

**CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2016**

For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 617M, Judicial Branch, and Non-Represented (Z60-Z89)

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HAEX	State Health Plan		
	Applicant Only	\$ 679.64	\$ 693.23
	Applicant & Spouse	\$ 1,359.33	\$ 1,386.52
	Applicant & Children	\$ 1,196.21	\$ 1,220.13
	Full Family	\$ 1,875.88	\$ 1,913.39
	Applicant Only w/Medicare	\$ 543.71	\$ 554.59
	Applicant & Spouse w/Medicare	\$ 1,087.47	\$ 1,109.22
	Applicant w/Medicare & Children	\$ 956.97	\$ 976.11
	Full Family w/Medicare	\$ 1,500.70	\$ 1,530.71
H2C0	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
VBW0	State Vision Plan		
	Applicant Only	\$ 5.16	\$ 5.27
	Applicant & Spouse	\$ 9.07	\$ 9.26
	Applicant & Children	\$ 11.08	\$ 11.30
	Full Family	\$ 15.02	\$ 15.32
DBEX	State Dental Plan		
	Applicant Only	\$ 45.31	\$ 46.22
	Applicant & Spouse	\$ 82.70	\$ 84.35
	Applicant & Children	\$ 100.71	\$ 102.73
	Full Family	\$ 137.95	\$ 140.71
DPC0	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	\$ 36.37	\$ 37.10
	Applicant & Spouse	\$ 36.37	\$ 37.10
	Applicant & Children	\$ 36.37	\$ 37.10
	Full Family	\$ 36.37	\$ 37.10
LUEX/LREX Emp. Life Only (Fire & Rescue Employees Only)		56¢/\$1,000	(n/a)
LUEX/LAEX/LREX Employee Life Plan E		52¢/\$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)
Sp \$50,000 &/or Ch \$15,000	Plan M	\$ 11.40	(n/a)
Sp \$0 &/or Ch \$15,000	Plan N	\$ 2.45	(n/a)

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HBCN	Blue Care Network		
	Applicant Only	\$ 598.73	\$ 610.71
	Applicant & Spouse	\$ 1,197.47	\$ 1,221.42
	Applicant & Children	\$ 1,053.77	\$ 1,074.85
	Full Family	\$ 1,652.51	\$ 1,685.56
H100	Health Alliance Plan		
	Applicant Only	\$ 588.77	\$ 600.55
	Applicant & Spouse	\$ 1,182.61	\$ 1,206.26
	Applicant & Children	\$ 1,040.08	\$ 1,060.88
	Full Family	\$ 1,633.92	\$ 1,666.60
HMCL	McLaren Health Plan		
	Applicant Only	\$ 515.67	\$ 525.98
	Applicant & Spouse	\$ 1,031.36	\$ 1,051.99
	Applicant & Children	\$ 907.32	\$ 925.47
	Full Family	\$ 1,423.09	\$ 1,451.55
HMEX	Physicians Health Plan		
	Applicant Only	\$ 638.79	\$ 651.57
	Applicant & Spouse	\$ 1,277.58	\$ 1,303.13
	Applicant & Children	\$ 1,124.26	\$ 1,146.75
	Full Family	\$ 1,763.05	\$ 1,798.31
HPRI	Priority Health Plan		
	Applicant Only	\$ 670.56	\$ 683.97
	Applicant & Spouse	\$ 1,341.12	\$ 1,367.94
	Applicant & Children	\$ 1,180.19	\$ 1,203.79
	Full Family	\$ 1,850.75	\$ 1,887.77