Department of Civil Service
Employee Benefits Division
FY 2004-2005 DROP GROUP INSURANCE PREMIUM RATES
(Effective October 10, 2004)

RETIREE HEALTH PLANS				
		BIWEEKLY		
PLAN NAME/CODE	Option	Employee	State	Total
HAEX State Health Plan	1	$ 12.60	$ 239.31	$ 251.90
	2	$ 25.19	$ 478.62	$ 503.81
	3	$ 15.87	$ 301.44	$ 317.31
	4	$ 29.16	$ 554.07	$ 583.23
HCEX BCN MidMichigan	1	$ 76.22	$ 239.31	$ 315.53
	2	$ 152.44	$ 478.62	$ 631.06
	3	$ 96.00	$ 301.44	$ 397.44
	4	$ 176.48	$ 554.07	$ 730.55
HD00 BCN of East Mich.	1	$ 49.54	$ 239.31	$ 288.84
	2	$ 99.07	$ 478.62	$ 577.69
	3	$ 62.38	$ 301.44	$ 363.83
	4	$ 114.69	$ 554.07	$ 668.76
HF00 Priority Health Plan	1	$ 30.81	$ 239.31	$ 270.12
	2	$ 61.61	$ 478.62	$ 540.23
	3	$ 38.79	$ 301.44	$ 340.23
	4	$ 71.32	$ 554.07	$ 625.38
HI00 Health Alliance Plan	1	$ 21.65	$ 239.31	$ 260.96
	2	$ 43.30	$ 478.62	$ 521.92
	3	$ 27.26	$ 301.44	$ 328.70
	4	$ 50.13	$ 554.07	$ 604.20
HJ00 HealthPlus of Mich.	1	$ 34.99	$ 239.31	$ 274.30
	2	$ 69.97	$ 478.62	$ 548.59
	3	$ 44.06	$ 301.44	$ 345.50
	4	$ 81.02	$ 554.07	$ 635.08
HMEX Physicians Health	1	$ 55.23	$ 239.31	$ 294.54
Plan Lansing	2	$ 110.45	$ 478.62	$ 589.07
	3	$ 69.56	$ 301.44	$ 371.00
	4	$ 127.87	$ 554.07	$ 681.94
HOEX Physicians Health	1	$ 36.25	$ 239.31	$ 275.56
Plan Jackson	2	$ 72.50	$ 478.62	$ 551.12
	3	$ 45.65	$ 301.44	$ 347.10
	4	$ 83.94	$ 554.07	$ 638.00

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RETIREE HEALTH PLANS				
		BIWEEKLY		
PLAN NAME/CODE	Option	Employee	State	Total
HP00 BCN Great Lakes	1	$ 116.59	$ 239.31	$ 355.90
West	2	$ 233.17	$ 478.62	$ 711.79
	3	$ 146.85	$ 301.44	$ 448.29
	4	$ 269.94	$ 554.07	$ 824.01
HX00 BCN of SE Michigan	1	$ 49.20	$ 239.31	$ 288.51
	2	$ 98.40	$ 478.62	$ 577.02
	3	$ 61.97	$ 301.44	$ 363.41
	4	$ 113.93	$ 554.07	$ 667.99
HZ00 Care Choices	1	$ 56.33	$ 239.31	$ 295.63
	2	$ 112.65	$ 478.62	$ 591.27
	3	$ 70.94	$ 301.44	$ 372.38
	4	$ 130.42	$ 554.07	$ 684.48
H5F0 M-Care HMO	1	$ -	$ 231.93	$ 231.93
	2	$ -	$ 463.87	$ 463.87
	3	$ -	$ 292.24	$ 292.24
	4	$ -	$ 536.93	$ 536.93

RETIREE'S STATE DENTAL PLAN				
		BIWEEKLY		
	Option	Employee	State	Total
Retiree Only	1	$1.46	$13.16	$14.62
Retiree & Spouse	2	$2.66	$23.97	$26.64
Retiree & Child(ren)	3	$3.25	$29.28	$32.54
Retiree, Spouse & Child(ren)	4	$4.45	$40.11	$44.56

RETIREE'S STATE VISION PLAN				
		BIWEEKLY		
	Option	Employee	State	Total
Retiree Only	1	$0.24	$2.15	$2.39
Retiree & Spouse	2	$0.39	$3.50	$3.88
Retiree & Child(ren)	3	$0.54	$4.89	$5.44
Retiree, Spouse & Child(ren)	4	$0.70	$6.23	$6.93