

## **State Employee Health Plans**

### **Monthly**

<b>TOTAL CHOICE</b>				
Class Code	Definition	Total Premium	State Share	Employee Share
01	One Person	\$1,774.70	\$1,419.76	\$354.94
1A	Two Person	\$3,549.41	\$2,839.53	\$709.88
1B	Family	\$4,880.44	\$3,904.35	\$976.09

<b>SELECTCARE POS</b>				
Class Code	Definition	Total Premium	State Share	Employee Share
01	One Person	\$1,485.29	\$1,188.23	\$297.06
1A	Two Person	\$2,970.57	\$2,376.46	\$594.11
1B	Family	\$4,084.56	\$3,267.65	\$816.91

### **Annual**

<b>TOTAL CHOICE</b>				
Class Code	Definition	Total Premium	State Share	Employee Share
01	One Person	\$21,296.40	\$17,037.12	\$4,259.28
1A	Two Person	\$42,592.92	\$34,074.34	\$8,518.58
1B	Family	\$58,565.28	\$46,852.22	\$11,713.06

<b>SELECTCARE POS</b>				
Class Code	Definition	Total Premium	State Share	Employee Share
01	One Person	\$17,823.48	\$14,258.78	\$3,564.70
1A	Two Person	\$35,646.84	\$28,517.47	\$7,129.37
1B	Family	\$49,014.72	\$39,211.78	\$9,802.94