CY26/CY27 Health Insurance Premium Rates Comparison Chart—Employee Share

The chart below illustrates the change in the employee share of insurance premiums for state-sponsored health plans from calendar year 2026 to 2027.

PLAN NAME/CODE	Option	CY26 - EE Share	CY27 - EE Share	Difference
[HAEX] State Health Plan PPO (Blue Cross)	Employee Only	$81.11	$95.71	$14.60
	Employee & Spouse	$182.50	$215.35	$32.85
	Employee & Child(ren)	$141.95	$167.50	$25.55
	Full Family	$243.34	$287.14	$43.80
Employee or Spouse w/ Medicare Part A and/or Part B (State pays 100%)	**Option**	**CY26 - EE Share**	**CY27 - EE Share**	**Difference**
	Employee Only	$0.00	$0.00	$0.00
	Employee & Spouse	$0.00	$0.00	$0.00
	Employee & Child(ren)	$0.00	$0.00	$0.00
	Full Family	$0.00	$0.00	$0.00
PLAN NAME/CODE	**Option**	**CY26 - EE Share**	**CY27 - EE Share**	**Difference**
[HDHP] State High Deductible Health Plan with HSA (Blue Cross)	Employee Only	$31.50	$31.50	$0.00
	Employee & Spouse	$70.97	$70.97	$0.00
	Employee & Child(ren)	$55.17	$55.17	$0.00
	Full Family	$94.56	$94.56	$0.00
PLAN NAME/CODE	**Option**	**CY26 - EE Share**	**CY27 - EE Share**	**Difference**
[HBCN] Blue Care Network [1]	Employee Only	$201.41	$195.60	-$5.81
	Employee & Spouse	$453.19	$440.09	-$13.10
	Employee & Child(ren)	$352.48	$342.29	-$10.19
	Full Family	$604.24	$586.79	-$17.45
PLAN NAME/CODE	**Option**	**CY26 - EE Share**	**CY27 - EE Share**	**Difference**
[HI00] Health Alliance Plan [1]	Employee Only	$99.47	$86.29	-$13.18
	Employee & Spouse	$223.80	$194.15	-$29.65
	Employee & Child(ren)	$174.07	$151.01	-$23.06
	Full Family	$298.40	$258.86	-$39.54
PLAN NAME/CODE	**Option**	**CY26 - EE Share**	**CY27 - EE Share**	**Difference**
[HCP1] C.O.P.S. Health Trust Plan 1	Employee Only	$39.57	$10.29	-$29.28
	Employee & Spouse	$89.01	$23.13	-$65.88
	Employee & Child(ren)	$69.23	$17.99	-$51.24
	Full Family	$118.69	$30.85	-$87.84
PLAN NAME/CODE	**Option**	**CY26 - EE Share**	**CY27 - EE Share**	**Difference**
[HCP2] C.O.P.S. Health Trust Plan 2	Employee Only	$16.87	$0.00	-$16.87
	Employee & Spouse	$37.98	$0.00	-$37.98
	Employee & Child(ren)	$29.54	$0.00	-$29.54
	Full Family	$50.64	$0.00	-$50.64
PLAN NAME/CODE	**Option**	**CY26 - EE Share**	**CY27 - EE Share**	**Difference**
[HCP3] C.O.P.S. Health Trust Plan 3	Employee Only	$91.68	$66.57	-$25.11
	Employee & Spouse	$206.28	$149.78	-$56.50
	Employee & Child(ren)	$160.43	$116.49	-$43.94
	Full Family	$275.04	$199.71	-$75.33
PLAN NAME/CODE	**Option**	**CY26 - EE Share**	**CY27 - EE Share**	**Difference**
[HCP4] C.O.P.S. Health Trust Plan 4	Employee Only	$0.00	$0.00	$0.00
	Employee & Spouse	$0.00	$0.00	$0.00
	Employee & Child(ren)	$0.00	$0.00	$0.00
	Full Family	$0.00	$0.00	$0.00

[1]The State will pay up to 85% of the applicable HMO total premium, capped at the dollar amount which the State pays for the same coverage option under the State Health Plan PPO.