CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2012-2013 GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 14, 2012 FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010
FOR BARGAINING UNITS: MSEA (A02, A31), MCO (C12), AFSCME (U11), NON-REPRESENTED (Z60 - Z89) and JUDICIAL BRANCH

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME [1]		ANNUAL - PART TIME [1]		ANNUAL	
PLAN NAME/CODE	Option [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	$ 205.66	$ 205.66	$ 411.06	$ 419.28
	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
	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
	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
	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 [5]	(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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FOR BARGAINING UNITS: MSEA (A02, A31), MCO (C12), AFSCME (U11), NON-REPRESENTED (Z60 - Z89) and JUDICIAL BRANCH

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME [1]		ANNUAL - PART TIME [1]		ANNUAL	
PLAN NAME/CODE	**Option [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	$ -
[LUEX/LREX] 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] New BCN Mid-Michigan	1	$ 38.68	$ 194.61	$ 233.29	$ 1,005.72	$ 5,059.92	$ 6,065.64	$ 116.65	$ 116.65	$ 3,032.82	$ 3,032.82	$ 6,065.64	$ 6,186.95
	2	$ 77.35	$ 389.24	$ 466.59	$ 2,011.03	$ 10,120.25	$ 12,131.28	$ 233.29	$ 233.29	$ 6,065.64	$ 6,065.64	$ 12,131.28	$ 12,373.91
	3	$ 68.07	$ 342.53	$ 410.60	$ 1,769.78	$ 8,905.78	$ 10,675.56	$ 205.30	$ 205.30	$ 5,337.78	$ 5,337.78	$ 10,675.56	$ 10,889.07
	4	$ 106.74	$ 537.15	$ 643.89	$ 2,775.30	$ 13,965.90	$ 16,741.20	$ 321.95	$ 321.95	$ 8,370.60	$ 8,370.60	$ 16,741.20	$ 17,076.02
[HD00] New BCN East Michigan	1	$ 34.86	$ 194.61	$ 229.47	$ 906.48	$ 5,059.92	$ 5,966.40	$ 114.74	$ 114.74	$ 2,983.20	$ 2,983.20	$ 5,966.40	$ 6,085.73
	2	$ 69.71	$ 389.24	$ 458.95	$ 1,812.55	$ 10,120.25	$ 11,932.80	$ 229.48	$ 229.48	$ 5,966.40	$ 5,966.40	$ 11,932.80	$ 12,171.46
	3	$ 61.35	$ 342.53	$ 403.88	$ 1,595.06	$ 8,905.78	$ 10,500.84	$ 201.94	$ 201.94	$ 5,250.42	$ 5,250.42	$ 10,500.84	$ 10,710.86
	4	$ 96.21	$ 537.15	$ 633.36	$ 2,501.34	$ 13,965.90	$ 16,467.24	$ 316.68	$ 316.68	$ 8,233.62	$ 8,233.62	$ 16,467.24	$ 16,796.58
[HP00] New BCN Great Lakes West	1	$ 38.94	$ 194.61	$ 233.55	$ 1,012.32	$ 5,059.92	$ 6,072.24	$ 116.77	$ 116.77	$ 3,036.12	$ 3,036.12	$ 6,072.24	$ 6,193.68
	2	$ 77.86	$ 389.24	$ 467.10	$ 2,024.23	$ 10,120.25	$ 12,144.48	$ 233.55	$ 233.55	$ 6,072.24	$ 6,072.24	$ 12,144.48	$ 12,387.37
	3	$ 68.52	$ 342.53	$ 411.05	$ 1,781.42	$ 8,905.78	$ 10,687.20	$ 205.52	$ 205.52	$ 5,343.60	$ 5,343.60	$ 10,687.20	$ 10,900.94
	4	$ 107.44	$ 537.15	$ 644.59	$ 2,793.54	$ 13,965.90	$ 16,759.44	$ 322.30	$ 322.30	$ 8,379.72	$ 8,379.72	$ 16,759.44	$ 17,094.63
[HX00] New BCN SE Michigan	1	$ 36.24	$ 194.61	$ 230.85	$ 942.12	$ 5,059.92	$ 6,002.04	$ 115.42	$ 115.42	$ 3,001.02	$ 3,001.02	$ 6,002.04	$ 6,122.08
