

**Benefit Comparison Chart &
Bi-weekly Insurance Rates
for certain employees hired on or after April 1, 2010**

***Bargaining Units: MCO(C12), SEIU 517M(E42, H21, L32) AFSCME(U11), UAW(W22, W41),
MSEA(A02, A31), NERE (Y00, Y23, Y50, Y51, Y98 & Y99)***



**For The Benefit Year
October 2011—September 2012**

Disclaimer

This is intended as an easy-to-read summary for employees hired or rehired on or after April, 1, 2010. It is not a contract. Additional limitations and exclusions may apply to covered services. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and /or co-pay amounts required by the New State Health Plan PPO. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan.

Preventive Services

\$1,500 per year per person (New State Health Plan PPO only)

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100% after \$20 office visit co-payment
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	
Pap smear screening – laboratory services only ¹	Covered 100% 1 per year	Not Covered	
Well-baby and child care	Covered 100%	Not Covered	
Immunizations ² , annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	
Fecal occult blood screening ¹	Covered 100%	Not Covered	
Flexible sigmoidoscopy ¹	Covered 100%	Not Covered	
Colonoscopy ^{1&2}	Covered 100%	Not Covered	
Prostate specific antigen screening ¹	Covered 100% one per year	Not Covered	

¹ American Cancer Society guidelines apply

² Childhood immunizations and colonoscopy exams are excluded from the maximum limit

Mammography¹

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Annual standard film mammography screening (covers digital mammography up to the standard film rate)	Covered 100% Not subject to preventative maximum	Covered 80% after deductible Not subject to preventative maximum	Covered 100%

¹ American Cancer Society guidelines apply

Physician Office Services

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Office visits, consultations and urgent care visits	\$20 co-pay, deductible not applicable	Covered 80% after deductible	\$20 co-pay
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	

Emergency Medical Care²

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Hospital emergency room for medical emergency or accidental injury	\$200 co-pay if not admitted		\$200 co-pay if not admitted
Ambulance services – medically necessary	Covered 90% after deductible		Covered 100%

² Emergency room and physician charges are covered 100% under the Catastrophic Health Plan. Ambulance is covered \$25 maximum.

Diagnostic Services

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Laboratory and pathology tests	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Diagnostic tests and x-rays			
Radiation therapy			

Maternity Services

Includes care by a certified nurse midwife (New State Health Plan PPO only)

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Prenatal and postnatal care	Covered 90% after deductible	Covered 80% after deductible	Office Visit \$20 co-pay
Delivery and nursery care ³			Covered 100%

³ Delivery and well-baby care in the hospital are covered 100% under the Catastrophic Health Plan.

Hospital Care

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered 90% after deductible, unlimited days	Covered 80% after deductible, unlimited days	Covered 100% Unlimited days
Inpatient consultations	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Chemotherapy			

Alternatives to Hospital Care

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Skilled nursing care up to 120 days per confinement	Covered 90% after deductible		Covered 100%
Hospice care	Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State		Covered 100%
Home health care	Covered 90% after deductible, unlimited visits		Check with your HMO

Surgical Services

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Surgery—includes related surgical services. ⁴	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Voluntary sterilization			Check with your HMO

⁴ Inpatient hospital services are 100% covered after deductible under the Catastrophic Health Plan.

Human Organ Transplants

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 90% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant		Covered 100% in designated facilities

Organ and Tissue Transplants

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Bone marrow—specific criteria apply	Covered 90% after deductible in designated facilities	Covered 80% after deductible	Covered 100% in designated facilities
Kidney, cornea, and skin			Covered 100% subject to medical criteria

Other Services

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Allergy testing and injections	Covered 90% after deductible	Covered 80% after deductible	Office visits: \$20 co-pay Injections: Covered 100%
Acupuncture	Covered 80% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO
Rabies treatment after initial emergency room visit	Covered 90% after deductible	Covered 80% after deductible	Office visits: \$20 co-pay Injections: Covered 100%
Chiropractic/spinal manipulation	\$20 co-pay Up to 24 visits per calendar year	Covered 80% after deductible Up to 24 visits per calendar year	Check with your HMO
Durable medical equipment - <i>Support Program</i>	Covered 100%	Covered 80% of approved charges	Covered
Prosthetic and orthotic appliances <i>-Support Program</i>			

Other Services continued...

