CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2010 - 2011 GROUP INSURANCE PREMIUM RATES (EXCEPT T01)
EFFECTIVE OCTOBER 3, 2010 FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME		ANNUAL - PART TIME		ANNUAL	
PLAN NAME/CODE	Option	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[HAEX] State Health Plan PPO	1	$ 27.47	$ 247.20	$ 274.67	$ 714.13	$ 6,427.21	$ 7,141.34	$ 137.33	$ 137.34	$ 3,570.67	$ 3,570.67	$ 7,141.34	$ 7,284.17
	2	$ 54.93	$ 494.40	$ 549.33	$ 1,428.26	$ 12,854.29	$ 14,282.55	$ 274.66	$ 274.67	$ 7,141.27	$ 7,141.28	$ 14,282.55	$ 14,568.20
	3	$ 48.34	$ 435.07	$ 483.41	$ 1,256.87	$ 11,311.81	$ 12,568.68	$ 241.70	$ 241.71	$ 6,284.34	$ 6,284.34	$ 12,568.68	$ 12,820.05
	4	$ 75.81	$ 682.27	$ 758.08	$ 1,971.00	$ 17,739.03	$ 19,710.03	$ 379.04	$ 379.04	$ 9,855.01	$ 9,855.02	$ 19,710.03	$ 20,104.23
Employee or Spouse with Medicare	5	$ -	$ 247.20	$ 247.20	$ -	$ 6,427.21	$ 6,427.21	$ -	$ -	$ -	$ -	$ 6,427.21	$ 6,555.75
(State Pays 100%)	6	$ -	$ 494.40	$ 494.40	$ -	$ 12,854.29	$ 12,854.29	$ -	$ -	$ -	$ -	$ 12,854.29	$ 13,111.38
	7	$ -	$ 435.07	$ 435.07	$ -	$ 11,311.81	$ 11,311.81	$ -	$ -	$ -	$ -	$ 11,311.81	$ 11,538.05
	8	$ -	$ 682.27	$ 682.27	$ -	$ 17,739.03	$ 17,739.03	$ -	$ -	$ -	$ -	$ 17,739.03	$ 18,093.81
[H2F0] Catastrophic Health Plan	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	(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)

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
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EFFECTIVE OCTOBER 3, 2010 FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME		ANNUAL - PART TIME		ANNUAL	
PLAN NAME/CODE	**Option**	**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	$0.00	$ 5.20	$ -	$ 5.20	$ -
Sp $ 5,000 &/or Ch $ 2,500	2	$ 0.60	$ -	$ 0.60	$ 15.60	$ -	$ 15.60	$ 0.60	$0.00	$ 15.60	$ -	$ 15.60	$ -
Sp $10,000 &/or Ch $ 5,000	3	$ 1.20	$ -	$ 1.20	$ 31.20	$ -	$ 31.20	$ 1.20	$0.00	$ 31.20	$ -	$ 31.20	$ -
Sp $25,000 &/or Ch $10,000	4	$ 4.00	$ -	$ 4.00	$ 104.00	$ -	$ 104.00	$ 4.00	$0.00	$ 104.00	$ -	$ 104.00	$ -
Child(ren) Only $10,000	5	$ 0.75	$ -	$ 0.75	$ 19.50	$ -	$ 19.50	$ 0.75	$0.00	$ 19.50	$ -	$ 19.50	$ -
[HCEX] BCN Mid-Michigan	1	$ 12.79	$ 242.98	$ 255.77	$ 332.50	$ 6,317.42	$ 6,649.92	$ 127.88	$ 127.89	$ 3,324.96	$ 3,324.96	$ 6,649.92	$ 6,782.92
