CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2013
FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010
FOR NERE (Y00, Y23, Y50, Y51, Y52, Y98 & Y99) and BARGAINING UNITS: UAW (W22, W41) & SEIU 517M (E42, H21, L32)

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HAEX	**State Health Plan**		
	Applicant Only	$ 645.93	$ 658.85
	Applicant & Spouse	$ 1,291.86	$ 1,317.69
	Applicant & Children	$ 1,136.84	$ 1,159.57
	Full Family	$ 1,782.77	$ 1,818.43
	Applicant Only w/Medicare	$ 516.75	$ 527.08
	Applicant & Spouse w/Medicare	$ 1,033.49	$ 1,054.15
	Applicant w/Medicare & Children	$ 909.47	$ 927.66
	Full Family w/Medicare	$ 1,426.22	$ 1,454.74
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
VBW	**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%)
HCEX	**BCN Mid Michigan**		
	Applicant Only	$ 639.75	$ 652.55
	Applicant & Spouse	$ 1,279.50	$ 1,305.09
	Applicant & Children	$ 1,125.97	$ 1,148.49
	Full Family	$ 1,765.72	$ 1,801.03
HD00	**BCN of East Michigan**		
	Applicant Only	$ 619.17	$ 631.55
	Applicant & Spouse	$ 1,238.33	$ 1,263.10
	Applicant & Children	$ 1,089.73	$ 1,111.52
	Full Family	$ 1,708.90	$ 1,743.08
HP00	**BCN Great Lakes West**		
	Applicant Only	$ 642.24	$ 655.08
	Applicant & Spouse	$ 1,284.47	$ 1,310.16
	Applicant & Children	$ 1,130.34	$ 1,152.95
	Full Family	$ 1,772.57	$ 1,808.02
HX00	**BCN of SE Michigan**		
	Applicant Only	$ 629.42	$ 642.01
	Applicant & Spouse	$ 1,258.84	$ 1,284.02
	Applicant & Children	$ 1,107.78	$ 1,129.94
	Full Family	$ 1,737.20	$ 1,771.94
HN00	**Grand Valley Health Plan**		
	Applicant Only	$ 759.82	$ 775.02
	Applicant & Spouse	$ 1,519.64	$ 1,550.03
	Applicant & Children	$ 1,337.29	$ 1,364.04
	Full Family	$ 2,097.11	$ 2,139.05
HI00	**Health Alliance Plan**		
	Applicant Only	$ 586.74	$ 598.47
	Applicant & Spouse	$ 1,178.53	$ 1,202.10
	Applicant & Children	$ 1,036.51	$ 1,057.24
	Full Family	$ 1,628.29	$ 1,660.86
HJ00	**Health Plus of Michigan**		
	Applicant Only	$ 613.41	$ 625.68
	Applicant & Spouse	$ 1,226.82	$ 1,251.36
	Applicant & Children	$ 1,079.60	$ 1,101.19
	Full Family	$ 1,693.01	$ 1,726.87
HMCL	**McLaren Health Plan**		
	Applicant Only	$ 540.08	$ 550.88
	Applicant & Spouse	$ 1,080.16	$ 1,101.76
	Applicant & Children	$ 950.55	$ 969.56
	Full Family	$ 1,490.63	$ 1,520.44

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		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HMEX	**Physicians Health Plan**		
	Applicant Only	$ 618.29	$ 630.66
	Applicant & Spouse	$ 1,236.59	$ 1,261.32
	Applicant & Children	$ 1,088.19	$ 1,109.95
	Full Family	$ 1,706.48	$ 1,740.61
HF00	**Priority Health Plan - West**		
	Applicant Only	$ 638.90	$ 651.68
	Applicant & Spouse	$ 1,277.80	$ 1,303.36
	Applicant & Children	$ 1,124.46	$ 1,146.95
	Full Family	$ 1,763.36	$ 1,798.63
HF01	**Priority Health Plan - East**		
	Applicant Only	$ 638.90	$ 651.68
	Applicant & Spouse	$ 1,277.80	$ 1,303.36
	Applicant & Children	$ 1,124.46	$ 1,146.95
	Full Family	$ 1,763.36	$ 1,798.63
HF02	**Priority Health Plan - South**		
	Applicant Only	$ 638.90	$ 651.68
	Applicant & Spouse	$ 1,277.80	$ 1,303.36
	Applicant & Children	$ 1,124.46	$ 1,146.95
	Full Family	$ 1,763.36	$ 1,798.63
HL00	**Total Health Care**		
	Applicant Only	$ 448.60	$ 457.57
	Applicant & Spouse	$ 1,031.79	$ 1,052.43
	Applicant & Children	$ 852.36	$ 869.41
	Full Family	$ 1,211.24	$ 1,235.46