CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2009-2010 GROUP INSURANCE PREMIUM RATES (EXCEPT T01)
EFFECTIVE OCTOBER 4, 2009 FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010

	Option	BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		ANNUAL	
PLAN NAME/CODE	*2	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[HCEX] BCN Mid-Michigan	1	$ 18.54	$ 220.71	$ 239.26	$ 482.10	$ 5,738.58	$ 6,220.68	$ 119.63	$ 119.63	$ 3,110.34	$ 3,110.34	$ 6,220.68	$ 6,345.09
	2	$ 37.09	$ 441.43	$ 478.51	$ 964.31	$ 11,477.05	$ 12,441.36	$ 239.26	$ 239.26	$ 6,220.68	$ 6,220.68	$ 12,441.36	$ 12,690.19
	3	$ 32.63	$ 388.46	$ 421.09	$ 848.48	$ 10,099.84	$ 10,948.32	$ 210.54	$ 210.54	$ 5,474.16	$ 5,474.16	$ 10,948.32	$ 11,167.29
	4	$ 51.18	$ 609.17	$ 660.35	$ 1,330.58	$ 15,838.42	$ 17,169.00	$ 330.17	$ 330.17	$ 8,584.50	$ 8,584.50	$ 17,169.00	$ 17,512.38
[HD00] BCN East Michigan	1	$ 13.75	$ 220.71	$ 234.47	$ 357.54	$ 5,738.58	$ 6,096.12	$ 117.23	$ 117.23	$ 3,048.06	$ 3,048.06	$ 6,096.12	$ 6,218.04
	2	$ 27.51	$ 441.43	$ 468.93	$ 715.19	$ 11,477.05	$ 12,192.24	$ 234.47	$ 234.47	$ 6,096.12	$ 6,096.12	$ 12,192.24	$ 12,436.08
	3	$ 24.21	$ 388.46	$ 412.66	$ 629.36	$ 10,099.84	$ 10,729.20	$ 206.33	$ 206.33	$ 5,364.60	$ 5,364.60	$ 10,729.20	$ 10,943.78
	4	$ 37.96	$ 609.17	$ 647.13	$ 986.90	$ 15,838.42	$ 16,825.32	$ 323.56	$ 323.56	$ 8,412.66	$ 8,412.66	$ 16,825.32	$ 17,161.83
[HP00] BCN Great Lakes West	1	$ 17.20	$ 220.71	$ 237.92	$ 447.30	$ 5,738.58	$ 6,185.88	$ 118.96	$ 118.96	$ 3,092.94	$ 3,092.94	$ 6,185.88	$ 6,309.60
	2	$ 34.41	$ 441.43	$ 475.84	$ 894.71	$ 11,477.05	$ 12,371.76	$ 237.92	$ 237.92	$ 6,185.88	$ 6,185.88	$ 12,371.76	$ 12,619.20
	3	$ 30.28	$ 388.46	$ 418.74	$ 787.40	$ 10,099.84	$ 10,887.24	$ 209.37	$ 209.37	$ 5,443.62	$ 5,443.62	$ 10,887.24	$ 11,104.98
	4	$ 47.49	$ 609.17	$ 656.66	$ 1,234.70	$ 15,838.42	$ 17,073.12	$ 328.33	$ 328.33	$ 8,536.56	$ 8,536.56	$ 17,073.12	$ 17,414.58
[HX00] BCN SE Michigan	1	$ 14.00	$ 220.71	$ 234.72	$ 364.02	$ 5,738.58	$ 6,102.60	$ 117.36	$ 117.36	$ 3,051.30	$ 3,051.30	$ 6,102.60	$ 6,224.65
	2	$ 28.00	$ 441.43	$ 469.43	$ 728.03	$ 11,477.05	$ 12,205.08	$ 234.71	$ 234.71	$ 6,102.54	$ 6,102.54	$ 12,205.08	$ 12,449.18
	3	$ 24.64	$ 388.46	$ 413.10	$ 640.64	$ 10,099.84	$ 10,740.48	$ 206.55	$ 206.55	$ 5,370.24	$ 5,370.24	$ 10,740.48	$ 10,955.29
	4	$ 38.64	$ 609.17	$ 647.81	$ 1,004.66	$ 15,838.42	$ 16,843.08	$ 323.91	$ 323.91	$ 8,421.54	$ 8,421.54	$ 16,843.08	$ 17,179.94
[HN00] Grand Valley Health	1	$ 13.19	$ 220.71	$ 233.91	$ 343.02	$ 5,738.58	$ 6,081.60	$ 116.95	$ 116.95	$ 3,040.80	$ 3,040.80	$ 6,081.60	$ 6,203.23
	2	$ 26.39	$ 441.43	$ 467.82	$ 686.15	$ 11,477.05	$ 12,163.20	$ 233.91	$ 233.91	$ 6,081.60	$ 6,081.60	$ 12,163.20	$ 12,406.46
	3	$ 23.22	$ 388.46	$ 411.68	$ 603.80	$ 10,099.84	$ 10,703.64	$ 205.84	$ 205.84	$ 5,351.82	$ 5,351.82	$ 10,703.64	$ 10,917.71
	4	$ 36.42	$ 609.17	$ 645.59	$ 946.82	$ 15,838.42	$ 16,785.24	$ 322.79	$ 322.79	$ 8,392.62	$ 8,392.62	$ 16,785.24	$ 17,120.94
[HI00] Health Alliance Plan	1	$ 10.93	$ 207.73	$ 218.67	$ 284.27	$ 5,401.09	$ 5,685.36	$ 109.33	$ 109.33	$ 2,842.68	$ 2,842.68	$ 5,685.36	$ 5,799.07
	2	$ 21.96	$ 417.26	$ 439.22	$ 570.98	$ 10,848.70	$ 11,419.68	$ 219.61	$ 219.61	$ 5,709.84	$ 5,709.84	$ 11,419.68	$ 11,648.07
	3	$ 19.31	$ 366.97	$ 386.29	$ 502.18	$ 9,541.34	$ 10,043.52	$ 193.14	$ 193.14	$ 5,021.76	$ 5,021.76	$ 10,043.52	$ 10,244.39
	4	$ 30.34	$ 576.49	$ 606.84	$ 788.89	$ 14,988.83	$ 15,777.72	$ 303.42	$ 303.42	$ 7,888.86	$ 7,888.86	$ 15,777.72	$ 16,093.27