	2	$ 25.58	$ 485.96	$ 511.54	$ 665.00	$ 12,634.96	$ 13,299.96	$ 255.77	$ 255.77	$ 6,649.98	$ 6,649.98	$ 13,299.96	$ 13,565.96
	3	$ 22.51	$ 427.64	$ 450.15	$ 585.20	$ 11,118.76	$ 11,703.96	$ 225.07	$ 225.08	$ 5,851.98	$ 5,851.98	$ 11,703.96	$ 11,938.04
	4	$ 35.30	$ 670.62	$ 705.92	$ 917.69	$ 17,436.19	$ 18,353.88	$ 352.96	$ 352.96	$ 9,176.94	$ 9,176.94	$ 18,353.88	$ 18,720.96
[HD00] BCN East Michigan	1	$ 12.60	$ 239.44	$ 252.04	$ 327.65	$ 6,225.43	$ 6,553.08	$ 126.02	$ 126.02	$ 3,276.54	$ 3,276.54	$ 6,553.08	$ 6,684.14
	2	$ 25.20	$ 478.88	$ 504.08	$ 655.31	$ 12,450.97	$ 13,106.28	$ 252.04	$ 252.04	$ 6,553.14	$ 6,553.14	$ 13,106.28	$ 13,368.41
	3	$ 22.18	$ 421.42	$ 443.60	$ 576.68	$ 10,956.88	$ 11,533.56	$ 221.80	$ 221.80	$ 5,766.78	$ 5,766.78	$ 11,533.56	$ 11,764.23
	4	$ 34.78	$ 660.86	$ 695.64	$ 904.33	$ 17,182.31	$ 18,086.64	$ 347.82	$ 347.82	$ 9,043.32	$ 9,043.32	$ 18,086.64	$ 18,448.37
[HP00] BCN Great Lakes West	1	$ 12.99	$ 246.87	$ 259.86	$ 337.81	$ 6,418.43	$ 6,756.24	$ 129.93	$ 129.93	$ 3,378.12	$ 3,378.12	$ 6,756.24	$ 6,891.36
	2	$ 25.99	$ 493.72	$ 519.71	$ 675.62	$ 12,836.86	$ 13,512.48	$ 259.85	$ 259.86	$ 6,756.24	$ 6,756.24	$ 13,512.48	$ 13,782.73
	3	$ 22.87	$ 434.48	$ 457.35	$ 594.55	$ 11,296.49	$ 11,891.04	$ 228.67	$ 228.68	$ 5,945.52	$ 5,945.52	$ 11,891.04	$ 12,128.86
	4	$ 35.86	$ 681.34	$ 717.20	$ 932.36	$ 17,714.92	$ 18,647.28	$ 358.60	$ 358.60	$ 9,323.64	$ 9,323.64	$ 18,647.28	$ 19,020.23
[HX00] BCN SE Michigan	1	$ 12.45	$ 236.59	$ 249.04	$ 323.75	$ 6,151.21	$ 6,474.96	$ 124.52	$ 124.52	$ 3,237.48	$ 3,237.48	$ 6,474.96	$ 6,604.46
	2	$ 24.90	$ 473.17	$ 498.07	$ 647.49	$ 12,302.31	$ 12,949.80	$ 249.03	$ 249.04	$ 6,474.90	$ 6,474.90	$ 12,949.80	$ 13,208.80
	3	$ 21.92	$ 416.39	$ 438.30	$ 569.79	$ 10,826.01	$ 11,395.80	$ 219.15	$ 219.15	$ 5,697.90	$ 5,697.90	$ 11,395.80	$ 11,623.72
	4	$ 34.37	$ 652.97	$ 687.34	$ 893.54	$ 16,977.22	$ 17,870.76	$ 343.67	$ 343.67	$ 8,935.38	$ 8,935.38	$ 17,870.76	$ 18,228.18
[HN00] Grand Valley Health	1	$ 11.90	$ 226.02	$ 237.92	$ 309.29	$ 5,876.59	$ 6,185.88	$ 118.96	$ 118.96	$ 3,092.94	$ 3,092.94	$ 6,185.88	$ 6,309.60
	2	$ 23.79	$ 452.05	$ 475.84	$ 618.59	$ 11,753.17	$ 12,371.76	$ 237.92	$ 237.92	$ 6,185.88	$ 6,185.88	$ 12,371.76	$ 12,619.20
	3	$ 20.94	$ 397.80	$ 418.74	$ 544.36	$ 10,342.76	$ 10,887.12	$ 209.37	$ 209.37	$ 5,443.56	$ 5,443.56	$ 10,887.12	$ 11,104.86
