

2024/2025 Payroll Deductions

Biweekly Payroll Deductions

July 1, 2024 Through June 30, 2025 (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.)

Medical Plans	Employee	Employee + 1	Family	FLES**
Quality First Select Access (State BlueCare Prime Tiered [POS])	\$42.94	\$115.46	\$148.14	\$85.16
Primary Care Access (State BlueCare Point of Enrollment Plus [POE-G Plus])	\$54.61	\$147.35	\$187.38	\$102.46
Standard Access (State BlueCare Point of Enrollment [POE])	\$59.32	\$166.06	\$217.48	\$114.53
Expanded Access (State BlueCare Point of Service [POS])	\$70.27	\$188.96	\$224.27	\$124.38
State Preferred POS*	\$123.13	\$359.59	\$422.65	\$246.54
Out-of-Area	\$74.40	\$230.65	\$269.80	\$131.27

Dental Plans	Employee	Employee + 1	Family	FLES**
Basic	\$0.00	\$11.59	\$11.59	\$5.94
Enhanced	\$0.00	\$9.79	\$9.79	\$5.01
Dental Care DHMO	\$0.00	\$3.78	\$5.35	\$2.20
Total Care DHMO	\$0.00	\$4.71	\$6.67	\$2.75

* Closed to new enrollment

** 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.