

# 2025 Payroll Deductions

**ACTIVE**  
*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>	<b>\$56.96</b>	\$1,481.04	<b>\$149.20</b>	\$3,879.12	<b>\$190.43</b>	\$4,951.08	<b>\$110.68</b>	\$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

\*\* 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.



## Need help choosing a plan?

Easy-to-use, online decision-making tools at [carecompass.ct.gov/decisionguide](https://carecompass.ct.gov/decisionguide)  
 Or call a Care Coordinator at (833-740-3258) for help choosing the best plans for you.

# 2025 Payroll Deductions

**ACTIVE**  
*employees*

<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
Total Care DHMO	\$0.00	\$0.00	\$4.90	\$127.44	\$6.94	\$180.48	\$2.86	\$74.28
Enhanced	\$0.00	\$0.00	\$11.19	\$291.00	\$11.19	\$291.00	\$5.73	\$149.04
Basic	\$0.00	\$0.00	\$11.43	\$297.12	\$11.43	\$297.12	\$5.85	\$152.16
Dental HMO <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.

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