	4	$ 32.83	$ 623.82	$ 656.65	$ 853.65	$ 16,219.35	$ 17,073.00	$ 328.32	$ 328.33	$ 8,536.50	$ 8,536.50	$ 17,073.00	$ 17,414.46
[HI00] Health Alliance Plan	1	$ 11.60	$ 220.42	$ 232.02	$ 301.63	$ 5,730.89	$ 6,032.52	$ 116.01	$ 116.01	$ 3,016.26	$ 3,016.26	$ 6,032.52	$ 6,153.17
	2	$ 23.30	$ 442.74	$ 466.04	$ 605.85	$ 11,511.15	$ 12,117.00	$ 233.02	$ 233.02	$ 6,058.50	$ 6,058.50	$ 12,117.00	$ 12,359.34
	3	$ 20.49	$ 389.39	$ 409.88	$ 532.84	$ 10,124.00	$ 10,656.84	$ 204.94	$ 204.94	$ 5,328.42	$ 5,328.42	$ 10,656.84	$ 10,869.98
	4	$ 32.19	$ 611.70	$ 643.89	$ 837.06	$ 15,904.14	$ 16,741.20	$ 321.94	$ 321.95	$ 8,370.60	$ 8,370.60	$ 16,741.20	$ 17,076.02

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		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME		ANNUAL - PART TIME		ANNUAL	
PLAN NAME/CODE	Option	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[HJ00] HealthPlus of Michigan	1	$ 12.30	$ 233.60	$ 245.90	$ 319.67	$ 6,073.69	$ 6,393.36	$ 122.95	$ 122.95	$ 3,196.68	$ 3,196.68	$ 6,393.36	$ 6,521.23
	2	$ 24.59	$ 467.20	$ 491.79	$ 639.33	$ 12,147.27	$ 12,786.60	$ 245.89	$ 245.90	$ 6,393.30	$ 6,393.30	$ 12,786.60	$ 13,042.33
	3	$ 21.64	$ 411.14	$ 432.78	$ 562.61	$ 10,689.55	$ 11,252.16	$ 216.39	$ 216.39	$ 5,626.08	$ 5,626.08	$ 11,252.16	$ 11,477.20
	4	$ 33.93	$ 644.74	$ 678.67	$ 882.28	$ 16,763.24	$ 17,645.52	$ 339.33	$ 339.34	$ 8,822.76	$ 8,822.76	$ 17,645.52	$ 17,998.43
[HMCL] McLaren Health Plan	1	$ 10.59	$ 201.24	$ 211.83	$ 275.38	$ 5,232.26	$ 5,507.64	$ 105.91	$ 105.92	$ 2,753.82	$ 2,753.82	$ 5,507.64	$ 5,617.79
	2	$ 21.18	$ 402.48	$ 423.66	$ 550.76	$ 10,464.40	$ 11,015.16	$ 211.83	$ 211.83	$ 5,507.58	$ 5,507.58	$ 11,015.16	$ 11,235.46
	3	$ 18.64	$ 354.18	$ 372.82	$ 484.67	$ 9,208.69	$ 9,693.36	$ 186.41	$ 186.41	$ 4,846.68	$ 4,846.68	$ 9,693.36	$ 9,887.23
	4	$ 29.23	$ 555.42	$ 584.65	$ 760.04	$ 14,440.84	$ 15,200.88	$ 292.32	$ 292.33	$ 7,600.44	$ 7,600.44	$ 15,200.88	$ 15,504.90
[HMEX] Physicians Health Plan - Lansing	1	$ 12.50	$ 237.41	$ 249.91	$ 324.88	$ 6,172.76	$ 6,497.64	$ 124.95	$ 124.96	$ 3,248.82	$ 3,248.82	$ 6,497.64	$ 6,627.59
	2	$ 24.99	$ 474.83	$ 499.82	$ 649.76	$ 12,345.52	$ 12,995.28	$ 249.91	$ 249.91	$ 6,497.64	$ 6,497.64	$ 12,995.28	$ 13,255.19
	3	$ 21.99	$ 417.85	$ 439.84	$ 571.79	$ 10,863.97	$ 11,435.76	$ 219.92	$ 219.92	$ 5,717.88	$ 5,717.88	$ 11,435.76	$ 11,664.48