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Private duty nursing	Covered 80% after deductible		Covered
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth).		Check with your HMO
Hearing Care Exam	\$20 co-pay for office visit	Covered 80% after deductible	Check with your HMO

Mental Health/Substance Abuse

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Mental Health Benefits - Inpatient	Covered 100% up to 365 days per year ⁶	Covered 50% up to 365 days per year	Check with your HMO
Mental Health Benefits - Outpatient	As necessary 90% of network rates 10% co-pay	As necessary 50% of network rates	
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100% ⁷ Halfway House 100%	Covered 50% ⁸ Halfway House 50%	
Alcohol & Chemical Dependency Benefits - Outpatient	\$3,500 per calendar year 90% of network rates 10% co-pay ⁸	\$3,500 per calendar year 50% of network rates	

⁶ Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

⁷ Up to two 28-day admissions per year. There must be at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

⁸ \$3,500 per calendar year limitation pertains to services for chemical dependency only.

Prescription Drugs

Prescription medications for the New State Health Plan PPO are covered under the Participating Pharmacy ID Card Plan administered by BCBSM.

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

To check the co-pay for drugs you may be taking, visit BCBSM website at <http://www.bcbsm.com/som> or contact BCBSM at (800) 843-4876. The Preferred/Non-preferred list of drugs is updated periodically as new drugs are added.

The chart below shows the NSHP and NHMO prescription drug member co-pays:

Generic	Brand Name Preferred	Brand Name Non-Preferred
Retail \$10	Retail \$30	Retail \$60
Mail Order \$20	Mail Order \$60	Mail Order \$120

Outpatient Physical, Speech, and Occupational Therapy

Combined maximum of 90 visits per calendar year.

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Outpatient physical, speech and occupational therapy – facility and clinic services	Covered 90% after deductible		Office visit: \$20 co-pay
Outpatient physical therapy – physician’s office	Covered 90% after deductible	Covered 80% after deductible	Office visit: \$20 co-pay

Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Deductible	\$400 per member \$800 per family	\$800 per member \$1,600 per family	None
Fixed dollar co-pays	\$20 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. \$200 for emergency room visits, if not admitted	Not applicable	\$20 for office visits \$200 for emergency room visits, if not admitted
Coinsurance	10% for most services and 20% for private duty nursing and acupuncture	20% for most services. MHSA at 50%	None
Annual out-of-pocket dollar maximums ⁹	\$1,500 per member \$3,000 per family	\$3,000 per member \$6,000 per family	None

⁹ The out-of-pocket limit does not apply to deductibles, fixed dollar co-payments, or private duty nursing co-payments.

Dental Care Options

Covered Services (does not apply to members represented by MSPTA T01)	State Dental Plan (Delta)		DMO Plan (Midwestern)	Preventive Dental Plan (Delta)
	Premier/Non-Part*	PPO*		
Diagnostic Exams and Consultations (2 per year)	100%	100%	100%	100%
Preventive Services				
◆ Teeth cleaning (3 per year)	100%	100%	100%	100%
◆ Topical fluoride (under age 19)	100%	100%	100%	100%
◆ Space maintainers (under age 14)	100%	100%	100%	100%
◆ Sealants (under age 14)	50%	70%	100%	Not Covered
Radiographs	90%	100%	100%	Not Covered
Brush Biopsy	100%	100%	N/A	100%
Oral Surgery	90%	90%	100%	100%
Extractions	90%	100%	100%	Not Covered
Minor Restoratives	90%	100%	100%	Not Covered
Major Restoratives	90%	90%	100%	Not Covered
Endodontics	90%	100%	100%	Not Covered
Periodontics	90%	100%	100%	Not Covered
Prosthodontics	50%	70%	100%	Not Covered
Prosthodontics Repair	50%	100%	100%	Not Covered
Orthodontics				
◆ Up to age 19	60%	75%	100%	Not Covered
◆ 19 and over	60%	75%	\$1,250 co-pay	Not Covered
Benefit Maximums				
◆ Annual (Oct. – Sept.)	\$1,500	\$1,500	None	None
◆ Lifetime Orthodontics	\$1,500	\$1,500	None	N/A

