Department of Civil Service
Employee Benefits Division
FY 2007-2008 DROP GROUP INSURANCE PREMIUM RATES
(Effective October 7, 2007)

HEALTH PLANS				
		BIWEEKLY		
PLAN NAME/CODE	Option	Employee	State	Total
HAEX State Health Plan PPO	1	$ 14.37	$ 280.36	$ 294.73
	2	$ 29.47	$ 559.99	$ 589.46
	3	$ 18.57	$ 352.69	$ 371.26
	4	$ 34.12	$ 648.26	$ 682.38
HCEX BCN Mid-Michigan	1	$ 59.16	$ 280.36	$ 339.52
	2	$ 119.07	$ 559.99	$ 679.06
	3	$ 75.12	$ 352.69	$ 427.80
	4	$ 139.44	$ 648.26	$ 787.70
HD00 BCN East Michigan	1	$ 71.53	$ 280.36	$ 351.90
	2	$ 143.80	$ 559.99	$ 703.79
	3	$ 90.70	$ 352.69	$ 443.39
	4	$ 168.14	$ 648.26	$ 816.40
HX00 BCN SE Michigan	1	$ 78.07	$ 280.36	$ 358.44
	2	$ 156.88	$ 559.99	$ 716.87
	3	$ 98.94	$ 352.69	$ 451.63
	4	$ 183.31	$ 648.26	$ 831.57
HP00 BCN Great Lakes West	1	$ 62.11	$ 280.36	$ 342.48
	2	$ 124.96	$ 559.99	$ 684.95
	3	$ 78.83	$ 352.69	$ 431.52
	4	$ 146.28	$ 648.26	$ 794.54
HI00 Health Alliance Plan	1	$ 74.89	$ 280.36	$ 355.25
	2	$ 150.51	$ 559.99	$ 710.50
	3	$ 94.93	$ 352.69	$ 447.62
	4	$ 175.92	$ 648.26	$ 824.18
HJ00 HealthPlus of Michigan	1	$ 57.00	$ 280.36	$ 337.36
	2	$ 114.72	$ 559.99	$ 674.71
	3	$ 72.38	$ 352.69	$ 425.07
	4	$ 134.40	$ 648.26	$ 782.66
HF00 Priority Health Plan - West	1	$ 51.68	$ 280.36	$ 332.04
	2	$ 103.40	$ 559.99	$ 663.39
	3	$ 65.25	$ 352.69	$ 417.94
	4	$ 121.27	$ 648.26	$ 769.53

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HEALTH PLANS				
		BIWEEKLY		
PLAN NAME/CODE	Option	Employee	State	Total
HF01 Priority Health - East	1	$ 47.47	$ 280.36	$ 327.83
	2	$ 95.64	$ 559.99	$ 655.63
	3	$ 60.38	$ 352.69	$ 413.07
	4	$ 112.31	$ 648.26	$ 760.57
HF02 Priority Health - South	1	$ 47.47	$ 280.36	$ 327.83
	2	$ 95.64	$ 559.99	$ 655.63
	3	$ 60.38	$ 352.69	$ 413.07
	4	$ 112.31	$ 648.26	$ 760.57
HMEX Physicians Health	1	$ 115.60	$ 280.36	$ 395.96
Plan - Lansing	2	$ 231.93	$ 559.99	$ 791.92
	3	$ 146.07	$ 352.69	$ 498.76
	4	$ 268.51	$ 648.26	$ 916.77

STATE DENTAL PLAN				
		BIWEEKLY		
	Option	Employee	State	Total
Employee Only	1	$ 1.92	$ 17.27	$ 19.19
Employee & Spouse	2	$ 3.49	$ 31.47	$ 34.96
Employee & Child(ren)	3	$ 4.27	$ 38.44	$ 42.71
Employee, Spouse & Child(ren)	4	$ 5.84	$ 52.64	$ 58.49

STATE VISION PLAN				
		BIWEEKLY		
	Option	Employee	State	Total
Employee Only	1	$ 0.30	$ 2.64	$ 2.94
Employee & Spouse	2	$ 0.48	$ 4.30	$ 4.79
Employee & Child(ren)	3	$ 0.67	$ 6.02	$ 6.69
Employee, Spouse & Child(ren)	4	$ 0.86	$ 7.67	$ 8.53