	4	$ 34.49	$ 655.26	$ 689.75	$ 896.67	$ 17,036.73	$ 17,933.40	$ 344.87	$ 344.88	$ 8,966.70	$ 8,966.70	$ 17,933.40	$ 18,292.07
[HF00] Priority Health Plan - West	1	$ 12.10	$ 229.86	$ 241.96	$ 314.54	$ 5,976.34	$ 6,290.88	$ 120.98	$ 120.98	$ 3,145.44	$ 3,145.44	$ 6,290.88	$ 6,416.70
	2	$ 24.20	$ 459.72	$ 483.92	$ 629.09	$ 11,952.67	$ 12,581.76	$ 241.95	$ 241.97	$ 6,290.88	$ 6,290.88	$ 12,581.76	$ 12,833.40
	3	$ 21.29	$ 404.55	$ 425.84	$ 553.60	$ 10,518.32	$ 11,071.92	$ 212.92	$ 212.92	$ 5,535.96	$ 5,535.96	$ 11,071.92	$ 11,293.36
	4	$ 33.39	$ 634.41	$ 667.80	$ 868.14	$ 16,494.66	$ 17,362.80	$ 333.90	$ 333.90	$ 8,681.40	$ 8,681.40	$ 17,362.80	$ 17,710.06
[HF01] Priority Health Plan - East	1	$ 12.10	$ 229.86	$ 241.96	$ 314.54	$ 5,976.34	$ 6,290.88	$ 120.98	$ 120.98	$ 3,145.44	$ 3,145.44	$ 6,290.88	$ 6,416.70
	2	$ 24.20	$ 459.72	$ 483.92	$ 629.09	$ 11,952.67	$ 12,581.76	$ 241.95	$ 241.97	$ 6,290.88	$ 6,290.88	$ 12,581.76	$ 12,833.40
	3	$ 21.29	$ 404.55	$ 425.84	$ 553.60	$ 10,518.32	$ 11,071.92	$ 212.92	$ 212.92	$ 5,535.96	$ 5,535.96	$ 11,071.92	$ 11,293.36
	4	$ 33.39	$ 634.41	$ 667.80	$ 868.14	$ 16,494.66	$ 17,362.80	$ 333.90	$ 333.90	$ 8,681.40	$ 8,681.40	$ 17,362.80	$ 17,710.06
[HF02] Priority Health Plan - South	1	$ 12.10	$ 229.86	$ 241.96	$ 314.54	$ 5,976.34	$ 6,290.88	$ 120.98	$ 120.98	$ 3,145.44	$ 3,145.44	$ 6,290.88	$ 6,416.70
	2	$ 24.20	$ 459.72	$ 483.92	$ 629.09	$ 11,952.67	$ 12,581.76	$ 241.95	$ 241.97	$ 6,290.88	$ 6,290.88	$ 12,581.76	$ 12,833.40
	3	$ 21.29	$ 404.55	$ 425.84	$ 553.60	$ 10,518.32	$ 11,071.92	$ 212.92	$ 212.92	$ 5,535.96	$ 5,535.96	$ 11,071.92	$ 11,293.36
	4	$ 33.39	$ 634.41	$ 667.80	$ 868.14	$ 16,494.66	$ 17,362.80	$ 333.90	$ 333.90	$ 8,681.40	$ 8,681.40	$ 17,362.80	$ 17,710.06
[HL00] Total Health Care	1	$ 7.95	$ 151.09	$ 159.04	$ 206.75	$ 3,928.21	$ 4,134.96	$ 79.52	$ 79.52	$ 2,067.48	$ 2,067.48	$ 4,134.96	$ 4,217.66
	2	$ 18.29	$ 347.49	$ 365.78	$ 475.52	$ 9,034.84	$ 9,510.36	$ 182.89	$ 182.89	$ 4,755.18	$ 4,755.18	$ 9,510.36	$ 9,700.57
	3	$ 15.11	$ 287.06	$ 302.17	$ 392.82	$ 7,463.58	$ 7,856.40	$ 151.08	$ 151.08	$ 3,928.20	$ 3,928.20	$ 7,856.40	$ 8,013.53
	4	$ 21.47	$ 407.93	$ 429.40	$ 558.22	$ 10,606.22	$ 11,164.44	$ 214.70	$ 214.70	$ 5,582.22	$ 5,582.22	$ 11,164.44	$ 11,387.73

*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.