CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2015
FOR BARGAINING UNITS: MCO (C12), AFSCME (U11), NON-REPRESENTATED (Z60 - Z89) and JUDICIAL BRANCH

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HAEX	**State Health Plan**		
	Applicant Only	$ 676.26	$ 689.78
	Applicant & Spouse	$ 1,352.57	$ 1,379.62
	Applicant & Children	$ 1,190.26	$ 1,214.06
	Full Family	$ 1,866.54	$ 1,903.87
	Applicant Only w/Medicare	$ 541.01	$ 551.83
	Applicant & Spouse w/Medicare	$ 1,082.06	$ 1,103.70
	Applicant w/Medicare & Children	$ 952.21	$ 971.25
	Full Family w/Medicare	$ 1,493.23	$ 1,523.10
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
VBWO	**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	$ 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	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)

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HBCN	**Blue Care Network**		
	Applicant Only	$ 582.09	$ 593.73
	Applicant & Spouse	$ 1,164.18	$ 1,187.46
	Applicant & Children	$ 1,024.48	$ 1,044.97
	Full Family	$ 1,606.57	$ 1,638.70
HI00	**Health Alliance Plan (HAP)**		
	Applicant Only	$ 553.89	$ 564.97
	Applicant & Spouse	$ 1,112.55	$ 1,134.80
	Applicant & Children	$ 978.48	$ 998.05
	Full Family	$ 1,537.14	$ 1,567.88
HJ00	**HealthPlus now part of the HAP family**		
	Applicant Only	$ 585.84	$ 597.56
	Applicant & Spouse	$ 1,171.68	$ 1,195.11
	Applicant & Children	$ 1,031.08	$ 1,051.70
	Full Family	$ 1,616.92	$ 1,649.26
HMCL	**McLaren Health Plan**		
	Applicant Only	$ 488.74	$ 498.52
	Applicant & Spouse	$ 977.48	$ 997.03
	Applicant & Children	$ 860.18	$ 877.38
	Full Family	$ 1,348.92	$ 1,375.90
HMEX	**Physicians Health Plan**		
	Applicant Only	$ 600.30	$ 612.31
	Applicant & Spouse	$ 1,200.59	$ 1,224.60
	Applicant & Children	$ 1,056.52	$ 1,077.65
	Full Family	$ 1,656.81	$ 1,689.95
HPRI	**Priority Health Plan**		
	Applicant Only	$ 630.54	$ 643.15
	Applicant & Spouse	$ 1,261.08	$ 1,286.30
	Applicant & Children	$ 1,109.75	$ 1,131.95
	Full Family	$ 1,740.29	$ 1,775.10