CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2010 - 2011 GROUP INSURANCE PREMIUM RATES FOR THE NEW STATE HEALTH PLAN (NSHP) AND NEW HMOs(NHMO)
EFFECTIVE OCTOBER 3, 2010 FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010 (EXCEPT T01)

	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**
[HAEX] New State Health Plan PPO	1	$ 48.65	$ 194.61	$ 243.26	$ 1,264.98	$ 5,059.92	$ 6,324.90	$ 121.63	$ 121.63	$ 3,162.45	$ 3,162.45	$ 6,324.90	$ 6,451.40
	2	$ 97.31	$ 389.24	$ 486.55	$ 2,530.06	$ 10,120.25	$ 12,650.31	$ 243.28	$ 243.28	$ 6,325.15	$ 6,325.16	$ 12,650.31	$ 12,903.32
	3	$ 85.63	$ 342.53	$ 428.16	$ 2,226.44	$ 8,905.78	$ 11,132.22	$ 214.08	$ 214.08	$ 5,566.11	$ 5,566.11	$ 11,132.22	$ 11,354.86
	4	$ 134.29	$ 537.15	$ 671.44	$ 3,491.47	$ 13,965.90	$ 17,457.37	$ 335.72	$ 335.72	$ 8,728.68	$ 8,728.69	$ 17,457.37	$ 17,806.52
Employee or Spouse with Medicare	5	$ -	$ 194.61	$ 194.61	$ -	$ 5,059.92	$ 5,059.92	$ -	$ -	$ -	$ -	$ 5,059.92	$ 5,161.12
(State Pays 100%)	6	$ -	$ 389.24	$ 389.24	$ -	$ 10,120.25	$ 10,120.25	$ -	$ -	$ -	$ -	$ 10,120.25	$ 10,322.66
	7	$ -	$ 342.53	$ 342.53	$ -	$ 8,905.78	$ 8,905.78	$ -	$ -	$ -	$ -	$ 8,905.78	$ 9,083.90
	8	$ -	$ 537.15	$ 537.15	$ -	$ 13,965.90	$ 13,965.90	$ -	$ -	$ -	$ -	$ 13,965.90	$ 14,245.22
[H2F0] Catastrophic Health Plan *3	1	$ -	$ 15.81	$ 15.81	$ -	$ 411.06	$ 411.06	$ 7.91	$ 7.91	$ 205.53	$ 205.53	$ 411.06	$ 419.28
(State pays 100%)	2	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ 15.81	$ 15.81	$ 411.06	$ 411.06	$ 822.12	$ 838.56
	3	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ 15.81	$ 15.81	$ 411.06	$ 411.06	$ 822.12	$ 838.56
	4	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ 15.81	$ 15.81	$ 411.06	$ 411.06	$ 822.12	$ 838.56
[H3ZN] Decline Health Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[H4ZN] "Opt Out" Health *4	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[VBW0] State Vision Plan	1	$ -	$ 2.80	$ 2.80	$ -	$ 72.91	$ 72.91	$ 1.40	$ 1.40	$ 36.46	$ 36.46	$ 72.91	$ 74.37
(State pays 100%)	2	$ -	$ 4.93	$ 4.93	$ -	$ 128.09	$ 128.09	$ 2.46	$ 2.46	$ 64.05	$ 64.05	$ 128.09	$ 130.65
	3	$ -	$ 6.02	$ 6.02	$ -	$ 156.46	$ 156.46	$ 3.01	$ 3.01	$ 78.23	$ 78.23	$ 156.46	$ 159.59
	4	$ -	$ 8.16	$ 8.16	$ -	$ 212.03	$ 212.03	$ 4.08	$ 4.08	$ 106.02	$ 106.02	$ 212.03	$ 216.27