* If you have the State Dental Plan as your dental coverage, the level of coverage is determined by the provider you choose. To verify that a Dentist is a Participating Dentist, you can use Delta Dental’s online Dentist Directory at www.deltadentalmi.com or call (800) 524-0150.

This benefit summary is a brief explanation only. All plan provisions (including exclusions and limitations) are subject to the specific terms of the State and Preventive Dental Plans and the Group Dental Services Agreement (Midwestern Dental Plans, Inc.).

Civil Service Commission, Employee Benefits Division

FY 2011-2012 GROUP INSURANCE PREMIUM RATES

FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010, EFFECTIVE OCTOBER 2, 2011

For Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

Note: When choosing an HMO plan, be sure to review HMO availability in your area. The HMO Postal Code List is on the Employee Benefits Website at www.michigan.gov/employeebenefits. Click Open Enrollment Information.

PLAN NAME/CODE	Option ²	BIWEEKLY		BIWEEKLY ¹	
		Employee	State	Part-time employees	
				Employee	State
	(a)	(b)	(c)	(d)	(e)
HEALTH PLANS					
New Hire State Health Plan PPO	1	\$ 48.90	\$ 195.59	\$ 122.24	\$ 122.24
	2	\$ 97.80	\$ 391.19	\$ 244.49	\$ 244.49
	3	\$ 86.06	\$ 344.24	\$ 215.15	\$ 215.15
	4	\$ 134.96	\$ 539.84	\$ 337.40	\$ 337.40
Employee or Spouse with Medicare (State pays 100%)	5	\$ 0	\$ 195.59	\$ 0	\$ 0
Catastrophic Health Plan	1	\$ 0	\$ 15.81	\$ 7.91	\$ 7.91
Employees in the Catastrophic Health Plan will receive a	2	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
\$50 rebate with each paycheck beginning October 13, 2011.	3	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
	4	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
Decline Health Insurance Coverage ³	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
New Hire Blue Care Network, Mid-Michigan	1	\$ 41.14	\$ 195.59	\$ 118.36	\$ 118.36
	2	\$ 82.26	\$ 391.19	\$ 236.72	\$ 236.72
	3	\$ 72.39	\$ 344.24	\$ 208.32	\$ 208.32
	4	\$ 113.52	\$ 539.84	\$ 326.68	\$ 326.68
New Hire Blue Care Network, East Michigan	1	\$ 41.23	\$ 195.59	\$ 118.41	\$ 118.41
	2	\$ 82.46	\$ 391.19	\$ 236.82	\$ 236.82
	3	\$ 72.56	\$ 344.24	\$ 208.40	\$ 208.40
	4	\$ 113.80	\$ 539.84	\$ 326.82	\$ 326.82
New Hire Blue Care Network, Great Lakes West	1	\$ 47.20	\$ 195.59	\$ 121.39	\$ 121.39
	2	\$ 94.37	\$ 391.19	\$ 242.78	\$ 242.78
	3	\$ 83.05	\$ 344.24	\$ 213.65	\$ 213.65
	4	\$ 130.24	\$ 539.84	\$ 335.04	\$ 335.04
New Hire Blue Care Network, Southeast Michigan	1	\$ 38.76	\$ 195.59	\$ 117.17	\$ 117.17
	2	\$ 77.50	\$ 391.19	\$ 234.34	\$ 234.34
	3	\$ 68.21	\$ 344.24	\$ 206.22	\$ 206.22
	4	\$ 106.96	\$ 539.84	\$ 323.40	\$ 323.40
New Hire Grand Valley Health Plan	1	\$ 34.37	\$ 194.75	\$ 114.56	\$ 114.56
This HMO is not authorized to accept employees in bargaining units	2	\$ 68.73	\$ 389.49	\$ 229.11	\$ 229.11
W22 and W41 (UAW) as new members. However, employees who	3	\$ 60.49	\$ 342.75	\$ 201.62	\$ 201.62
are already enrolled may remain enrolled.	4	\$ 94.85	\$ 537.50	\$ 316.17	\$ 316.17
New Hire Health Alliance Plan	1	\$ 30.94	\$ 175.35	\$ 103.14	\$ 103.14
	2	\$ 62.15	\$ 352.20	\$ 207.18	\$ 207.18
	3	\$ 54.66	\$ 309.76	\$ 182.21	\$ 182.21
	4	\$ 85.89	\$ 486.69	\$ 286.29	\$ 286.29
New Hire HealthPlus of Michigan	1	\$ 38.68	\$ 195.59	\$ 117.13	\$ 117.13
This HMO is not authorized to accept employees in bargaining units	2	\$ 77.33	\$ 391.19	\$ 234.26	\$ 234.26
W22 and W41 (UAW) in some zip codes as new members.	3	\$ 68.05	\$ 344.24	\$ 206.15	\$ 206.15
	4	\$ 106.72	\$ 539.84	\$ 323.28	\$ 323.28

