

# 2025/2026 Payroll Deductions

## Biweekly Payroll Deductions

### July 1, 2025 Through June 30, 2026 (26 Pay Periods)

If you do not enroll in HEP, you'll pay an additional \$46.15 per paycheck for the cost of coverage. (Employees on semimonthly pay schedules will have slightly higher premiums.)

**Employee** = just you, an active state employee

**Family** = state employee and more than one dependent

**Employee+1** = state employee and one dependent  
(spouse, child)

**FLES\*\*** = two married state employees

<i>Medical Plans</i>	Employee		Employee +1		Family		FLES*	
	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total
<b>Quality First Select Access</b> <small>STATE BLUECARE PRIME NETWORK (TIERED POS)</small>  <b>NEW ENROLLMENT (ON/AFTER JUL. 1, 2025)</b>	\$56.96	\$1,481.04	\$149.20	\$3,879.12	\$190.43	\$4,951.08	\$110.68	\$2,877.60
<b>IF ENROLLED PRIOR TO JUL. 1, 2025</b>	\$51.54	\$1,340.04	\$137.26	\$3,568.68	\$175.78	\$4,570.20	\$101.45	\$2,637.72
<b>Primary Care Access</b> <small>STATE BLUECARE NETWORK (POE PLUS)</small>	\$60.04	\$1,561.08	\$161.99	\$4,211.76	\$206.00	\$5,355.96	\$112.64	\$2,928.72
<b>Standard Access</b> <small>STATE BLUECARE NETWORK (POE)</small>	\$65.22	\$1,695.60	\$182.57	\$4,746.72	\$239.10	\$6,216.72	\$125.92	\$3,273.84
<b>Expanded Access</b> <small>STATE BLUECARE NETWORK (POS)</small>	\$77.26	\$2,008.68	\$207.75	\$5,401.44	\$246.57	\$6,410.76	\$136.75	\$3,555.60
<b>State Preferred POS</b> <small>Closed to new enrollment</small>	\$135.50	\$3,523.08	\$395.72	\$10,288.68	\$465.12	\$12,093.12	\$271.31	\$7,053.96
<b>Out-of-Area</b>	\$81.87	\$2,128.56	\$253.83	\$6,599.52	\$296.91	\$7,719.72	\$144.46	\$3,755.88

<i>Dental Plans</i>	Employee		Employee +1		Family		FLES*	
	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total
<b>Total Care DHMO</b>	\$0.00	\$0.00	\$4.90	\$127.44	\$6.94	\$180.48	\$2.86	\$74.28
<b>Enhanced</b>	\$0.00	\$0.00	\$11.19	\$291.00	\$11.19	\$291.00	\$5.73	\$149.04
<b>Basic</b>	\$0.00	\$0.00	\$11.43	\$297.12	\$11.43	\$297.12	\$5.85	\$152.16
<b>Dental HMO</b> <small>Closed to new enrollment</small>	\$0.00	\$0.00	\$3.93	\$102.12	\$5.57	\$144.72	\$2.29	\$59.64

The **Total Care DHMO Plan** offers better coverage and lower costs utilizing the same DHMO network.

\*\* The Family Less Employed Spouse (FLES) rate is available only when both spouses work for the state of Connecticut and are enrolled in active coverage, eligible for health insurance, and enrolled in the same plan, along with at least one child. If you are enrolled in the FLES coverage level, both you and your spouse must enroll in order to participate in the Health Enhancement Program.