



## 2018 Monthly Insurance Rates Public School Retirees

These rates apply to **public school retirees who retired after January 1, 2013**, or to previous retirees who were not yet eligible for Medicare coverage as of January 1, 2013. Below are the *monthly* rates effective January 1, 2018, for the retiree health care, dental, and vision plans. There are no separate prescription drug premiums for these plans.

To make changes in your coverage, log in to miAccount at [www.michigan.gov/orsmiaccount](http://www.michigan.gov/orsmiaccount) and update the insurance information or use the *Insurance Enrollment/Change Request (R0452C)*. ORS cannot make premium refunds.

Looking for information on insurance providers, plan coverage, and deductibles? Start with *the Insurance Options Summary (R0379C)* which gives information for Blue Cross Blue Shield of Michigan and participating HMOs. For more detailed plan information, contact the insurance carrier directly.

### Health Plan

*Total Premium equals the ORS Share + What You Pay.*

| Without Medicare             | What ORS Pays*<br>(Retirement Subsidy) | What You Pay*<br>(deducted from pension) |
|------------------------------|--|--|
| Self                         | \$630.74                               | \$157.68                                 |
| Self and Spouse              | \$1,163.94                             | \$290.99                                 |
| Self and Child(ren)          | \$864.50                               | \$216.33                                 |
| Self, Spouse, and Child(ren) | \$1,397.70                             | \$349.44                                 |

#### With Medicare (Parts A & B)

|                              |          |          |
|------------------------------|----------|----------|
| Self                         | \$189.27 | \$47.32  |
| Self and Spouse              | \$361.02 | \$90.25  |
| Self and Child(ren)          | \$381.86 | \$95.46  |
| Self, Spouse, and Child(ren) | \$553.61 | \$138.39 |

#### One With Medicare and One Without Medicare

|   |            |          |
|---|------------|----------|
| Self without Medicare and Spouse with Medicare                | \$802.49   | \$200.61 |
| Self with Medicare and Spouse without Medicare                | \$722.47   | \$180.63 |
| Self without Medicare and Spouse and Child(ren) with Medicare | \$995.08   | \$248.75 |
| Self with Medicare and Spouse and Child(ren) without Medicare | \$956.23   | \$239.08 |
| Self and Spouse with Medicare and Child(ren) without Medicare | \$594.78   | \$148.70 |
| Self with Medicare and Child(ren) without Medicare            | \$423.03   | \$105.77 |
| Self and Child(ren) without Medicare and Spouse with Medicare | \$1,036.25 | \$259.06 |
| Self and Child(ren) with Medicare and Spouse without Medicare | \$915.06   | \$228.77 |

### Dental and Vision Plan

*Total Premium equals the ORS Share + What You Pay.*

|                              | What ORS Pays*<br>(Retirement Subsidy) | What You Pay*<br>(deducted from pension) |
|------------------------------|--|--|
| Self                         | \$23.40                                | \$5.85                                   |
| Self and Spouse              | \$46.80                                | \$11.70                                  |
| Self and Child(ren)          | \$46.80                                | \$11.70                                  |
| Self, Spouse, and Child(ren) | \$70.20                                | \$17.55                                  |

**\*If fully subsidized.**

For more information on premium subsidies, visit the Insurance section of our website at [www.michigan.gov/orsschools](http://www.michigan.gov/orsschools).

**See page 2 if you are a Deferred Member**



## Deferred Members Only – Subsidy Eligibility

**Deferred Member:** You are a deferred member if you have vested with 10 or more years of service (YOS), leave public school employment before you meet the age requirement for retirement, and did not take a refund.

**If you have less than 21 YOS:**

You are eligible for health, dental, and vision insurance at retirement, but must pay the full **Total Monthly Premium** for each type of insurance.

**If you have at least 21 YOS:**

You are eligible for a partial premium subsidy and will get 10 percent of the **Retirement Subsidy** (not the premium) on page 1 allowed by law. For each additional year of service, you will get an additional 10 percent of the subsidy (not the premium). For example: 21 YOS = 10% of subsidy, 22 YOS = 20% of subsidy, and 25 YOS = 50% of subsidy.

**Example:** A public school employee who terminates public school employment at age 52 with 23 YOS is eligible to receive a deferred pension at age 60.

**Health – Total Monthly Premium** for self, spouse and child(ren) without Medicare is \$1,747.14

**Retirement Subsidy** is 30% of \$1,397.72, or \$419.31

**What You Pay** amount is \$1,327.832 (\$1,747.14 - 419.31).

**Dental/Vision – Total Monthly Premium** for self, spouse and child(ren) is \$87.75.

**Retirement Subsidy** is 30% of \$70.20 or \$21.06.

**What You Pay** amount is \$66.69 (\$87.75 - 21.06).

**If you have 30 or more YOS:**

You are eligible for the 100 percent of the **Retirement Subsidy** (not the premium) allowed by law.

### Health Plan

**Without Medicare**

**Total Monthly Premium**

|                              |            |
|------------------------------|------------|
| Self                         | \$788.42   |
| Self and Spouse              | \$1,454.93 |
| Self and Child(ren)          | \$1,080.83 |
| Self, Spouse, and Child(ren) | \$1,747.14 |

**With Medicare (Parts A & B)**

|                              |          |
|------------------------------|----------|
| Self                         | \$236.59 |
| Self and Spouse              | \$451.27 |
| Self and Child(ren)          | \$477.32 |
| Self, Spouse, and Child(ren) | \$692.00 |

**One with Medicare, and one without Medicare**

|   |            |
|---|------------|
| Self without Medicare and Spouse with Medicare                | \$1,003.10 |
| Self with Medicare and Spouse without Medicare                | \$903.10   |
| Self without Medicare and Spouse and Child(ren) with Medicare | \$1,243.83 |
| Self with Medicare and Spouse and Child(ren) without Medicare | \$1,195.31 |
| Self and Spouse with Medicare and Child(ren) without Medicare | \$743.48   |
| Self with Medicare and Child(ren) without Medicare            | \$528.80   |
| Self and Child(ren) without Medicare and Spouse with Medicare | \$1,295.31 |
| Self and Child(ren) with Medicare and Spouse without Medicare | \$1,143.83 |

### Dental and Vision Plan

**Total Monthly Premium**

|                              |         |
|------------------------------|---------|
| Self                         | \$29.25 |
| Self and Spouse              | \$58.50 |
| Self and Child(ren)          | \$58.50 |
| Self, Spouse, and Child(ren) | \$87.75 |

For more information on premium subsidies, visit the Insurance section of our website at [www.michigan.gov/orsschools](http://www.michigan.gov/orsschools).