1 Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

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

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

Civil Service Commission, Employee Benefits Division

FY 2011-2012 GROUP INSURANCE PREMIUM RATES

FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010, EFFECTIVE OCTOBER 2, 2011

For Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

PLAN NAME/CODE	Option ²	BIWEEKLY		BIWEEKLY ¹	
		Employee	State	Part-time employees	
				Employee	State
(a)	(b)	(c)	(d)	(e)	
New Hire McLaren Health Plan	1	\$ 27.46	\$ 155.58	\$ 91.52	\$ 91.52
This HMO is not authorized to accept employees in bargaining units	2	\$ 54.91	\$ 311.17	\$ 183.04	\$ 183.04
W22 and W41 (UAW) as new members.	3	\$ 48.33	\$ 273.85	\$ 161.09	\$ 161.09
	4	\$ 75.78	\$ 429.42	\$ 252.60	\$ 252.60
New Hire Physicians Health Plan of Mid-Michigan	1	\$ 28.57	\$ 161.87	\$ 95.22	\$ 95.22
	2	\$ 57.13	\$ 323.74	\$ 190.44	\$ 190.44
	3	\$ 50.28	\$ 284.89	\$ 167.58	\$ 167.58
	4	\$ 78.84	\$ 446.77	\$ 262.80	\$ 262.80
New Hire Priority Health Plan, West	1	\$ 32.51	\$ 184.20	\$ 108.36	\$ 108.36
	2	\$ 65.01	\$ 368.40	\$ 216.70	\$ 216.70
	3	\$ 57.21	\$ 324.19	\$ 190.70	\$ 190.70
	4	\$ 89.72	\$ 508.40	\$ 299.06	\$ 299.06
New Hire Priority Health Plan, East	1	\$ 32.51	\$ 184.20	\$ 108.36	\$ 108.36
This HMO is not authorized to accept employees in bargaining units	2	\$ 65.01	\$ 368.40	\$ 216.70	\$ 216.70
W22 and W41 (UAW) in some zip codes as new members.	3	\$ 57.21	\$ 324.19	\$ 190.70	\$ 190.70
	4	\$ 89.72	\$ 508.40	\$ 299.06	\$ 299.06
New Hire Priority Health Plan, South	1	\$ 32.51	\$ 184.20	\$ 108.36	\$ 108.36
	2	\$ 65.01	\$ 368.40	\$ 216.70	\$ 216.70
	3	\$ 57.21	\$ 324.19	\$ 190.70	\$ 190.70
	4	\$ 89.72	\$ 508.40	\$ 299.06	\$ 299.06
New Hire Total Health Care	1	\$ 24.81	\$ 140.58	\$ 82.69	\$ 82.69
	2	\$ 57.06	\$ 323.34	\$ 190.20	\$ 190.20
	3	\$ 47.14	\$ 267.11	\$ 157.12	\$ 157.12
	4	\$ 66.98	\$ 379.57	\$ 223.27	\$ 223.27
VISION PLANS					
State Vision Plan	1	\$ 0	\$ 2.80	\$ 1.40	\$ 1.40
	2	\$ 0	\$ 4.93	\$ 2.46	\$ 2.46
	3	\$ 0	\$ 6.02	\$ 3.01	\$ 3.01
	4	\$ 0	\$ 8.16	\$ 4.08	\$ 4.08
Decline Vision Insurance		(n/a)	(n/a)	(n/a)	(n/a)
DENTAL PLANS					
State Dental Plan	1	\$ 1.08	\$ 20.48	\$ 10.78	\$ 10.78
	2	\$ 1.97	\$ 37.38	\$ 19.67	\$ 19.67
	3	\$ 2.40	\$ 45.52	\$ 23.96	\$ 23.96
	4	\$ 3.28	\$ 62.36	\$ 32.82	\$ 32.82
Preventive Dental Plan	1	\$ 0	\$ 2.99	\$ 1.50	\$ 1.50
Employees in the Preventive Dental plan will receive	2	\$ 0	\$ 5.21	\$ 2.61	\$ 2.61
a \$100.00 lump sum payment on October 27, 2011.	3	\$ 0	\$ 5.21	\$ 2.61	\$ 2.61
	4	\$ 0	\$ 7.42	\$ 3.71	\$ 3.71
Midwestern Dental Plan (DMO)	1	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	2	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	3	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	4	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
Decline Dental Insurance ³	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