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	Option	BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		ANNUAL	
PLAN NAME/CODE	*2	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[HJ00] HealthPlus of Michigan	1	$ 14.36	$ 220.71	$ 235.08	$ 373.38	$ 5,738.58	$ 6,111.96	$ 117.54	$ 117.54	$ 3,055.98	$ 3,055.98	$ 6,111.96	$ 6,234.20
	2	$ 28.73	$ 441.43	$ 470.15	$ 746.87	$ 11,477.05	$ 12,223.92	$ 235.08	$ 235.08	$ 6,111.96	$ 6,111.96	$ 12,223.92	$ 12,468.40
	3	$ 25.28	$ 388.46	$ 413.73	$ 657.20	$ 10,099.84	$ 10,757.04	$ 206.87	$ 206.87	$ 5,378.52	$ 5,378.52	$ 10,757.04	$ 10,972.18
	4	$ 39.64	$ 609.17	$ 648.81	$ 1,030.58	$ 15,838.42	$ 16,869.00	$ 324.40	$ 324.40	$ 8,434.50	$ 8,434.50	$ 16,869.00	$ 17,206.38
[HMCL] McLaren Health Plan	1	$ 10.08	$ 191.53	$ 201.61	$ 262.09	$ 4,979.75	$ 5,241.84	$ 100.80	$ 100.80	$ 2,620.92	$ 2,620.92	$ 5,241.84	$ 5,346.68
	2	$ 20.16	$ 383.06	$ 403.22	$ 524.18	$ 9,959.50	$ 10,483.68	$ 201.61	$ 201.61	$ 5,241.84	$ 5,241.84	$ 10,483.68	$ 10,693.35
	3	$ 17.74	$ 337.09	$ 354.83	$ 461.28	$ 8,764.32	$ 9,225.60	$ 177.42	$ 177.42	$ 4,612.80	$ 4,612.80	$ 9,225.60	$ 9,410.11
	4	$ 27.82	$ 528.62	$ 556.44	$ 723.37	$ 13,744.07	$ 14,467.44	$ 278.22	$ 278.22	$ 7,233.72	$ 7,233.72	$ 14,467.44	$ 14,756.79
[HMEX] Physicians Health Plan - Lansing	1	$ 21.45	$ 220.71	$ 242.16	$ 557.70	$ 5,738.58	$ 6,296.28	$ 121.08	$ 121.08	$ 3,148.14	$ 3,148.14	$ 6,296.28	$ 6,422.21
	2	$ 40.99	$ 441.43	$ 482.42	$ 1,065.83	$ 11,477.05	$ 12,542.88	$ 241.21	$ 241.21	$ 6,271.44	$ 6,271.44	$ 12,542.88	$ 12,793.74
	3	$ 35.65	$ 388.46	$ 424.10	$ 926.84	$ 10,099.84	$ 11,026.68	$ 212.05	$ 212.05	$ 5,513.34	$ 5,513.34	$ 11,026.68	$ 11,247.21
	4	$ 56.23	$ 609.17	$ 665.40	$ 1,461.98	$ 15,838.42	$ 17,300.40	$ 332.70	$ 332.70	$ 8,650.20	$ 8,650.20	$ 17,300.40	$ 17,646.41
[HF00] Priority Health Plan - West	1	$ 11.41	$ 216.85	$ 228.26	$ 296.76	$ 5,638.08	$ 5,934.84	$ 114.13	$ 114.13	$ 2,967.42	$ 2,967.42	$ 5,934.84	$ 6,053.54
	2	$ 22.83	$ 433.70	$ 456.53	$ 593.52	$ 11,276.16	$ 11,869.68	$ 228.26	$ 228.26	$ 5,934.84	$ 5,934.84	$ 11,869.68	$ 12,107.07
	3	$ 20.09	$ 381.66	$ 401.74	$ 522.24	$ 9,923.04	$ 10,445.28	$ 200.87	$ 200.87	$ 5,222.64	$ 5,222.64	$ 10,445.28	$ 10,654.19
