## CONTINUED GROUP INSURANCE SYSTEM (CGIS) PREMIUM RATES FOR EMPLOYEE GROUPS – EFFECTIVE OCTOBER 1, 2008

| | | | MONTHLY PREMIUM | |
|---|---|---|---|---|
| | | | Leave/Layoff (100%) | COBRA (102%) |
| **HAEX** | **State Health Plan PPO** | | | |
| | Applicant Only | | $ 515.87 | $ 526.19 |
| | Applicant & Spouse | | $ 1,031.74 | $ 1,052.37 |
| | Applicant & Children | | $ 907.93 | $ 926.09 |
| | Full Family | | $ 1,423.80 | $ 1,452.28 |
| | Applicant Only w/Medicare | | $ 464.28 | $ 473.57 |
| | Applicant & Spouse w/Medicare | | $ 928.57 | $ 947.14 |
| | Applicant w/Medicare & Children | | $ 817.14 | $ 833.48 |
| | Full Family w/Medicare | | $ 1,281.42 | $ 1,307.05 |
| **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 |
| **LUK/LRK** Emp. Life Only (Fire & Rescue Employees Only) | | | 56¢/$1,000 | (n/a) |
| **LUS/LUT/LRS Employee Life (Only)** | | Plan E | 46¢/$1,000 | (n/a) |
| **Dependent Life Options** | | | | |
| Sp $ 1,500 &/or Ch $ 1,000 | | Plan F | $0.43 | $ - |
| Sp $ 5,000 &/or Ch $ 2,500 | | Plan G | $1.30 | $ - |
| Sp $10,000 &/or Ch $ 5,000 | | Plan H | $2.60 | $ - |
| Sp $25,000 &/or Ch $10,000 | | Plan K | $8.67 | $ - |
| Child(ren) Only $10,000 | | Plan L | $1.63 | $ - |

| | | MONTHLY PREMIUM | |
|---|---|---|---|
| | | Leave/Layoff (100%) | COBRA (102%) |
| **HCEX** | **BCN Mid Michigan** | | |
| | Applicant Only | $ 496.62 | $ 506.55 |
| | Applicant & Spouse | $ 993.23 | $ 1,013.09 |
| | Applicant & Children | $ 874.05 | $ 891.53 |
| | Full Family | $ 1,370.67 | $ 1,398.08 |
| **HD00** | **BCN of East Michigan** | | |
| | Applicant Only | $ 482.79 | $ 492.45 |
| | Applicant & Spouse | $ 965.57 | $ 984.88 |
| | Applicant & Children | $ 849.71 | $ 866.70 |
| | Full Family | $ 1,332.49 | $ 1,359.14 |
| **HP00** | **BCN Great Lakes West** | | |
| | Applicant Only | $ 490.86 | $ 500.68 |
| | Applicant & Spouse | $ 981.72 | $ 1,001.35 |
| | Applicant & Children | $ 863.92 | $ 881.20 |
| | Full Family | $ 1,354.77 | $ 1,381.87 |
| **HX00** | **BCN of SE Michigan** | | |
| | Applicant Only | $ 482.65 | $ 492.30 |
| | Applicant & Spouse | $ 965.30 | $ 984.61 |
| | Applicant & Children | $ 849.46 | $ 866.45 |
| | Full Family | $ 1,332.11 | $ 1,358.75 |
| **HN00** | **Grand Valley Health Plan** | | |
| | Applicant Only | $ 456.87 | $ 466.01 |
| | Applicant & Spouse | $ 913.74 | $ 932.01 |
| | Applicant & Children | $ 804.09 | $ 820.17 |
| | Full Family | $ 1,260.96 | $ 1,286.18 |
| **HI00** | **Health Alliance Plan** | | |
| | Applicant Only | $ 460.50 | $ 469.71 |
| | Applicant & Spouse | $ 924.97 | $ 943.47 |
| | Applicant & Children | $ 813.50 | $ 829.77 |
| | Full Family | $ 1,277.96 | $ 1,303.52 |
| **HJ00** | **Health Plus of Michigan** | | |
| | Applicant Only | $ 485.78 | $ 495.50 |
| | Applicant & Spouse | $ 971.56 | $ 990.99 |
| | Applicant & Children | $ 854.97 | $ 872.07 |
| | Full Family | $ 1,340.75 | $ 1,367.57 |
| **HMCL** | **McLaren Health Plan** | | |
| | Applicant Only | $ 424.71 | $ 433.20 |
| | Applicant & Spouse | $ 849.42 | $ 866.41 |
| | Applicant & Children | $ 747.49 | $ 762.44 |
| | Full Family | $ 1,172.20 | $ 1,195.64 |

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| | | Leave/Layoff (100%) | COBRA (102%) |
| **HMEX** | **Physicians Health Plan - Lansing** | | |
| | Applicant Only | $ 500.42 | $ 510.43 |
| | Applicant & Spouse | $ 996.89 | $ 1,016.83 |
| | Applicant & Children | $ 876.39 | $ 893.92 |
| | Full Family | $ 1,375.01 | $ 1,402.51 |
| **HF00** | **Priority Health Plan - West** | | |
| | Applicant Only | $ 475.48 | $ 484.99 |
| | Applicant & Spouse | $ 950.97 | $ 969.99 |
| | Applicant & Children | $ 836.81 | $ 853.55 |
| | Full Family | $ 1,312.37 | $ 1,338.62 |
| **HF01** | **Priority Health Plan - East** | | |
| | Applicant Only | $ 509.27 | $ 519.46 |
| | Applicant & Spouse | $ 1,018.56 | $ 1,038.93 |
| | Applicant & Children | $ 896.30 | $ 914.23 |
| | Full Family | $ 1,405.66 | $ 1,433.77 |
| **HF02** | **Priority Health Plan - South** | | |
| | Applicant Only | $ 509.27 | $ 519.46 |
| | Applicant & Spouse | $ 1,018.56 | $ 1,038.93 |
| | Applicant & Children | $ 896.30 | $ 914.23 |
| | Full Family | $ 1,405.66 | $ 1,433.77 |
| **HL00** | **Total Health Care** | | |
| | Applicant Only | $ 314.48 | $ 320.77 |
| | Applicant & Spouse | $ 723.30 | $ 737.77 |
| | Applicant & Children | $ 597.51 | $ 609.46 |
| | Full Family | $ 849.10 | $ 866.08 |