¹ Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

² Health, dental and vision option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

³ Employees who opt out of dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.

Civil Service Commission, Employee Benefits Division

FY 2011-2012 GROUP INSURANCE PREMIUM RATES

FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010, EFFECTIVE OCTOBER 2, 2011

For Bargaining Units: MSEA (A02, A31), MCO (C12), AFSCME (U11)

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PLAN NAME/CODE	Option ²	BIWEEKLY		BIWEEKLY ¹	
		Employee	State	Part-time employees	
				Employee	State
	(a)	(b)	(c)	(d)	(e)
HEALTH PLANS					
New Hire State Health Plan PPO	1	\$ 48.65	\$ 194.61	\$ 121.63	\$ 121.63
	2	\$ 97.31	\$ 389.24	\$ 243.28	\$ 243.28
	3	\$ 85.63	\$ 342.53	\$ 214.08	\$ 214.08
	4	\$ 134.29	\$ 537.15	\$ 335.72	\$ 335.72
Employee or Spouse with Medicare (State pays 100%)		\$ 0	\$ 194.61	\$ 0	\$ 0
Catastrophic Health Plan	1	\$ 0	\$ 15.81	\$ 7.91	\$ 7.91
Employees in the Catastrophic Health Plan will receive a	2	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
\$50 rebate with each paycheck beginning October 13, 2011.	3	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
	4	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
Decline Health Insurance Coverage ³	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
New Hire Blue Care Network, Mid-Michigan	1	\$ 40.93	\$ 194.61	\$ 117.77	\$ 117.77
	2	\$ 81.85	\$ 389.24	\$ 235.55	\$ 235.55
	3	\$ 72.03	\$ 342.53	\$ 207.28	\$ 207.28
	4	\$ 112.96	\$ 537.15	\$ 325.05	\$ 325.05
New Hire Blue Care Network, East Michigan	1	\$ 41.03	\$ 194.61	\$ 117.82	\$ 117.82
	2	\$ 82.05	\$ 389.24	\$ 235.64	\$ 235.64
	3	\$ 72.20	\$ 342.53	\$ 207.37	\$ 207.37
	4	\$ 113.23	\$ 537.15	\$ 325.19	\$ 325.19
New Hire Blue Care Network, Great Lakes West	1	\$ 46.96	\$ 194.61	\$ 120.79	\$ 120.79
	2	\$ 93.90	\$ 389.24	\$ 241.57	\$ 241.57
	3	\$ 82.63	\$ 342.53	\$ 212.58	\$ 212.58
	4	\$ 129.59	\$ 537.15	\$ 333.37	\$ 333.37
New Hire Blue Care Network, Southeast Michigan	1	\$ 38.57	\$ 194.61	\$ 116.59	\$ 116.59
	2	\$ 77.12	\$ 389.24	\$ 233.18	\$ 233.18
	3	\$ 67.87	\$ 342.53	\$ 205.20	\$ 205.20
	4	\$ 106.42	\$ 537.15	\$ 321.79	\$ 321.79
New Hire Grand Valley Health Plan	1	\$ 33.84	\$ 191.76	\$ 112.80	\$ 112.80
	2	\$ 67.68	\$ 383.52	\$ 225.60	\$ 225.60
	3	\$ 59.56	\$ 337.50	\$ 198.53	\$ 198.53
	4	\$ 93.40	\$ 529.26	\$ 311.33	\$ 311.33
New Hire Health Alliance Plan	1	\$ 30.80	\$ 174.51	\$ 102.65	\$ 102.65
	2	\$ 61.86	\$ 350.52	\$ 206.19	\$ 206.19
	3	\$ 54.40	\$ 308.28	\$ 181.34	\$ 181.34
	4	\$ 85.46	\$ 484.28	\$ 284.87	\$ 284.87
New Hire HealthPlus of Michigan	1	\$ 38.48	\$ 194.61	\$ 116.55	\$ 116.55
	2	\$ 76.95	\$ 389.24	\$ 233.09	\$ 233.09
	3	\$ 67.71	\$ 342.53	\$ 205.12	\$ 205.12
	4	\$ 106.19	\$ 537.15	\$ 321.67	\$ 321.67

¹ Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

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

³ Employees who opt out of health coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health Plan.

