CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2015
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	$ 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
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	$ 585.01	$ 596.71
	Applicant & Spouse	$ 1,170.02	$ 1,193.42
	Applicant & Children	$ 1,029.61	$ 1,050.20
	Full Family	$ 1,614.62	$ 1,646.91
HI00	**Health Alliance Plan (HAP)**		
	Applicant Only	$ 556.49	$ 567.62
	Applicant & Spouse	$ 1,117.77	$ 1,140.13
	Applicant & Children	$ 983.06	$ 1,002.72
	Full Family	$ 1,544.34	$ 1,575.23
HJ00	**HealthPlus now part of the HAP family**		
	Applicant Only	$ 588.74	$ 600.52
	Applicant & Spouse	$ 1,177.48	$ 1,201.03
	Applicant & Children	$ 1,036.18	$ 1,056.90
	Full Family	$ 1,624.92	$ 1,657.42
HMCL	**McLaren Health Plan**		
	Applicant Only	$ 492.11	$ 501.95
	Applicant & Spouse	$ 984.22	$ 1,003.90
	Applicant & Children	$ 866.11	$ 883.43
	Full Family	$ 1,358.22	$ 1,385.38
HMEX	**Physicians Health Plan**		
	Applicant Only	$ 602.63	$ 614.68
	Applicant & Spouse	$ 1,205.26	$ 1,229.37
	Applicant & Children	$ 1,060.62	$ 1,081.83
	Full Family	$ 1,663.25	$ 1,696.52
HPRI	**Priority Health Plan**		
	Applicant Only	$ 635.66	$ 648.37
	Applicant & Spouse	$ 1,271.32	$ 1,296.75
	Applicant & Children	$ 1,118.76	$ 1,141.14
	Full Family	$ 1,754.42	$ 1,789.51