

**Civil Service Commission  
Employee Benefits Division  
FY 2008-2009 DROP GROUP INSURANCE PREMIUM RATES  
(Effective October 5, 2008)**

HEALTH PLANS				
PLAN NAME/CODE	Option	BIWEEKLY		
		Employee	State	Total
<b>HAEX State Health Plan PPO</b>	1	\$ 14.73	\$ 280.00	\$ 294.73
	2	\$ 29.47	\$ 559.99	\$ 589.46
	3	\$ 18.57	\$ 352.69	\$ 371.26
	4	\$ 34.12	\$ 648.26	\$ 682.38
<b>HCEX BCN Mid-Michigan</b>	1	\$ 109.31	\$ 280.00	\$ 389.31
	2	\$ 218.63	\$ 559.99	\$ 778.62
	3	\$ 137.85	\$ 352.69	\$ 490.54
	4	\$ 254.94	\$ 648.26	\$ 903.20
<b>HD00 BCN East Michigan</b>	1	\$ 118.63	\$ 280.00	\$ 398.63
	2	\$ 237.26	\$ 559.99	\$ 797.25
	3	\$ 149.58	\$ 352.69	\$ 502.27
	4	\$ 276.55	\$ 648.26	\$ 924.81
<b>HX00 BCN SE Michigan</b>	1	\$ 107.87	\$ 280.00	\$ 387.87
	2	\$ 215.74	\$ 559.99	\$ 775.73
	3	\$ 136.02	\$ 352.69	\$ 488.71
	4	\$ 251.59	\$ 648.26	\$ 899.85
<b>HP00 BCN Great Lakes West</b>	1	\$ 81.27	\$ 280.00	\$ 361.27
	2	\$ 162.56	\$ 559.99	\$ 722.55
	3	\$ 102.52	\$ 352.69	\$ 455.21
	4	\$ 189.90	\$ 648.26	\$ 838.16
<b>HI00 Health Alliance Plan</b>	1	\$ 101.54	\$ 280.00	\$ 381.54
	2	\$ 203.08	\$ 559.99	\$ 763.07
	3	\$ 128.05	\$ 352.69	\$ 480.74
	4	\$ 236.90	\$ 648.26	\$ 885.16
<b>HJ00 HealthPlus of Michigan</b>	1	\$ 107.96	\$ 280.00	\$ 387.96
	2	\$ 215.93	\$ 559.99	\$ 775.92
	3	\$ 136.14	\$ 352.69	\$ 488.83
	4	\$ 251.81	\$ 648.26	\$ 900.07
<b>HF00 Priority Health Plan - West</b>	1	\$ 81.75	\$ 280.00	\$ 361.75
	2	\$ 162.78	\$ 559.99	\$ 722.77
	3	\$ 102.65	\$ 352.69	\$ 455.34
	4	\$ 190.14	\$ 648.26	\$ 838.40

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HEALTH PLANS				
PLAN NAME/CODE	Option	BIWEEKLY		
		Employee	State	Total
<b>HF01 Priority Health - East</b>	1	\$ 81.69	\$ 280.00	\$ 361.69
	2	\$ 163.35	\$ 559.99	\$ 723.34
	3	\$ 103.04	\$ 352.69	\$ 455.73
	4	\$ 190.86	\$ 648.26	\$ 839.12
<b>HF02 Priority Health - South</b>	1	\$ 81.69	\$ 280.00	\$ 361.69
	2	\$ 163.35	\$ 559.99	\$ 723.34
	3	\$ 103.04	\$ 352.69	\$ 455.73
	4	\$ 190.86	\$ 648.26	\$ 839.12
<b>HMEX Physicians Health Plan - Lansing</b>	1	\$ 125.82	\$ 280.00	\$ 405.82
	2	\$ 251.65	\$ 559.99	\$ 811.64
	3	\$ 158.49	\$ 352.69	\$ 511.18
	4	\$ 291.34	\$ 648.26	\$ 939.60

STATE DENTAL PLAN				
	Option	BIWEEKLY		
		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				
	Option	BIWEEKLY		
		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