	2	$ 72.46	$ 389.24	$ 461.70	$ 1,883.83	$ 10,120.25	$ 12,004.08	$ 230.85	$ 230.85	$ 6,002.04	$ 6,002.04	$ 12,004.08	$ 12,244.16
	3	$ 63.76	$ 342.53	$ 406.29	$ 1,657.82	$ 8,905.78	$ 10,563.60	$ 203.15	$ 203.15	$ 5,281.80	$ 5,281.80	$ 10,563.60	$ 10,774.87
	4	$ 99.99	$ 537.15	$ 637.14	$ 2,599.74	$ 13,965.90	$ 16,565.64	$ 318.57	$ 318.57	$ 8,282.82	$ 8,282.82	$ 16,565.64	$ 16,896.95
[HN00] New Grand Valley Health	1	$ 28.77	$ 163.02	$ 191.79	$ 747.95	$ 4,238.41	$ 4,986.36	$ 95.89	$ 95.89	$ 2,493.18	$ 2,493.18	$ 4,986.36	$ 5,086.09
	2	$ 57.54	$ 326.03	$ 383.57	$ 1,495.91	$ 8,476.81	$ 9,972.72	$ 191.78	$ 191.78	$ 4,986.36	$ 4,986.36	$ 9,972.72	$ 10,172.17
	3	$ 50.63	$ 286.91	$ 337.54	$ 1,316.40	$ 7,459.59	$ 8,775.99	$ 168.77	$ 168.77	$ 4,387.99	$ 4,388.00	$ 8,775.99	$ 8,951.51
	4	$ 79.40	$ 449.92	$ 529.32	$ 2,064.35	$ 11,698.00	$ 13,762.35	$ 264.66	$ 264.66	$ 6,881.17	$ 6,881.18	$ 13,762.35	$ 14,037.60
[HI00] New Health Alliance Plan	1	$ 32.43	$ 183.76	$ 216.19	$ 843.14	$ 4,777.78	$ 5,620.92	$ 108.09	$ 108.09	$ 2,810.46	$ 2,810.46	$ 5,620.92	$ 5,733.34
	2	$ 65.14	$ 369.10	$ 434.24	$ 1,693.53	$ 9,596.67	$ 11,290.20	$ 217.12	$ 217.12	$ 5,645.10	$ 5,645.10	$ 11,290.20	$ 11,516.00
	3	$ 57.29	$ 324.62	$ 381.91	$ 1,489.45	$ 8,440.19	$ 9,929.64	$ 190.95	$ 190.95	$ 4,964.82	$ 4,964.82	$ 9,929.64	$ 10,128.23
	4	$ 89.99	$ 509.96	$ 599.95	$ 2,339.84	$ 13,259.08	$ 15,598.92	$ 299.98	$ 299.98	$ 7,799.46	$ 7,799.46	$ 15,598.92	$ 15,910.90

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		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME [1]		ANNUAL - PART TIME [1]		ANNUAL	
PLAN NAME/CODE	Option [2]	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[HJ00] HealthPlus of Michigan	1	$ 33.21	$ 188.21	$ 221.42	$ 863.55	$ 4,893.45	$ 5,757.00	$ 110.71	$ 110.71	$ 2,878.50	$ 2,878.50	$ 5,757.00	$ 5,872.14
	2	$ 66.43	$ 376.42	$ 442.85	$ 1,727.10	$ 9,786.90	$ 11,514.00	$ 221.42	$ 221.42	$ 5,757.00	$ 5,757.00	$ 11,514.00	$ 11,744.28
	3	$ 58.46	$ 331.25	$ 389.71	$ 1,519.85	$ 8,612.47	$ 10,132.32	$ 194.85	$ 194.85	$ 5,066.16	$ 5,066.16	$ 10,132.32	$ 10,334.97
	4	$ 91.67	$ 519.46	$ 611.13	$ 2,383.40	$ 13,505.92	$ 15,889.32	$ 305.56	$ 305.56	$ 7,944.66	$ 7,944.66	$ 15,889.32	$ 16,207.11
[HMCL] New McLaren Health Plan	1	$ 28.52	$ 161.62	$ 190.14	$ 741.53	$ 4,201.99	$ 4,943.52	$ 95.07	$ 95.07	$ 2,471.76	$ 2,471.76	$ 4,943.52	$ 5,042.39
	2	$ 57.04	$ 323.24	$ 380.28	$ 1,483.11	$ 8,404.29	$ 9,887.40	$ 190.14	$ 190.14	$ 4,943.70	$ 4,943.70	$ 9,887.40	$ 10,085.15
	3	$ 50.20	$ 284.48	$ 334.68	$ 1,305.25	$ 7,396.43	$ 8,701.68	$ 167.34	$ 167.34	$ 4,350.84	$ 4,350.84	$ 8,701.68	$ 8,875.71
	4	$ 78.72	$ 446.08	$ 524.80	$ 2,046.71	$ 11,598.01	$ 13,644.72	$ 262.40	$ 262.40	$ 6,822.36	$ 6,822.36	$ 13,644.72	$ 13,917.61
[HMEX] New Physicians Health Plan	1	$ 27.79	$ 157.47	$ 185.26	$ 722.52	$ 4,094.28	$ 4,816.80	$ 92.63	$ 92.63	$ 2,408.40	$ 2,408.40	$ 4,816.80	$ 4,913.14
