, spouse and children	2,030	2,055	2,306	2,331	2,465	2,490

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	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$645	\$670	\$726	\$751	\$773	\$798
Subscriber and spouse	1,552	1,577	1,759	1,784	1,873	1,898
Subscriber and child	897	922	981	1,006	1,046	1,071
Subscriber and children	1,228	1,253	1,354	1,379	1,445	1,470
Subscriber, spouse and child	1,778	1,803	2,013	2,038	2,146	2,171
Subscriber, spouse and children	2,110	2,135	2,386	2,411	2,545	2,570

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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	\$24.08	\$47.94	\$49.76	\$83.40	N/A
COBRA Subscribers	\$24.55	\$48.90	\$50.75	\$85.07	\$26.19

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

