

# 2024/2025 Monthly Premiums



## Monthly Medical Premium Contributions for Non-Medicare-Eligible Coverage

Coverage Level	Quality First Select Access (State BlueCare Prime Tiered POS)	Primary Care Access (State BlueCare Point of Enrollment Plus [POE-G Plus])	Standard Access (State BlueCare Point of Enrollment [POE])	Expanded Access (State BlueCare Point of Service [POS])	Anthem State Preferred POS*	Anthem Out-of-Area
<b>Group 1: Retirement date prior to July 1999</b>						
1 person	\$0	\$0	\$0	\$0	\$0	\$0
2 persons	\$0	\$0	\$0	\$0	\$0	\$0
3+ persons	\$0	\$0	\$0	\$0	\$0	\$0
<b>Group 2: Retirement date 7/1/99 – 5/1/09, and those under the 2009 RIP</b>						
1 person	\$18.98	\$0	\$0	\$20.86	\$22.17	\$0
2 persons	\$41.76	\$0	\$0	\$45.89	\$48.77	\$0
3+ persons	\$51.25	\$0	\$0	\$56.32	\$59.85	\$0
<b>Group 3: Retirement date 6/1/09 – 10/1/11</b>						
1 person	\$18.98	\$0	\$0	\$20.86	\$22.17	\$0
2 persons	\$41.76	\$0	\$0	\$45.89	\$48.77	\$0
3+ persons	\$51.25	\$0	\$0	\$56.32	\$59.85	\$0
<b>Group 4: Retirement date 10/2/11 – 10/1/17</b>						
1 person	\$18.98	\$0	\$0	\$20.86	\$22.17	\$0
2 persons	\$41.76	\$0	\$0	\$45.89	\$48.77	\$0
3+ persons	\$51.25	\$0	\$0	\$56.32	\$59.85	\$0
<b>Group 5: Retirement date 10/2/17 – 7/1/2022; 25 or more years of service OR hazardous duty</b>						
1 person	\$18.36	\$0	\$0	\$19.81	\$21.09	\$0
2 persons	\$40.40	\$0	\$0	\$43.59	\$46.40	\$0
3+ persons	\$49.58	\$0	\$0	\$53.50	\$56.94	\$0
<b>Group 6: Retirement date 10/2/17 – 7/1/2022; fewer than 25 years of service OR non-hazardous duty</b>						
1 person	\$36.73	\$19.27	\$19.44	\$39.63	\$42.18	\$21.09
2 persons	\$80.80	\$42.39	\$42.77	\$87.18	\$92.79	\$46.40
3+ persons	\$99.16	\$52.02	\$52.49	\$107.00	\$113.88	\$56.94
<b>Group 8: Retirement date August 1, 2022 or later; hazardous duty</b>						
1 person	\$36.73	\$38.53	\$38.88	\$39.63	\$42.18	\$42.18
2 persons	\$80.80	\$84.77	\$85.54	\$87.18	\$92.79	\$92.79
3+ persons	\$99.16	\$104.04	\$104.98	\$107.00	\$113.88	\$113.88
<b>Group 9: Retirement date August 1, 2022 or later; non-hazardous duty</b>						
1 person	\$61.21	\$64.22	\$64.80	\$66.05	\$70.30	\$70.30
2 persons	\$134.67	\$141.29	\$142.57	\$145.31	\$154.66	\$154.66
3+ persons	\$165.27	\$173.40	\$174.97	\$178.33	\$189.80	\$189.80

\* Closed to new enrollment

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## Monthly Dental Premium Contributions for Non-Medicare-Eligible Coverage

You'll pay for the cost of dental coverage through deductions from your monthly pension check. Your premium contribution depends on the dental plan you choose, your retirement date and the number of covered individuals. Cigna is the administrator for all State of Connecticut dental plans.

Coverage Level	Dental Care DHMO Plan	Total Care DHMO Plan	Enhanced Plan	Basic Plan
<b>All Retirement Groups</b>				
1 person	\$23.38	\$29.16	\$35.09	\$43.71
2 persons	\$51.45	\$64.15	\$70.18	\$87.42
3+ persons	\$63.14	\$78.74	\$70.18	\$87.42