CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2013
FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010
FOR NERE (Y00, Y23, Y50, Y51, Y52, Y98 & Y99) and BARGAINING UNITS: UAW (W22, W41) & SEIU 517M (E42, H21, L32)

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HAEX	**State Health Plan**		
	Applicant Only	$ 572.09	$ 583.53
	Applicant & Spouse	$ 1,144.22	$ 1,167.11
	Applicant & Children	$ 1,006.91	$ 1,027.05
	Full Family	$ 1,579.02	$ 1,610.60
	Applicant Only w/Medicare	$ 457.67	$ 466.82
	Applicant & Spouse w/Medicare	$ 915.38	$ 933.68
	Applicant w/Medicare & Children	$ 805.53	$ 821.64
	Full Family w/Medicare	$ 1,263.22	$ 1,288.48
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		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	$ 562.30	$ 573.55
	Applicant & Spouse	$ 1,124.59	$ 1,147.08
	Applicant & Children	$ 989.64	$ 1,009.43
	Full Family	$ 1,551.94	$ 1,582.98
HD00	**BCN of East Michigan**		
	Applicant Only	$ 548.08	$ 559.04
	Applicant & Spouse	$ 1,096.16	$ 1,118.08
	Applicant & Children	$ 964.63	$ 983.92
	Full Family	$ 1,512.71	$ 1,542.96
HP00	**BCN Great Lakes West**		
	Applicant Only	$ 568.26	$ 579.63
	Applicant & Spouse	$ 1,136.53	$ 1,159.26
	Applicant & Children	$ 1,000.15	$ 1,020.15
	Full Family	$ 1,568.41	$ 1,599.78
HX00	**BCN of SE Michigan**		
	Applicant Only	$ 556.55	$ 567.68
	Applicant & Spouse	$ 1,113.09	$ 1,135.35
	Applicant & Children	$ 979.53	$ 999.12
	Full Family	$ 1,536.07	$ 1,566.79
HN00	**Grand Valley Health Plan**		
	Applicant Only	$ 379.61	$ 387.20
	Applicant & Spouse	$ 759.23	$ 774.41
	Applicant & Children	$ 668.12	$ 681.48
	Full Family	$ 1,047.73	$ 1,068.68
HI00	**Health Alliance Plan**		
	Applicant Only	$ 499.22	$ 509.20
	Applicant & Spouse	$ 1,002.74	$ 1,022.79
	Applicant & Children	$ 881.90	$ 899.54
	Full Family	$ 1,385.63	$ 1,413.34
HJ00	**Health Plus of Michigan**		
	Applicant Only	$ 523.17	$ 533.63
	Applicant & Spouse	$ 1,046.34	$ 1,067.27
	Applicant & Children	$ 920.78	$ 939.20
	Full Family	$ 1,443.95	$ 1,472.83
HMCL	**McLaren Health Plan**		
	Applicant Only	$ 447.80	$ 456.76
	Applicant & Spouse	$ 895.59	$ 913.50
	Applicant & Children	$ 788.12	$ 803.88
	Full Family	$ 1,235.92	$ 1,260.64

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		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HMEX	**Physicians Health Plan**		
	Applicant Only	$ 427.16	$ 435.70
	Applicant & Spouse	$ 854.32	$ 871.41
	Applicant & Children	$ 751.80	$ 766.84
	Full Family	$ 1,178.96	$ 1,202.54
HF00	**Priority Health Plan - West**		
	Applicant Only	$ 535.61	$ 546.32
	Applicant & Spouse	$ 1,071.22	$ 1,092.64
	Applicant & Children	$ 942.67	$ 961.52
	Full Family	$ 1,478.28	$ 1,507.85
HF01	**Priority Health Plan - East**		
	Applicant Only	$ 535.61	$ 546.32
	Applicant & Spouse	$ 1,071.22	$ 1,092.64
	Applicant & Children	$ 942.67	$ 961.52
	Full Family	$ 1,478.28	$ 1,507.85
HF02	**Priority Health Plan - South**		
	Applicant Only	$ 535.61	$ 546.32
	Applicant & Spouse	$ 1,071.22	$ 1,092.64
	Applicant & Children	$ 942.67	$ 961.52
	Full Family	$ 1,478.28	$ 1,507.85
HL00	**Total Health Care**		
	Applicant Only	$ 412.09	$ 420.33
	Applicant & Spouse	$ 947.82	$ 966.78
	Applicant & Children	$ 782.99	$ 798.65
	Full Family	$ 1,112.65	$ 1,134.90