

**Civil Service Commission
Employee Benefits Division
FY 2009-2010 T01 DROP GROUP INSURANCE PREMIUM RATES
(Effective October 4, 2009)**

HEALTH PLANS				
PLAN NAME/CODE	Option	BIWEEKLY		
		Employee	State	Total
HAEX State Health Plan PPO	1	\$ 14.73	\$ 280.00	\$ 294.73
	2	\$ 29.47	\$ 559.99	\$ 589.46
	3	\$ 18.57	\$ 352.69	\$ 371.26
	4	\$ 34.12	\$ 648.26	\$ 682.38
HCEX BCN Mid-Michigan	1	\$ 161.48	\$ 280.00	\$ 441.48
	2	\$ 322.96	\$ 559.99	\$ 882.95
	3	\$ 203.57	\$ 352.69	\$ 556.26
	4	\$ 375.96	\$ 648.26	\$ 1,024.22
HD00 BCN East Michigan	1	\$ 128.63	\$ 280.00	\$ 408.63
	2	\$ 257.27	\$ 559.99	\$ 817.26
	3	\$ 162.18	\$ 352.69	\$ 514.87
	4	\$ 299.75	\$ 648.26	\$ 948.01
HX00 BCN SE Michigan	1	\$ 161.38	\$ 280.00	\$ 441.38
	2	\$ 322.78	\$ 559.99	\$ 882.77
	3	\$ 203.45	\$ 352.69	\$ 556.14
	4	\$ 375.75	\$ 648.26	\$ 1,024.01
HP00 BCN Great Lakes West	1	\$ 121.69	\$ 280.00	\$ 401.69
	2	\$ 243.38	\$ 559.99	\$ 803.37
	3	\$ 153.43	\$ 352.69	\$ 506.12
	4	\$ 283.65	\$ 648.26	\$ 931.91
HI00 Health Alliance Plan	1	\$ 112.54	\$ 280.00	\$ 392.54
	2	\$ 225.09	\$ 559.99	\$ 785.08
	3	\$ 141.92	\$ 352.69	\$ 494.61
	4	\$ 262.43	\$ 648.26	\$ 910.69
HJ00 HealthPlus of Michigan	1	\$ 169.62	\$ 280.00	\$ 449.62
	2	\$ 339.24	\$ 559.99	\$ 899.23
	3	\$ 213.83	\$ 352.69	\$ 566.52
	4	\$ 394.85	\$ 648.26	\$ 1,043.11
HF00 Priority Health Plan - West	1	\$ 108.28	\$ 280.00	\$ 388.28
	2	\$ 215.78	\$ 559.99	\$ 775.77
	3	\$ 136.04	\$ 352.69	\$ 488.73
	4	\$ 251.63	\$ 648.26	\$ 899.89

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		Employee	State	Total
HF01 Priority Health - East	1	\$ 108.28	\$ 280.00	\$ 388.28
	2	\$ 215.78	\$ 559.99	\$ 775.77
	3	\$ 136.04	\$ 352.69	\$ 488.73
	4	\$ 251.63	\$ 648.26	\$ 899.89
HF02 Priority Health - South	1	\$ 108.28	\$ 280.00	\$ 388.28
	2	\$ 215.78	\$ 559.99	\$ 775.77
	3	\$ 136.04	\$ 352.69	\$ 488.73
	4	\$ 251.63	\$ 648.26	\$ 899.89
HMEX Physicians Health Plan - Lansing	1	\$ 145.51	\$ 280.00	\$ 425.51
	2	\$ 291.02	\$ 559.99	\$ 851.01
	3	\$ 183.28	\$ 352.69	\$ 535.97
	4	\$ 336.91	\$ 648.26	\$ 985.17

STATE DENTAL PLAN				
	Option	BIWEEKLY		
		Employee	State	Total
Employee Only	1	\$ 1.92	\$ 17.27	\$ 19.19
Employee & Spouse	2	\$ 3.49	\$ 31.47	\$ 34.96
Employee & Child(ren)	3	\$ 4.27	\$ 38.44	\$ 42.71
Employee, Spouse & Child(ren)	4	\$ 5.84	\$ 52.64	\$ 58.49

STATE VISION PLAN				
	Option	BIWEEKLY		
		Employee	State	Total
Employee Only	1	\$ 0.30	\$ 2.64	\$ 2.94
Employee & Spouse	2	\$ 0.48	\$ 4.30	\$ 4.79
Employee & Child(ren)	3	\$ 0.67	\$ 6.02	\$ 6.69
Employee, Spouse & Child(ren)	4	\$ 0.86	\$ 7.67	\$ 8.53