CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2013
FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010
FOR BARGAINING UNITS: MSEA (A02, A31), MCO (C12), AFSCME (U11), NON-REPRESENTATED (Z60 - Z89) and JUDICIAL BRANCH

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HAEX	**State Health Plan**		
	Applicant Only	$ 569.24	$ 580.63
	Applicant & Spouse	$ 1,138.53	$ 1,161.30
	Applicant & Children	$ 1,001.90	$ 1,021.94
	Full Family	$ 1,571.16	$ 1,602.59
	Applicant Only w/Medicare	$ 455.39	$ 464.50
	Applicant & Spouse w/Medicare	$ 910.82	$ 929.04
	Applicant w/Medicare & Children	$ 801.52	$ 817.55
	Full Family w/Medicare	$ 1,256.93	$ 1,282.07
H2F0	**Catastrophic Health**		
	Applicant Only	$ 34.26	$ 34.94
	Applicant & Spouse	$ 68.51	$ 69.88
	Applicant & Children	$ 68.51	$ 69.88
	Full Family	$ 68.51	$ 69.88
VBWO	**State Vision Plan**		
	Applicant Only	$ 6.08	$ 6.20
	Applicant & Spouse	$ 10.67	$ 10.89
	Applicant & Children	$ 13.04	$ 13.30
	Full Family	$ 17.67	$ 18.02
DBEX	**State Dental Plan**		
	Applicant Only	$ 46.71	$ 47.65
	Applicant & Spouse	$ 85.25	$ 86.96
	Applicant & Children	$ 103.83	$ 105.90
	Full Family	$ 142.22	$ 145.06
DP00	**Preventive Dental Plan**		
	Applicant Only	$ 6.48	$ 6.61
	Applicant & Spouse	$ 11.29	$ 11.51
	Applicant & Children	$ 11.29	$ 11.51
	Full Family	$ 16.08	$ 16.40
DMEX	**Midwest Dental (DMO)**		
	Applicant Only	$ 34.65	$ 35.34
	Applicant & Spouse	$ 34.65	$ 35.34
	Applicant & Children	$ 34.65	$ 35.34
	Full Family	$ 34.65	$ 35.34
LUEX/LREX Emp. Life Only (Fire & Rescue Employees Only)		56¢/$1,000	(n/a)
LUEX/LAEX/LREX Employee	Plan E	46¢/$1,000	(n/a)
Dependent Life Options			
Sp $ 1,500 &/or Ch $ 1,000	Plan F	$ 0.43	(n/a)
Sp $ 5,000 &/or Ch $ 2,500	Plan G	$ 1.30	(n/a)
Sp $10,000 &/or Ch $ 5,000	Plan H	$ 2.60	(n/a)
Sp $25,000 &/or Ch $10,000	Plan K	$ 8.67	(n/a)
Child(ren) Only $10,000	Plan L	$ 1.63	(n/a)

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HCEX	**BCN Mid Michigan**		
	Applicant Only	$ 560.00	$ 571.20
	Applicant & Spouse	$ 1,119.99	$ 1,142.39
	Applicant & Children	$ 985.59	$ 1,005.30
	Full Family	$ 1,545.59	$ 1,576.50
HD00	**BCN of East Michigan**		
	Applicant Only	$ 545.88	$ 556.80
	Applicant & Spouse	$ 1,091.77	$ 1,113.61
	Applicant & Children	$ 960.75	$ 979.97
	Full Family	$ 1,506.63	$ 1,536.76
HP00	**BCN Great Lakes West**		
	Applicant Only	$ 565.21	$ 576.51
	Applicant & Spouse	$ 1,130.42	$ 1,153.03
	Applicant & Children	$ 994.78	$ 1,014.68
	Full Family	$ 1,559.99	$ 1,591.19
HX00	**BCN of SE Michigan**		
	Applicant Only	$ 554.32	$ 565.41
	Applicant & Spouse	$ 1,108.63	$ 1,130.80
	Applicant & Children	$ 975.59	$ 995.10
	Full Family	$ 1,529.91	$ 1,560.51
HCOP	**COPS Trust Health Plan**		
	Applicant Only	$ 589.77	$ 601.57
	Applicant & Spouse	$ 1,179.62	$ 1,203.21
	Applicant & Children	$ 1,038.03	$ 1,058.79
	Full Family	$ 1,627.86	$ 1,660.42
HN00	**Grand Valley Health Plan**		
	Applicant Only	$ 373.58	$ 381.05
	Applicant & Spouse	$ 747.15	$ 762.09
	Applicant & Children	$ 657.49	$ 670.64
	Full Family	$ 1,031.07	$ 1,051.69
HI00	**Health Alliance Plan**		
	Applicant Only	$ 496.84	$ 506.78
	Applicant & Spouse	$ 997.95	$ 1,017.91
	Applicant & Children	$ 877.69	$ 895.24
	Full Family	$ 1,378.81	$ 1,406.39
HJ00	**Health Plus of Michigan**		
	Applicant Only	$ 520.54	$ 530.95
	Applicant & Spouse	$ 1,041.08	$ 1,061.90
	Applicant & Children	$ 916.15	$ 934.47
	Full Family	$ 1,436.69	$ 1,465.42

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HMCL	**McLaren Health Plan**		
	Applicant Only	$ 444.80	$ 453.70
	Applicant & Spouse	$ 889.60	$ 907.39
	Applicant & Children	$ 782.85	$ 798.51
	Full Family	$ 1,227.65	$ 1,252.20
HMEX	**Physicians Health Plan**		
	Applicant Only	$ 425.51	$ 434.02
	Applicant & Spouse	$ 851.01	$ 868.03
	Applicant & Children	$ 748.89	$ 763.87
	Full Family	$ 1,174.39	$ 1,197.88
HF00	**Priority Health Plan - West**		
	Applicant Only	$ 531.40	$ 542.03
	Applicant & Spouse	$ 1,062.80	$ 1,084.06
	Applicant & Children	$ 935.26	$ 953.97
	Full Family	$ 1,466.66	$ 1,495.99
HF01	**Priority Health Plan - East**		
	Applicant Only	$ 531.40	$ 542.03
	Applicant & Spouse	$ 1,062.80	$ 1,084.06
	Applicant & Children	$ 935.26	$ 953.97
	Full Family	$ 1,466.66	$ 1,495.99
HF02	**Priority Health Plan - South**		
	Applicant Only	$ 531.40	$ 542.03
	Applicant & Spouse	$ 1,062.80	$ 1,084.06
	Applicant & Children	$ 935.26	$ 953.97
	Full Family	$ 1,466.66	$ 1,495.99
HL00	**Total Health Care**		
	Applicant Only	$ 410.04	$ 418.24
	Applicant & Spouse	$ 943.10	$ 961.96
	Applicant & Children	$ 779.09	$ 794.67
	Full Family	$ 1,107.12	$ 1,129.26