

**STATE EMPLOYEE HEALTH INSURANCE PLANS  
BI-WEEKLY PAYROLL DEDUCTIONS - 26 Pay Periods**

For Coverage Period July 1, 2006 through June 2007

	<b>Subscriber</b>	<b>Subscriber +1</b>	<b>Family</b>	<b>FLES<sup>1</sup></b>
<b><i>MEDICAL PLANS</i></b>				
<b>Point of Service Plans (POS)</b>				
Anthem State Preferred	\$44.54	\$150.94	\$179.25	\$100.04
Anthem State BlueCare	\$13.41	\$75.58	\$89.20	\$33.48
Health Net Charter	\$13.26	\$74.73	\$88.20	\$33.11
Oxford Freedom Select	\$13.11	\$73.90	\$87.22	\$32.74
<b>Point of Enrollment Plans (POE)</b>				
Anthem State BlueCare	\$6.86	\$46.69	\$66.15	\$27.25
Health Net Charter HMO	\$6.49	\$45.34	\$64.22	\$26.46
Oxford HMO Select	\$6.46	\$45.23	\$64.07	\$26.39
<b>Point of Enrollment - Gatekeeper Plans (POE-G)</b>				
Anthem State BlueCare POE Plus	\$4.55	\$38.29	\$52.67	\$21.67
Health Net Passport HMO	\$4.18	\$38.18	\$52.52	\$21.61
Oxford HMO	\$4.15	\$34.66	\$47.68	\$19.62
<b>Out of State Out of Area Plans (OOA)</b>				
Anthem State Preferred	\$13.41	\$75.58	\$89.20	\$33.48
Oxford USA	\$13.11	\$73.90	\$87.22	\$32.74
<b><i>DENTAL PLANS</i></b>				
UnitedHealthCare Basic	\$0.00	\$8.30	\$8.30	\$4.25
UnitedHealthCare Enhanced	\$0.00	\$7.64	\$7.64	\$3.91
Aetna DMO <sup>®</sup>	\$0.00	\$3.29	\$4.66	\$1.92

<sup>1</sup> The FLES rate is available only when both spouses are employed by the State of Connecticut, eligible for health insurance, and enrolled in the same plan, along with at least one child.