	2	$ 55.58	$ 314.94	$ 370.52	$ 1,445.04	$ 8,188.56	$ 9,633.60	$ 185.26	$ 185.26	$ 4,816.80	$ 4,816.80	$ 9,633.60	$ 9,826.27
	3	$ 48.91	$ 277.15	$ 326.06	$ 1,271.64	$ 7,205.93	$ 8,477.57	$ 163.03	$ 163.03	$ 4,238.78	$ 4,238.79	$ 8,477.57	$ 8,647.12
	4	$ 76.70	$ 434.62	$ 511.32	$ 1,994.16	$ 11,300.21	$ 13,294.37	$ 255.66	$ 255.66	$ 6,647.18	$ 6,647.19	$ 13,294.37	$ 13,560.26
[HF00] New Priority Health Plan - West	1	$ 34.97	$ 194.61	$ 229.58	$ 909.12	$ 5,059.92	$ 5,969.04	$ 114.79	$ 114.79	$ 2,984.52	$ 2,984.52	$ 5,969.04	$ 6,088.42
	2	$ 69.92	$ 389.24	$ 459.16	$ 1,817.83	$ 10,120.25	$ 11,938.08	$ 229.58	$ 229.58	$ 5,969.04	$ 5,969.04	$ 11,938.08	$ 12,176.84
	3	$ 61.53	$ 342.53	$ 404.06	$ 1,599.73	$ 8,905.78	$ 10,505.51	$ 202.03	$ 202.03	$ 5,252.76	$ 5,252.75	$ 10,505.51	$ 10,715.62
	4	$ 96.49	$ 537.15	$ 633.64	$ 2,508.65	$ 13,965.90	$ 16,474.55	$ 316.82	$ 316.82	$ 8,237.28	$ 8,237.27	$ 16,474.55	$ 16,804.04
[HF01] New Priority Health Plan - East	1	$ 34.97	$ 194.61	$ 229.58	$ 909.12	$ 5,059.92	$ 5,969.04	$ 114.79	$ 114.79	$ 2,984.52	$ 2,984.52	$ 5,969.04	$ 6,088.42
	2	$ 69.92	$ 389.24	$ 459.16	$ 1,817.83	$ 10,120.25	$ 11,938.08	$ 229.58	$ 229.58	$ 5,969.04	$ 5,969.04	$ 11,938.08	$ 12,176.84
	3	$ 61.53	$ 342.53	$ 404.06	$ 1,599.73	$ 8,905.78	$ 10,505.51	$ 202.03	$ 202.03	$ 5,252.76	$ 5,252.75	$ 10,505.51	$ 10,715.62
	4	$ 96.49	$ 537.15	$ 633.64	$ 2,508.65	$ 13,965.90	$ 16,474.55	$ 316.82	$ 316.82	$ 8,237.28	$ 8,237.27	$ 16,474.55	$ 16,804.04
[HF02] New Priority Health Plan - South	1	$ 34.97	$ 194.61	$ 229.58	$ 909.12	$ 5,059.92	$ 5,969.04	$ 114.79	$ 114.79	$ 2,984.52	$ 2,984.52	$ 5,969.04	$ 6,088.42
	2	$ 69.92	$ 389.24	$ 459.16	$ 1,817.83	$ 10,120.25	$ 11,938.08	$ 229.58	$ 229.58	$ 5,969.04	$ 5,969.04	$ 11,938.08	$ 12,176.84
	3	$ 61.53	$ 342.53	$ 404.06	$ 1,599.73	$ 8,905.78	$ 10,505.51	$ 202.03	$ 202.03	$ 5,252.76	$ 5,252.75	$ 10,505.51	$ 10,715.62
	4	$ 96.49	$ 537.15	$ 633.64	$ 2,508.65	$ 13,965.90	$ 16,474.55	$ 316.82	$ 316.82	$ 8,237.28	$ 8,237.27	$ 16,474.55	$ 16,804.04
[HL00] New Total Health Care	1	$ 24.69	$ 139.88	$ 164.57	$ 641.81	$ 3,636.91	$ 4,278.72	$ 82.28	$ 82.28	$ 2,139.36	$ 2,139.36	$ 4,278.72	$ 4,364.29
	2	$ 56.78	$ 321.73	$ 378.51	$ 1,476.16	$ 8,364.92	$ 9,841.08	$ 189.25	$ 189.25	$ 4,920.54	$ 4,920.54	$ 9,841.08	$ 10,037.90
	3	$ 46.90	$ 265.78	$ 312.68	$ 1,219.45	$ 6,910.19	$ 8,129.64	$ 156.34	$ 156.34	$ 4,064.82	$ 4,064.82	$ 8,129.64	$ 8,292.23
	4	$ 66.65	$ 377.68	$ 444.33	$ 1,732.88	$ 9,819.64	$ 11,552.52	$ 222.16	$ 222.16	$ 5,776.26	$ 5,776.26	$ 11,552.52	$ 11,783.57

[1] Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period.
[2] Health option 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 the first pay period after effective date of coverage.
[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.
[5] 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 Plar