CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2014
FOR NERE (Y00, Y23, Y50, Y51, Y52, Y98 & Y99) and BARGAINING UNITS: UAW (W22, W41), MSEA (A02, A31) and SEIU 517M (E42, H21, L32)

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HAEX	**State Health Plan**		
	Applicant Only	$ 617.85	$ 630.21
	Applicant & Spouse	$ 1,235.76	$ 1,260.47
	Applicant & Children	$ 1,087.46	$ 1,109.21
	Full Family	$ 1,705.34	$ 1,739.45
	Applicant Only w/Medicare	$ 494.28	$ 504.17
	Applicant & Spouse w/Medicare	$ 988.61	$ 1,008.38
	Applicant w/Medicare & Children	$ 869.97	$ 887.37
	Full Family w/Medicare	$ 1,364.27	$ 1,391.56
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%)
HBCN	**Blue Care Network**		
	Applicant Only	$ 575.91	$ 587.43
	Applicant & Spouse	$ 1,151.82	$ 1,174.86
	Applicant & Children	$ 1,013.60	$ 1,033.87
	Full Family	$ 1,589.51	$ 1,621.30
HI00	**Health Alliance Plan**		
	Applicant Only	$ 537.76	$ 548.52
	Applicant & Spouse	$ 1,080.15	$ 1,101.75
	Applicant & Children	$ 949.98	$ 968.98
	Full Family	$ 1,492.36	$ 1,522.21
HJ00	**Health Plus of Michigan**		
	Applicant Only	$ 590.95	$ 602.77
	Applicant & Spouse	$ 1,181.90	$ 1,205.54
	Applicant & Children	$ 1,040.07	$ 1,060.87
	Full Family	$ 1,631.02	$ 1,663.64
HMCL	**McLaren Health Plan**		
	Applicant Only	$ 477.80	$ 487.36
	Applicant & Spouse	$ 955.60	$ 974.71
	Applicant & Children	$ 840.93	$ 857.75
	Full Family	$ 1,318.73	$ 1,345.10
HMEX	**Physicians Health Plan**		
	Applicant Only	$ 579.45	$ 591.04
	Applicant & Spouse	$ 1,158.90	$ 1,182.08
	Applicant & Children	$ 1,019.83	$ 1,040.23
	Full Family	$ 1,599.28	$ 1,631.27
HPRI	**Priority Health Plan**		
	Applicant Only	$ 611.30	$ 623.53
	Applicant & Spouse	$ 1,222.60	$ 1,247.05
	Applicant & Children	$ 1,075.89	$ 1,097.41
	Full Family	$ 1,687.19	$ 1,720.93