[V3ZN] Decline Vision Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[DBEX] State Dental Plan	1	$ 1.08	$ 20.48	$ 21.56	$ 28.03	$ 532.52	$ 560.54	$ 10.78	$ 10.78	$ 280.27	$ 280.27	$ 560.54	$ 571.76
	2	$ 1.97	$ 37.38	$ 39.35	$ 51.15	$ 971.90	$ 1,023.05	$ 19.67	$ 19.67	$ 511.53	$ 511.53	$ 1,023.05	$ 1,043.51
	3	$ 2.40	$ 45.52	$ 47.92	$ 62.30	$ 1,183.61	$ 1,245.91	$ 23.96	$ 23.96	$ 622.96	$ 622.96	$ 1,245.91	$ 1,270.83
	4	$ 3.28	$ 62.36	$ 65.64	$ 85.33	$ 1,621.27	$ 1,706.60	$ 32.82	$ 32.82	$ 853.30	$ 853.30	$ 1,706.60	$ 1,740.73
[DP00] Preventive Dental Plan	1	$ -	$ 2.99	$ 2.99	$ -	$ 77.74	$ 77.74	$ 1.50	$ 1.50	$ 38.87	$ 38.87	$ 77.74	$ 79.29
(State pays 100%)	2	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 135.46	$ 138.17
	3	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 135.46	$ 138.17
	4	$ -	$ 7.42	$ 7.42	$ -	$ 192.92	$ 192.92	$ 3.71	$ 3.71	$ 96.46	$ 96.46	$ 192.92	$ 196.78
[DMEX] Midwestern Dental (DMO)	1	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 415.80	$ 424.12
(State pays 100%)	2	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 415.80	$ 424.12
	3	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 415.80	$ 424.12
	4	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 415.80	$ 424.12
[D3ZN] Decline Dental Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[D4ZN] "Opt Out" Dental	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

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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
[LUS/LUT/LRS] Employee													
Life Only	1	$ -	21¢/$1,000	21¢/$1,000	$ -	$5.46/$1,000	$5.46/$1,000			$ -	21¢/$1,000	$5.46/$1,000	$ -
[LUK/LRK] Employee Life													
Only (Fire/Crash Rescue													
Officers--51-01 only) *6	1	$ -	26¢/$1,000	26¢/$1,000	$ -	$6.76/$1,000	$6.76/$1,000			$ -	26¢/$1,000	$6.76/$1,000	$ -
[DL01] Dependent Life Options				(plus)			(plus)						
Sp $ 1,500 &/or Ch $ 1,000	1	$ 0.20	$ -	$ 0.20	$ 5.20	$ -	$ 5.20	$ 0.20	$ -	$ 5.20	$ -	$ 5.20	$ -
Sp $ 5,000 &/or Ch $ 2,500	2	$ 0.60	$ -	$ 0.60	$ 15.60	$ -	$ 15.60	$ 0.60	$ -	$ 15.60	$ -	$ 15.60	$ -
Sp $10,000 &/or Ch $ 5,000	3	$ 1.20	$ -	$ 1.20	$ 31.20	$ -	$ 31.20	$ 1.20	$ -	$ 31.20	$ -	$ 31.20	$ -
Sp $25,000 &/or Ch $10,000	4	$ 4.00	$ -	$ 4.00	$ 104.00	$ -	$ 104.00	$ 4.00	$ -	$ 104.00	$ -	$ 104.00	$ -