Civil Service Commission, Employee Benefits Division
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PLAN NAME/CODE	Option ²	BIWEEKLY		BIWEEKLY ¹	
		Employee	State	Part-time employees	
		(b)	(c)	Employee	State
	(a)			(d)	(e)
New Hire McLaren Health Plan	1	\$ 27.32	\$ 154.81	\$ 91.06	\$ 91.06
	2	\$ 54.64	\$ 309.62	\$ 182.13	\$ 182.13
	3	\$ 48.09	\$ 272.49	\$ 160.29	\$ 160.29
	4	\$ 75.40	\$ 427.28	\$ 251.34	\$ 251.34
New Hire Physicians Health Plan of Mid-Michigan	1	\$ 28.46	\$ 161.25	\$ 94.85	\$ 94.85
	2	\$ 56.91	\$ 322.50	\$ 189.71	\$ 189.71
	3	\$ 50.08	\$ 283.80	\$ 166.94	\$ 166.94
	4	\$ 78.54	\$ 445.05	\$ 261.79	\$ 261.79
New Hire Priority Health Plan, West	1	\$ 32.18	\$ 182.38	\$ 107.28	\$ 107.28
	2	\$ 64.37	\$ 364.75	\$ 214.56	\$ 214.56
	3	\$ 56.64	\$ 320.98	\$ 188.81	\$ 188.81
	4	\$ 88.83	\$ 503.36	\$ 296.09	\$ 296.09
New Hire Priority Health Plan, East	1	\$ 32.18	\$ 182.38	\$ 107.28	\$ 107.28
	2	\$ 64.37	\$ 364.75	\$ 214.56	\$ 214.56
	3	\$ 56.64	\$ 320.98	\$ 188.81	\$ 188.81
	4	\$ 88.83	\$ 503.36	\$ 296.09	\$ 296.09
New Hire Priority Health Plan, South	1	\$ 32.18	\$ 182.38	\$ 107.28	\$ 107.28
	2	\$ 64.37	\$ 364.75	\$ 214.56	\$ 214.56
	3	\$ 56.64	\$ 320.98	\$ 188.81	\$ 188.81
	4	\$ 88.83	\$ 503.36	\$ 296.09	\$ 296.09
New Hire Total Health Care	1	\$ 24.69	\$ 139.88	\$ 82.28	\$ 82.28
	2	\$ 56.78	\$ 321.73	\$ 189.25	\$ 189.25
	3	\$ 46.90	\$ 265.78	\$ 156.34	\$ 156.34
	4	\$ 66.65	\$ 377.68	\$ 222.16	\$ 222.16
VISION PLANS					
State Vision Plan	1	\$ 0	\$ 2.80	\$ 1.40	\$ 1.40
	2	\$ 0	\$ 4.93	\$ 2.46	\$ 2.46
	3	\$ 0	\$ 6.02	\$ 3.01	\$ 3.01
	4	\$ 0	\$ 8.16	\$ 4.08	\$ 4.08
Decline Vision Insurance		(n/a)	(n/a)	(n/a)	(n/a)
DENTAL PLANS					
State Dental Plan	1	\$ 1.08	\$ 20.48	\$ 10.78	\$ 10.78
	2	\$ 1.97	\$ 37.38	\$ 19.67	\$ 19.67
	3	\$ 2.40	\$ 45.52	\$ 23.96	\$ 23.96
	4	\$ 3.28	\$ 62.36	\$ 32.82	\$ 32.82
Preventive Dental Plan	1	\$ 0	\$ 2.99	\$ 1.50	\$ 1.50
Employees in the Preventive Dental plan will receive	2	\$ 0	\$ 5.21	\$ 2.61	\$ 2.61
a \$100.00 lump sum payment on October 27, 2011.	3	\$ 0	\$ 5.21	\$ 2.61	\$ 2.61
	4	\$ 0	\$ 7.42	\$ 3.71	\$ 3.71
