Civil Service Commission
Employee Benefits Division
FY 2011-2012 T01 DROP GROUP INSURANCE PREMIUM RATES
(EFFECTIVE OCTOBER 2, 2011)

HEALTH PLANS				
		BIWEEKLY		
PLAN NAME/CODE	Option	Employee	State	Total
HAEX State Health Plan PPO	1	$ 16.95	$ 322.00	$ 338.94
	2	$ 33.89	$ 643.99	$ 677.88
	3	$ 21.35	$ 405.60	$ 426.95
	4	$ 39.24	$ 745.49	$ 784.73
HCEX BCN Mid-Michigan	1	$ 226.91	$ 322.00	$ 548.91
	2	$ 453.82	$ 643.99	$ 1,097.81
	3	$ 286.02	$ 405.60	$ 691.62
	4	$ 527.97	$ 745.49	$ 1,273.46
HD00 BCN East Michigan	1	$ 180.01	$ 322.00	$ 502.01
	2	$ 360.02	$ 643.99	$ 1,004.01
	3	$ 226.93	$ 405.60	$ 632.53
	4	$ 419.16	$ 745.49	$ 1,164.66
HX00 BCN SE Michigan	1	$ 216.06	$ 322.00	$ 538.06
	2	$ 432.13	$ 643.99	$ 1,076.12
	3	$ 272.36	$ 405.60	$ 677.95
	4	$ 502.81	$ 745.49	$ 1,248.30
HP00 BCN Great Lakes West	1	$ 166.12	$ 322.00	$ 488.11
	2	$ 332.23	$ 643.99	$ 976.22
	3	$ 209.42	$ 405.60	$ 615.02
	4	$ 386.92	$ 745.49	$ 1,132.42
HCOP COPS Trust Health Plan	1	$ -	$ 246.98	$ 246.98
(For T01 only)	2	$ -	$ 494.00	$ 494.00
	3	$ -	$ 434.71	$ 434.71
	4	$ -	$ 681.72	$ 681.72
HI00 Health Alliance Plan	1	$ 111.17	$ 322.00	$ 433.17
	2	$ 222.35	$ 643.99	$ 866.34
	3	$ 140.20	$ 405.60	$ 545.80
	4	$ 259.46	$ 745.49	$ 1,004.95
HJ00 HealthPlus of Michigan	1	$ 178.83	$ 322.00	$ 500.82
	2	$ 357.66	$ 643.99	$ 1,001.65
	3	$ 225.44	$ 405.60	$ 631.04
	4	$ 416.42	$ 745.49	$ 1,161.91

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HEALTH PLANS				
		BIWEEKLY		
PLAN NAME/CODE	Option	Employee	State	Total
HF00 Priority Health Plan - West	1	$ 156.82	$ 322.00	$ 478.82
	2	$ 312.67	$ 643.99	$ 956.66
	3	$ 197.08	$ 405.60	$ 602.68
	4	$ 364.22	$ 745.49	$ 1,109.71
HF01 Priority Health - East	1	$ 156.82	$ 322.00	$ 478.82
	2	$ 312.67	$ 643.99	$ 956.66
	3	$ 197.08	$ 405.60	$ 602.68
	4	$ 364.22	$ 745.49	$ 1,109.71
HF02 Priority Health - South	1	$ 156.82	$ 322.00	$ 478.82
	2	$ 312.67	$ 643.99	$ 956.66
	3	$ 197.08	$ 405.60	$ 602.68
	4	$ 364.22	$ 745.49	$ 1,109.71
HMEX Physicians Health Plan	1	$ 135.80	$ 322.00	$ 457.80
	2	$ 271.60	$ 643.99	$ 915.59
	3	$ 171.05	$ 405.60	$ 576.65
	4	$ 314.44	$ 745.49	$ 1,059.94

STATE DENTAL PLAN				
		BIWEEKLY		
	Option	Employee	State	Total
Employee Only	1	$ 2.02	$ 18.13	$ 20.15
Employee & Spouse	2	$ 3.67	$ 33.04	$ 36.71
Employee & Child(ren)	3	$ 4.49	$ 40.36	$ 44.85
Employee, Spouse & Child(ren)	4	$ 6.14	$ 55.27	$ 61.41

STATE VISION PLAN				
		BIWEEKLY		
	Option	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