	4	$ 31.29	$ 594.56	$ 625.85	$ 813.60	$ 15,458.52	$ 16,272.12	$ 312.93	$ 312.93	$ 8,136.06	$ 8,136.06	$ 16,272.12	$ 16,597.56
[HF01] Priority Health Plan - East	1	$ 11.41	$ 216.85	$ 228.26	$ 296.76	$ 5,638.08	$ 5,934.84	$ 114.13	$ 114.13	$ 2,967.42	$ 2,967.42	$ 5,934.84	$ 6,053.54
	2	$ 22.83	$ 433.70	$ 456.53	$ 593.52	$ 11,276.16	$ 11,869.68	$ 228.26	$ 228.26	$ 5,934.84	$ 5,934.84	$ 11,869.68	$ 12,107.07
	3	$ 20.09	$ 381.66	$ 401.74	$ 522.24	$ 9,923.04	$ 10,445.28	$ 200.87	$ 200.87	$ 5,222.64	$ 5,222.64	$ 10,445.28	$ 10,654.19
	4	$ 31.29	$ 594.56	$ 625.85	$ 813.60	$ 15,458.52	$ 16,272.12	$ 312.93	$ 312.93	$ 8,136.06	$ 8,136.06	$ 16,272.12	$ 16,597.56
[HF02] Priority Health Plan - South	1	$ 11.41	$ 216.85	$ 228.26	$ 296.76	$ 5,638.08	$ 5,934.84	$ 114.13	$ 114.13	$ 2,967.42	$ 2,967.42	$ 5,934.84	$ 6,053.54
	2	$ 22.83	$ 433.70	$ 456.53	$ 593.52	$ 11,276.16	$ 11,869.68	$ 228.26	$ 228.26	$ 5,934.84	$ 5,934.84	$ 11,869.68	$ 12,107.07
	3	$ 20.09	$ 381.66	$ 401.74	$ 522.24	$ 9,923.04	$ 10,445.28	$ 200.87	$ 200.87	$ 5,222.64	$ 5,222.64	$ 10,445.28	$ 10,654.19
	4	$ 31.29	$ 594.56	$ 625.85	$ 813.60	$ 15,458.52	$ 16,272.12	$ 312.93	$ 312.93	$ 8,136.06	$ 8,136.06	$ 16,272.12	$ 16,597.56
[HL00] Total Health Care	1	$ 7.95	$ 151.09	$ 159.04	$ 206.75	$ 3,928.21	$ 4,134.96	$ 79.52	$ 79.52	$ 2,067.48	$ 2,067.48	$ 4,134.96	$ 4,217.66
	2	$ 18.29	$ 347.49	$ 365.78	$ 475.52	$ 9,034.84	$ 9,510.36	$ 182.89	$ 182.89	$ 4,755.18	$ 4,755.18	$ 9,510.36	$ 9,700.57
	3	$ 15.11	$ 287.06	$ 302.17	$ 392.82	$ 7,463.58	$ 7,856.40	$ 151.08	$ 151.08	$ 3,928.20	$ 3,928.20	$ 7,856.40	$ 8,013.53
	4	$ 21.47	$ 407.93	$ 429.40	$ 558.22	$ 10,606.22	$ 11,164.44	$ 214.70	$ 214.70	$ 5,582.22	$ 5,582.22	$ 11,164.44	$ 11,387.73

*1 Part-time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 and A31) whoes regular work schedule is 40 hours or less per biweekly pay period.

*2 Health options codes are 1 = Employee only coverage, 2=Employee Spouse, 3=Employee & Child(ren), 4=Full Family

*3 Employees in the Catastrophic Health Plan will receive a $50 rebate with each paycheck beginning October 15, 2009.

*4 Employees who opt out of health coverage (because they have "primary" coverage though a non-State employee or a non-State retired spouse) will receive a rebate identical to the Catastrophic Health Plan.