Child(ren) Only $10,000	5	$ 0.75	$ -	$ 0.75	$ 19.50	$ -	$ 19.50	$ 0.75	$ -	$ 19.50	$ -	$ 19.50	$ -
[HCEX] BCN Mid-Michigan	1	$ 35.47	$ 194.61	$ 230.08	$ 922.32	$ 5,059.92	$ 5,982.24	$ 115.04	$ 115.04	$ 2,991.12	$ 2,991.12	$ 5,982.24	$ 6,101.88
	2	$ 70.93	$ 389.24	$ 460.17	$ 1,844.11	$ 10,120.25	$ 11,964.36	$ 230.08	$ 230.08	$ 5,982.18	$ 5,982.18	$ 11,964.36	$ 12,203.65
	3	$ 62.42	$ 342.53	$ 404.95	$ 1,622.90	$ 8,905.78	$ 10,528.68	$ 202.47	$ 202.47	$ 5,264.34	$ 5,264.34	$ 10,528.68	$ 10,739.25
	4	$ 97.89	$ 537.15	$ 635.04	$ 2,545.02	$ 13,965.90	$ 16,510.92	$ 317.52	$ 317.52	$ 8,255.46	$ 8,255.46	$ 16,510.92	$ 16,841.14
[HD00] BCN East Michigan	1	$ 34.09	$ 193.19	$ 227.28	$ 886.39	$ 5,022.89	$ 5,909.28	$ 113.64	$ 113.64	$ 2,954.64	$ 2,954.64	$ 5,909.28	$ 6,027.47
	2	$ 68.18	$ 386.37	$ 454.55	$ 1,772.77	$ 10,045.67	$ 11,818.44	$ 227.28	$ 227.28	$ 5,909.22	$ 5,909.22	$ 11,818.44	$ 12,054.81
	3	$ 60.00	$ 340.01	$ 400.01	$ 1,560.04	$ 8,840.24	$ 10,400.28	$ 200.01	$ 200.01	$ 5,200.14	$ 5,200.14	$ 10,400.28	$ 10,608.29
	4	$ 94.09	$ 533.19	$ 627.28	$ 2,446.42	$ 13,863.02	$ 16,309.44	$ 313.64	$ 313.64	$ 8,154.72	$ 8,154.72	$ 16,309.44	$ 16,635.63
[HP00] BCN Great Lakes West	1	$ 38.41	$ 194.61	$ 233.02	$ 998.76	$ 5,059.92	$ 6,058.68	$ 116.51	$ 116.51	$ 3,029.34	$ 3,029.34	$ 6,058.68	$ 6,179.85
	2	$ 76.81	$ 389.24	$ 466.05	$ 1,996.99	$ 10,120.25	$ 12,117.24	$ 233.02	$ 233.02	$ 6,058.62	$ 6,058.62	$ 12,117.24	$ 12,359.58
	3	$ 67.59	$ 342.53	$ 410.12	$ 1,757.42	$ 8,905.78	$ 10,663.20	$ 205.06	$ 205.06	$ 5,331.60	$ 5,331.60	$ 10,663.20	$ 10,876.46
	4	$ 106.00	$ 537.15	$ 643.15	$ 2,755.98	$ 13,965.90	$ 16,721.88	$ 321.57	$ 321.57	$ 8,360.94	$ 8,360.94	$ 16,721.88	$ 17,056.32
[HX00] BCN SE Michigan	1	$ 33.71	$ 191.00	$ 224.71	$ 876.37	$ 4,966.07	$ 5,842.44	$ 112.35	$ 112.35	$ 2,921.22	$ 2,921.22	$ 5,842.44	$ 5,959.29
	2	$ 67.41	$ 382.01	$ 449.42	$ 1,752.73	$ 9,932.15	$ 11,684.88	$ 224.71	$ 224.71	$ 5,842.44	$ 5,842.44	$ 11,684.88	$ 11,918.58
	3	$ 59.32	$ 336.16	$ 395.48	$ 1,542.40	$ 8,740.28	$ 10,282.68	$ 197.74	$ 197.74	$ 5,141.34	$ 5,141.34	$ 10,282.68	$ 10,488.33
	4	$ 93.03	$ 527.17	$ 620.20	$ 2,418.77	$ 13,706.35	$ 16,125.12	$ 310.10	$ 310.10	$ 8,062.56	$ 8,062.56	$ 16,125.12	$ 16,447.62