Midwestern Dental Plan (DMO)	1	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	2	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	3	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	4	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
Decline Dental Insurance ³	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

¹ Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

² Health, dental and vision option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

³ Employees who opt out of dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.

Civil Service Commission, Employee Benefits Division
FY 2011-2012 GROUP INSURANCE PREMIUM RATES FOR LIFE INSURANCE
ALL EMPLOYEES
Effective October 2, 2011

PLAN NAME/CODE	Option (a)	BIWEEKLY	
		Employee (b)	State (c)
LIFE INSURANCE PLANS			
Dependent Life Options			
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$.20	\$ 0
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$.60	\$ 0
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$ 1.20	\$ 0
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$ 4.00	\$ 0
Child(ren) Only \$10,000	L	\$.75	\$ 0
Employee Life Options			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 13, 2011.			

Office of the State Employer, Employee Health Management
FY 2011-2012 BIWEEKLY LONG TERM DISABILITY PREMIUM RATES
ALL EMPLOYEES
Rates per \$100 of Earnings*
Effective October 2, 2011

PLAN NAME/CODE	Status (a)	Employee (b)	State (c)
All employees except those represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	\$ 2.08	\$.92
YIA1: 184-527 hours sick leave	Plan IIA	\$.53	\$.92
YIA2: 528 hours or more sick leave	Plan IIB	\$ 0	\$.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$ 1.74	\$.92
Employees represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	\$ 2.13	\$.92
YIA1: 184-527 hours sick leave	Plan IIA	\$.58	\$.92
YIA2: 528 hours or more sick leave	Plan IIB	\$ 0	\$.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$ 1.79	\$.92
Calculation of Employee Contribution: Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

*Benefits are subject to maximums in the LTD booklet.

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(except on state holidays)

Employee Benefits Division Website
www.michigan.gov/employeebenefits

MI HR Self-Service & MI HR Information
www.michigan.gov/selfserv