CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2013
FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010
FOR BARGAINING UNITS: MSPTA (T01), MSEA (A02, A31), MCO (C12), AFSCME (U11), NON-REPRESENTATED (Z60 - Z89) and JUDICIAL BRANCH

			MONTHLY PREMIUM	
			Leave/Layoff (100%)	COBRA (102%)
HAEX	**State Health Plan**			
	Applicant Only		$ 642.72	$ 655.58
	Applicant & Spouse		$ 1,285.43	$ 1,311.14
	Applicant & Children		$ 1,131.18	$ 1,153.80
	Full Family		$ 1,773.90	$ 1,809.38
	Applicant Only w/Medicare		$ 514.18	$ 524.46
	Applicant & Spouse w/Medicare		$ 1,028.34	$ 1,048.91
	Applicant w/Medicare & Children		$ 904.95	$ 923.04
	Full Family w/Medicare		$ 1,419.12	$ 1,447.50
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 Only)			56¢/$1,000	(n/a)
LUEX/LAEX/LREX Employee Life (Only)		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	$ 637.01	$ 649.75
	Applicant & Spouse	$ 1,274.02	$ 1,299.50
	Applicant & Children	$ 1,121.14	$ 1,143.56
	Full Family	$ 1,758.15	$ 1,793.31
HD00	**BCN of East Michigan**		
	Applicant Only	$ 616.56	$ 628.89
	Applicant & Spouse	$ 1,233.12	$ 1,257.78
	Applicant & Children	$ 1,085.14	$ 1,106.84
	Full Family	$ 1,701.71	$ 1,735.74
HP00	**BCN Great Lakes West**		
	Applicant Only	$ 639.48	$ 652.27
	Applicant & Spouse	$ 1,278.97	$ 1,304.55
	Applicant & Children	$ 1,125.49	$ 1,148.00
	Full Family	$ 1,764.97	$ 1,800.27
HX00	**BCN of SE Michigan**		
	Applicant Only	$ 626.28	$ 638.81
	Applicant & Spouse	$ 1,252.57	$ 1,277.62
	Applicant & Children	$ 1,102.26	$ 1,124.31
	Full Family	$ 1,728.55	$ 1,763.12
HCOP	**COPS Trust Health Plan**		
	Applicant Only	$ 589.77	$ 601.57
	Applicant & Spouse	$ 1,179.62	$ 1,203.21
	Applicant & Children	$ 1,038.03	$ 1,058.79
	Full Family	$ 1,627.86	$ 1,660.42
HN00	**Grand Valley Health Plan**		
	Applicant Only	$ 749.37	$ 764.36
	Applicant & Spouse	$ 1,498.75	$ 1,528.73
	Applicant & Children	$ 1,318.90	$ 1,345.28
	Full Family	$ 2,068.27	$ 2,109.64
HI00	**Health Alliance Plan**		
	Applicant Only	$ 583.94	$ 595.62
	Applicant & Spouse	$ 1,172.91	$ 1,196.37
	Applicant & Children	$ 1,031.57	$ 1,052.20
	Full Family	$ 1,620.53	$ 1,652.94
HJ00	**Health Plus of Michigan**		
	Applicant Only	$ 610.34	$ 622.55
	Applicant & Spouse	$ 1,220.68	$ 1,245.09
	Applicant & Children	$ 1,074.20	$ 1,095.68
	Full Family	$ 1,684.55	$ 1,718.24

CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2013
FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010
FOR BARGAINING UNITS: MSPTA (T01), MSEA (A02, A31), MCO (C12), AFSCME (U11), NON-REPRESENTATED (Z60 - Z89) and JUDICIAL BRANCH

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HMCL	**McLaren Health Plan**		
	Applicant Only	$ 537.35	$ 548.10
	Applicant & Spouse	$ 1,074.69	$ 1,096.18
	Applicant & Children	$ 945.73	$ 964.64
	Full Family	$ 1,483.07	$ 1,512.73
HMEX	**Physicians Health Plan**		
	Applicant Only	$ 616.75	$ 629.09
	Applicant & Spouse	$ 1,233.48	$ 1,258.15
	Applicant & Children	$ 1,085.46	$ 1,107.17
	Full Family	$ 1,702.21	$ 1,736.25
HF00	**Priority Health Plan - West**		
	Applicant Only	$ 634.05	$ 646.73
	Applicant & Spouse	$ 1,268.10	$ 1,293.46
	Applicant & Children	$ 1,115.93	$ 1,138.25
	Full Family	$ 1,749.98	$ 1,784.98
HF01	**Priority Health Plan - East**		
	Applicant Only	$ 634.05	$ 646.73
	Applicant & Spouse	$ 1,268.10	$ 1,293.46
	Applicant & Children	$ 1,115.93	$ 1,138.25
	Full Family	$ 1,749.98	$ 1,784.98
HF02	**Priority Health Plan - South**		
	Applicant Only	$ 634.05	$ 646.73
	Applicant & Spouse	$ 1,268.10	$ 1,293.46
	Applicant & Children	$ 1,115.93	$ 1,138.25
	Full Family	$ 1,749.98	$ 1,784.98
HL00	**Total Health Care**		
	Applicant Only	$ 446.37	$ 455.30
	Applicant & Spouse	$ 1,026.66	$ 1,047.19
	Applicant & Children	$ 848.11	$ 865.07
	Full Family	$ 1,205.21	$ 1,229.31