[HN00] Grand Valley Health	1	$ 32.45	$ 183.90	$ 216.35	$ 843.79	$ 4,781.45	$ 5,625.24	$ 108.18	$ 108.18	$ 2,812.62	$ 2,812.62	$ 5,625.24	$ 5,737.74
	2	$ 64.91	$ 367.80	$ 432.71	$ 1,687.57	$ 9,562.91	$ 11,250.48	$ 216.36	$ 216.36	$ 5,625.24	$ 5,625.24	$ 11,250.48	$ 11,475.49
	3	$ 57.12	$ 323.67	$ 380.79	$ 1,485.07	$ 8,415.41	$ 9,900.48	$ 190.39	$ 190.39	$ 4,950.24	$ 4,950.24	$ 9,900.48	$ 10,098.49
	4	$ 89.57	$ 507.57	$ 597.14	$ 2,328.86	$ 13,196.86	$ 15,525.72	$ 298.57	$ 298.57	$ 7,762.86	$ 7,762.86	$ 15,525.72	$ 15,836.23
[HI00] Health Alliance Plan	1	$ 29.61	$ 167.79	$ 197.40	$ 769.88	$ 4,362.64	$ 5,132.52	$ 98.70	$ 98.70	$ 2,566.26	$ 2,566.26	$ 5,132.52	$ 5,235.17
	2	$ 59.48	$ 337.03	$ 396.51	$ 1,546.38	$ 8,762.82	$ 10,309.20	$ 198.25	$ 198.25	$ 5,154.60	$ 5,154.60	$ 10,309.20	$ 10,515.38
	3	$ 52.31	$ 296.42	$ 348.73	$ 1,360.03	$ 7,706.81	$ 9,066.84	$ 174.36	$ 174.36	$ 4,533.42	$ 4,533.42	$ 9,066.84	$ 9,248.18
	4	$ 82.17	$ 465.65	$ 547.82	$ 2,136.53	$ 12,106.99	$ 14,243.52	$ 273.91	$ 273.91	$ 7,121.76	$ 7,121.76	$ 14,243.52	$ 14,528.39

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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	$ 33.62	$ 190.51	$ 224.13	$ 874.12	$ 4,953.32	$ 5,827.44	$ 112.07	$ 112.07	$ 2,913.72	$ 2,913.72	$ 5,827.44	$ 5,943.99
	2	$ 67.24	$ 381.03	$ 448.27	$ 1,748.25	$ 9,906.75	$ 11,655.00	$ 224.13	$ 224.13	$ 5,827.50	$ 5,827.50	$ 11,655.00	$ 11,888.10
	3	$ 59.17	$ 335.31	$ 394.48	$ 1,538.46	$ 8,717.94	$ 10,256.40	$ 197.24	$ 197.24	$ 5,128.20	$ 5,128.20	$ 10,256.40	$ 10,461.53
	4	$ 92.79	$ 525.82	$ 618.61	$ 2,412.58	$ 13,671.26	$ 16,083.84	$ 309.30	$ 309.30	$ 8,041.92	$ 8,041.92	$ 16,083.84	$ 16,405.52
[HMCL] McLaren Health Plan	1	$ 26.27	$ 148.86	$ 175.13	$ 682.99	$ 3,870.29	$ 4,553.28	$ 87.56	$ 87.56	$ 2,276.64	$ 2,276.64	$ 4,553.28	$ 4,644.35
	2	$ 52.54	$ 297.71	$ 350.25	$ 1,365.97	$ 7,740.47	$ 9,106.44	$ 175.12	$ 175.12	$ 4,553.22	$ 4,553.22	$ 9,106.44	$ 9,288.57
	3	$ 46.23	$ 261.99	$ 308.22	$ 1,202.06	$ 6,811.66	$ 8,013.72	$ 154.11	$ 154.11	$ 4,006.86	$ 4,006.86	$ 8,013.72	$ 8,173.99
	4	$ 72.50	$ 410.84	$ 483.34	$ 1,885.05	$ 10,681.95	$ 12,567.00	$ 241.67	$ 241.67	$ 6,283.50	$ 6,283.50	$ 12,567.00	$ 12,818.34
[HMEX] Physicians Health Plan - Lansing	1	$ 28.88	$ 163.66	$ 192.54	$ 750.89	$ 4,255.03	$ 5,005.92	$ 96.27	$ 96.27	$ 2,502.96	$ 2,502.96	$ 5,005.92	$ 5,106.04
