CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
CONTINUED GROUP INSURANCE SYSTEM (CGIS) PREMIUM RATES FOR EMPLOYEE GROUPS – Effective October 1, 2010

			MONTHLY PREMIUM	
			Leave/Layoff (100%)	COBRA (102%)
HAEX	**State Health Plan PPO**			
	Applicant Only		$ 595.11	$ 607.01
	Applicant & Spouse		$ 1,190.21	$ 1,214.02
	Applicant & Children		$ 1,047.39	$ 1,068.34
	Full Family		$ 1,642.50	$ 1,675.35
	Applicant Only w/Medicare		$ 535.60	$ 546.31
	Applicant & Spouse w/Medicare		$ 1,071.19	$ 1,092.61
	Applicant w/Medicare & Children		$ 942.65	$ 961.50
	Full Family w/Medicare		$ 1,478.25	$ 1,507.82
H2F0	**Catastrophic Health**			
	Applicant Only		$ 34.26	$ 34.93
	Applicant & Spouse		$ 68.51	$ 69.88
	Applicant & Children		$ 68.51	$ 69.88
	Full Family		$ 68.51	$ 69.88
VBWO	**State Vision Plan**			
	Applicant Only		$ 6.08	$ 6.20
	Applicant & Spouse		$ 10.67	$ 10.90
	Applicant & Children		$ 13.04	$ 13.30
	Full Family		$ 17.67	$ 18.02
DBEX	**State Dental Plan**			
	Applicant Only		$ 46.71	$ 47.66
	Applicant & Spouse		$ 85.25	$ 86.96
	Applicant & Children		$ 103.83	$ 105.89
	Full Family		$ 142.22	$ 145.06
DP00	**Preventive Dental Plan**			
	Applicant Only		$ 6.48	$ 6.61
	Applicant & Spouse		$ 11.29	$ 11.50
	Applicant & Children		$ 11.29	$ 11.50
	Full Family		$ 16.08	$ 16.40
DMEX	**Midwest Dental (DMO)**			
	Applicant Only		$ 34.65	$ 35.34
	Applicant & Spouse		$ 34.65	$ 35.34
	Applicant & Children		$ 34.65	$ 35.34
	Full Family		$ 34.65	$ 35.34
LUK/LRK Emp. Life Only (Fire & Rescue Employees Only)			56¢/$1,000	(n/a)
LUS/LUT/LRS Employee Life (Only)		Plan E	46¢/$1,000	(n/a)
Dependent Life Options				
Sp $ 1,500 &/or Ch $ 1,000		Plan F	$ 0.43	(n/a)
Sp $ 5,000 &/or Ch $ 2,500		Plan G	$ 1.30	(n/a)
Sp $10,000 &/or Ch $ 5,000		Plan H	$ 2.60	(n/a)
Sp $25,000 &/or Ch $10,000		Plan K	$ 8.67	(n/a)
Child(ren) Only $10,000		Plan L	$ 1.63	(n/a)

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HCEX	**BCN Mid Michigan**		
	Applicant Only	$ 554.16	$ 565.24
	Applicant & Spouse	$ 1,108.33	$ 1,130.50
	Applicant & Children	$ 975.33	$ 994.84
	Full Family	$ 1,529.49	$ 1,560.08
HD00	**BCN of East Michigan**		
	Applicant Only	$ 546.09	$ 557.01
	Applicant & Spouse	$ 1,092.19	$ 1,114.03
	Applicant & Children	$ 961.13	$ 980.35
	Full Family	$ 1,507.22	$ 1,537.36
HP00	**BCN Great Lakes West**		
	Applicant Only	$ 563.02	$ 574.28
	Applicant & Spouse	$ 1,126.04	$ 1,148.56
	Applicant & Children	$ 990.92	$ 1,010.74
	Full Family	$ 1,553.94	$ 1,585.02
HX00	**BCN of SE Michigan**		
	Applicant Only	$ 539.58	$ 550.37
	Applicant & Spouse	$ 1,079.15	$ 1,100.73
	Applicant & Children	$ 949.65	$ 968.64
	Full Family	$ 1,489.23	$ 1,519.01
HCOP	**COPS Trust Health Plan**		
	Applicant Only	$ 502.48	$ 512.53
	Applicant & Spouse	$ 1,005.00	$ 1,025.10
	Applicant & Children	$ 884.40	$ 902.09
	Full Family	$ 1,386.90	$ 1,414.64
HN00	**Grand Valley Health Plan**		
	Applicant Only	$ 515.49	$ 525.80
	Applicant & Spouse	$ 1,030.98	$ 1,051.60
	Applicant & Children	$ 907.26	$ 925.41
	Full Family	$ 1,422.75	$ 1,451.21
HI00	**Health Alliance Plan**		
	Applicant Only	$ 502.71	$ 512.76
	Applicant & Spouse	$ 1,009.75	$ 1,029.95
	Applicant & Children	$ 888.07	$ 905.83
	Full Family	$ 1,395.10	$ 1,423.00
HJ00	**Health Plus of Michigan**		
	Applicant Only	$ 532.78	$ 543.44
	Applicant & Spouse	$ 1,065.55	$ 1,086.86
	Applicant & Children	$ 937.68	$ 956.43
	Full Family	$ 1,470.46	$ 1,499.87

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HMCL	**McLaren Health Plan**		
	Applicant Only	$ 458.97	$ 468.15
	Applicant & Spouse	$ 917.93	$ 936.29
	Applicant & Children	$ 807.78	$ 823.94
	Full Family	$ 1,266.74	$ 1,292.07
HMEX	**Physicians Health Plan - Lansing**		
	Applicant Only	$ 541.47	$ 552.30
	Applicant & Spouse	$ 1,082.94	$ 1,104.60
	Applicant & Children	$ 952.98	$ 972.04
	Full Family	$ 1,494.45	$ 1,524.34
HF00	**Priority Health Plan - West**		
	Applicant Only	$ 524.24	$ 534.72
	Applicant & Spouse	$ 1,048.48	$ 1,069.45
	Applicant & Children	$ 922.66	$ 941.11
	Full Family	$ 1,446.90	$ 1,475.84
HF01	**Priority Health Plan - East**		
	Applicant Only	$ 524.24	$ 534.72
	Applicant & Spouse	$ 1,048.48	$ 1,069.45
	Applicant & Children	$ 922.66	$ 941.11
	Full Family	$ 1,446.90	$ 1,475.84
HF02	**Priority Health Plan - South**		
	Applicant Only	$ 524.24	$ 534.72
	Applicant & Spouse	$ 1,048.48	$ 1,069.45
	Applicant & Children	$ 922.66	$ 941.11
	Full Family	$ 1,446.90	$ 1,475.84