

MICHIGAN CIVIL SERVICE COMMISSION

P.O. Box 30002, Lansing, Michigan 48909

www.michigan.gov/mdcs

ADVISORY BULLETIN

No. 5.18-1-2010

DATE ISSUED: March 31, 2010 (Rev 2)

POST END DATE: March 31, 2011

RULE REFERENCE: 5-11

REGULATION REFERENCE: 5.18

BUREAU/DIVISION CONTACT AREA
Employee Benefits Division

CONTACT PERSON
Susan Kant

TELEPHONE NO.
(517) 373-1846

SUBJECT

NEW STATE HEALTH PLAN (NSHP) PPO AND NEW HMO (NHMO) PLAN DESIGN FOR CERTAIN EMPLOYEES HIRED OR REHIRED ON OR AFTER APRIL 1, 2010.

This document should be placed with the referenced rule and/or regulation until the Post End Date.

The New State Health Plan (NSHP) PPO and New HMO (NHMO) Plan Design for Employees Hired or Rehired¹ on or after April 1, 2010, applies to employees in the following units:

MCO (C12), SEIU-517M (E42, H21, L32), AFSCME (U11), UAW (W22, W41), and Non-Exclusively Represented Employees (Y00, Y23, Y50, Y51, Y98, and Y99).

Note: This does not include MSEA (A02, A31) or MSPTA (T01).

The following is a high-level plan design summary of offerings:

	NSHP PPO	NHMO
Prescription Drug Co-pays	R-\$10/\$30/\$60 M-\$20/\$60/\$120	R-\$10/\$30/\$60 M-\$20/\$60/\$120
<u>In-Network</u>		
Preventive Limit	\$1,500	na
Deductible	\$400 / \$800 (Not applied to Out of Pocket Maximum)	na
Office Visit Co-pay	\$20	\$20
Emergency Room Co-pay if not admitted	\$200	\$200
Coinsurance	10% after Deductible	na
Out-of-Pocket Maximum*	\$1500 / \$3000	na
<u>Out-of-Network</u>		
Preventive Limit	Not Covered	
Deductible	\$800 / \$1600 (Not applied to Out of Pocket Maximum)	
Office Visit Co-pay	20% after Deductible	
Emergency Room Co-pay	\$200	
Coinsurance	20% after Deductible	
Out-of-Pocket Maximum*	\$3000 / \$6000	

*Co-payments and deductibles do not apply towards the Out-of-Pocket Maximum

¹ See End Note.

NEW GROUP HEALTH INSURANCE PREMIUM RATES – FULL TIME EMPLOYEES²

NSHP PPO Premium: The State will pay 80% of the total premium with enrolled employees paying 20%.

NHMO Premium: The State will pay up to 85% of the NHMO total premium, capped at the dollar amount which the State pays for the same coverage under the NSHP PPO, with enrolled employees paying the remainder.

**Civil Service Commission
Employee Benefits Division
FY 2009-2010 Group Insurance Premium Rates
NSHP PPO and NHMOs
Effective April 1, 2010**

PLAN NAME/CODE	Option	BIWEEKLY RATES		
		Employee	State	Total
[HAEX] New State Health Plan PPO	1	43.44	173.76	217.20
	2	86.88	347.54	434.42
	3	76.46	305.83	382.29
	4	119.90	479.60	599.50
[HCEX] BCN Mid-Michigan	1	44.93	173.76	218.69
	2	89.84	347.54	437.38
	3	79.06	305.83	384.89
	4	123.97	479.60	603.57
[HD00] BCN East Michigan	1	41.83	173.76	215.59
	2	83.64	347.54	431.18
	3	73.61	305.83	379.44
	4	115.43	479.60	595.03
[HP00] BCN Great Lakes West	1	44.19	173.76	217.95
	2	88.36	347.54	435.90
	3	77.75	305.83	383.58
	4	121.94	479.60	601.54
[HX00] BCN SE Michigan	1	42.64	173.76	216.40
	2	85.27	347.54	432.81
	3	75.04	305.83	380.87
	4	117.67	479.60	597.27
[HN00] Grand Valley Health	1	30.56	173.18	203.74
	2	61.12	346.35	407.47
	3	53.79	304.79	358.58
	4	84.35	477.97	562.32
[HI00] Health Alliance Plan	1	27.91	158.13	186.04
	2	56.05	317.62	373.67
	3	49.30	279.35	328.65
	4	77.44	438.84	516.28

Option: 1 - Employee Only 2 - Employee and Spouse 3 - Employee and Children 4 - Full Family

² Full Time, Part Time and COBRA rates for the NSHP PPO and NHMO can be found at http://www.michigan.gov/documents/mdcs/New_Rates_Final_2010_316313_7.pdf.

**Civil Service Commission
Employee Benefits Division
FY 2009-2010 Group Insurance Premium Rates
NSHP PPO and NHMOs
Effective April 1, 2010**

PLAN NAME/CODE	Option	BIWEEKLY RATES		
		Employee	State	Total
[HJ00] HealthPlus of Michigan	1	37.47	173.76	211.23
	2	74.93	347.54	422.47
	3	65.93	305.83	371.76
	4	103.40	479.60	583.00
[HMCL] McLaren Health Plan	1	28.63	162.26	190.89
	2	57.27	324.52	381.79
	3	50.40	285.58	335.98
	4	79.03	447.83	526.86
[HMEX] Physicians Health Plan - Lansing	1	28.31	160.45	188.76
	2	56.63	320.90	377.53
	3	49.83	282.39	332.22
	4	78.15	442.84	520.99
[HF00] Priority Health Plan - West	1	28.93	163.92	192.85
	2	57.85	327.84	385.69
	3	50.91	288.50	339.41
	4	79.84	452.43	532.27
[HF01] Priority Health Plan - East	1	28.93	163.92	192.85
	2	57.85	327.84	385.69
	3	50.91	288.50	339.41
	4	79.84	452.43	532.27
[HF02] Priority Health Plan - South	1	28.93	163.92	192.85
	2	57.85	327.84	385.69
	3	50.91	288.50	339.41
	4	79.84	452.43	532.27

Option: 1 - Employee Only 2 - Employee and Spouse 3 - Employee and Children 4 - Full Family

NOTE: Employees returning from recall or otherwise returning to state employment where there has been no break in service will be eligible for enrollment in the plan in which they were previously enrolled. For example, an employee covered by the State Health Plan PPO (SHP) who is placed on layoff and then recalled may enroll in the SHP upon recall; an employee covered by the New State Health Plan PPO (NSHP) who is placed on layoff and then recalled may enroll in the NSHP upon recall. However, a former employee with a break in service who is rehired on or after April 1, 2010, is eligible only for the NSHP or the NHMO. A rehire is simply a HRMN transaction code used to prevent an employee from having duplicate HRMN ID numbers. This type of hire code is used when an applicant is hired who had previously been issued a HRMN ID. All hires having the rehire transaction code had a break in service.