	2	$ 57.76	$ 327.31	$ 385.07	$ 1,501.79	$ 8,510.17	$ 10,011.96	$ 192.54	$ 192.54	$ 5,005.98	$ 5,005.98	$ 10,011.96	$ 10,212.20
	3	$ 50.83	$ 288.04	$ 338.87	$ 1,321.58	$ 7,488.94	$ 8,810.52	$ 169.43	$ 169.43	$ 4,405.26	$ 4,405.26	$ 8,810.52	$ 8,986.73
	4	$ 79.71	$ 451.69	$ 531.40	$ 2,072.47	$ 11,743.97	$ 13,816.44	$ 265.70	$ 265.70	$ 6,908.22	$ 6,908.22	$ 13,816.44	$ 14,092.77
[HF00] Priority Health Plan - West	1	$ 30.71	$ 174.02	$ 204.73	$ 798.46	$ 4,524.62	$ 5,323.08	$ 102.37	$ 102.37	$ 2,661.54	$ 2,661.54	$ 5,323.08	$ 5,429.54
	2	$ 61.42	$ 348.05	$ 409.47	$ 1,596.92	$ 9,049.24	$ 10,646.16	$ 204.73	$ 204.73	$ 5,323.08	$ 5,323.08	$ 10,646.16	$ 10,859.08
	3	$ 54.05	$ 306.28	$ 360.33	$ 1,405.30	$ 7,963.34	$ 9,368.64	$ 180.17	$ 180.17	$ 4,684.32	$ 4,684.32	$ 9,368.64	$ 9,556.01
	4	$ 84.76	$ 480.31	$ 565.07	$ 2,203.76	$ 12,487.96	$ 14,691.72	$ 282.53	$ 282.53	$ 7,345.86	$ 7,345.86	$ 14,691.72	$ 14,985.55
[HF01] Priority Health Plan - East	1	$ 30.71	$ 174.02	$ 204.73	$ 798.46	$ 4,524.62	$ 5,323.08	$ 102.37	$ 102.37	$ 2,661.54	$ 2,661.54	$ 5,323.08	$ 5,429.54
	2	$ 61.42	$ 348.05	$ 409.47	$ 1,596.92	$ 9,049.24	$ 10,646.16	$ 204.73	$ 204.73	$ 5,323.08	$ 5,323.08	$ 10,646.16	$ 10,859.08
	3	$ 54.05	$ 306.28	$ 360.33	$ 1,405.30	$ 7,963.34	$ 9,368.64	$ 180.17	$ 180.17	$ 4,684.32	$ 4,684.32	$ 9,368.64	$ 9,556.01
	4	$ 84.76	$ 480.31	$ 565.07	$ 2,203.76	$ 12,487.96	$ 14,691.72	$ 282.53	$ 282.53	$ 7,345.86	$ 7,345.86	$ 14,691.72	$ 14,985.55
[HF02] Priority Health Plan - South	1	$ 30.71	$ 174.02	$ 204.73	$ 798.46	$ 4,524.62	$ 5,323.08	$ 102.37	$ 102.37	$ 2,661.54	$ 2,661.54	$ 5,323.08	$ 5,429.54
	2	$ 61.42	$ 348.05	$ 409.47	$ 1,596.92	$ 9,049.24	$ 10,646.16	$ 204.73	$ 204.73	$ 5,323.08	$ 5,323.08	$ 10,646.16	$ 10,859.08
	3	$ 54.05	$ 306.28	$ 360.33	$ 1,405.30	$ 7,963.34	$ 9,368.64	$ 180.17	$ 180.17	$ 4,684.32	$ 4,684.32	$ 9,368.64	$ 9,556.01
	4	$ 84.76	$ 480.31	$ 565.07	$ 2,203.76	$ 12,487.96	$ 14,691.72	$ 282.53	$ 282.53	$ 7,345.86	$ 7,345.86	$ 14,691.72	$ 14,985.55

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

*2 Health option codes are 1 = Empoyee 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 14, 2010.

*4 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.