

Reduced Continued Group Insurance System Rates for Employees Involuntarily Terminated Between 9/1/08 and 12/31/09

Recent changes to federal law provide for lower COBRA insurance continuation rates for employees who are voluntarily terminated. This sheet provides rates for COBRA insurance continuation premiums during the first nine months of COBRA coverage for employees eligible for premium assistance and their qualifying beneficiaries. These rates apply only to employees who were fired or laid off between the dates of September 1, 2008 and December 31, 2009. Such employees may receive premium assistance for the first nine months of COBRA continuation coverage occurring after February 22, 2009. These rates are reflected in the two columns on the left. Subsequent coverage is at normal rates, which appear in the two columns on the right.

Employees and their beneficiaries who become eligible for COBRA continuation coverage based on any other qualifying event (leave of absence, retirement, voluntary separation, death, divorce or separation, child reaching age limit, etc.) do not qualify for the premium assistance under federal law or to have coverage reinstated if they had previously elected not to continue coverage.

		MONTHLY PREMIUM			
		With Premium Assistance for first 9 months		Normal Rates/Rates after 9 months of Premium Assistance	
		Layoff (100%)	Discharge (102%)	Layoff (100%)	Discharge (102%)
VBW	State Vision Plan				
	Applicant Only	\$2.13	\$2.17	\$6.08	\$6.20
	Applicant & Spouse	\$3.74	\$3.81	\$10.67	\$10.89
	Applicant & Children	\$4.56	\$4.65	\$13.04	\$13.30
	Full Family	\$6.18	\$6.31	\$17.67	\$18.02
DBE	State Dental Plan				
	Applicant Only	\$16.35	\$16.68	\$46.71	\$47.65
	Applicant & Spouse	\$29.84	\$30.44	\$85.25	\$86.96
	Applicant & Children	\$36.34	\$37.07	\$103.83	\$105.90
	Full Family	\$49.78	\$50.77	\$142.22	\$145.06
DP00	Preventive Dental Plan				
	Applicant Only	\$2.27	\$2.31	\$6.48	\$6.61
	Applicant & Spouse	\$3.95	\$4.03	\$11.29	\$11.51
	Applicant & Children	\$3.95	\$4.03	\$11.29	\$11.51
	Full Family	\$5.63	\$5.74	\$16.08	\$16.40
DME	Midwest Dental (DMO)				
	Applicant Only	\$12.13	\$12.37	\$34.65	\$35.34
	Applicant & Spouse	\$12.13	\$12.37	\$34.65	\$35.34
	Applicant & Children	\$12.13	\$12.37	\$34.65	\$35.34
	Full Family	\$12.13	\$12.37	\$34.65	\$35.34

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		With Premium Assistance for first 9 months		Normal Rates/Rates after 9 months of Premium Assistance	
		Layoff (100%)	Discharge (102%)	Layoff (100%)	Discharge (102%)
HAEX	State Health Plan PPO				
	Applicant Only	\$180.55	\$184.17	\$515.87	\$526.19
	Applicant & Spouse	\$361.11	\$368.33	\$1,031.74	\$1,052.37
	Applicant & Children	\$317.78	\$324.13	\$907.93	\$926.09
	Full Family	\$498.33	\$508.30	\$1,423.80	\$1,452.28
	Applicant Only w/Medicare	\$162.50	\$165.75	\$464.28	\$473.57
	Applicant & Spouse w/Medicare	\$325.00	\$331.50	\$928.57	\$947.14
	Applicant w/Medicare & Children	\$286.00	\$291.72	\$817.14	\$833.48
	Full Family w/Medicare	\$448.50	\$457.47	\$1,281.42	\$1,307.05
H2F0	Catastrophic Health				
	Applicant Only	\$11.99	\$12.23	\$34.26	\$34.94
	Applicant & Spouse	\$23.98	\$24.46	\$68.51	\$69.88
	Applicant & Children	\$23.98	\$24.46	\$68.51	\$69.88
	Full Family	\$23.98	\$24.46	\$68.51	\$69.88

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		Layoff (100%)	Discharge (102%)	Layoff (100%)	Discharge (102%)
HCE	BCN Mid Michigan				
	Applicant Only	\$173.82	\$177.29	\$496.62	\$506.55
	Applicant & Spouse	\$347.63	\$354.58	\$993.23	\$1,013.09
	Applicant & Children	\$305.92	\$312.04	\$874.05	\$891.53
	Full Family	\$479.73	\$489.33	\$1,370.67	\$1,398.08
HD00	BCN of East Michigan				
	Applicant Only	\$168.98	\$172.36	\$482.79	\$492.45
	Applicant & Spouse	\$337.95	\$344.71	\$965.57	\$984.88
	Applicant & Children	\$297.40	\$303.35	\$849.71	\$866.70
	Full Family	\$466.37	\$475.70	\$1,332.49	\$1,359.14
HP00	BCN Great Lakes West				
	Applicant Only	\$171.80	\$175.24	\$490.86	\$500.68
	Applicant & Spouse	\$343.60	\$350.47	\$981.72	\$1,001.35
	Applicant & Children	\$302.37	\$308.42	\$863.92	\$881.20
	Full Family	\$474.17	\$483.65	\$1,354.77	\$1,381.87
HX00	BCN of SE Michigan				
	Applicant Only	\$168.93	\$172.31	\$482.65	\$492.30
	Applicant & Spouse	\$337.86	\$344.61	\$965.30	\$984.61
	Applicant & Children	\$297.31	\$303.26	\$849.46	\$866.45
	Full Family	\$466.24	\$475.56	\$1,332.11	\$1,358.75
HN00	Grand Valley Health Plan				
	Applicant Only	\$159.90	\$163.10	\$456.87	\$466.01
	Applicant & Spouse	\$319.81	\$326.21	\$913.74	\$932.01
	Applicant & Children	\$281.43	\$287.06	\$804.09	\$820.17
	Full Family	\$441.34	\$450.16	\$1,260.96	\$1,286.18
HI00	Health Alliance Plan				
	Applicant Only	\$161.18	\$164.40	\$460.50	\$469.71
	Applicant & Spouse	\$323.74	\$330.21	\$924.97	\$943.47
	Applicant & Children	\$284.73	\$290.42	\$813.50	\$829.77
	Full Family	\$447.29	\$456.23	\$1,277.96	\$1,303.52
HJ00	Health Plus of Michigan				
	Applicant Only	\$170.02	\$173.42	\$485.78	\$495.50
	Applicant & Spouse	\$340.05	\$346.85	\$971.56	\$990.99
	Applicant & Children	\$299.24	\$305.22	\$854.97	\$872.07
	Full Family	\$469.26	\$478.65	\$1,340.75	\$1,367.56

		MONTHLY PREMIUM			
		With Premium Assistance for first 9 months		Normal Rates/Rates after 9 months of Premium Assistance	
		Layoff (100%)	Discharge (102%)	Layoff (100%)	Discharge (102%)
HMCL	McLaren Health Plan				
	Applicant Only	\$148.65	\$151.62	\$424.71	\$433.20
	Applicant & Spouse	\$297.30	\$303.24	\$849.42	\$866.41
	Applicant & Children	\$261.62	\$266.85	\$747.49	\$762.44
	Full Family	\$410.27	\$418.48	\$1,172.20	\$1,195.64
HMEX	Physicians Health Plan - Lansing				
	Applicant Only	\$175.15	\$178.65	\$500.42	\$510.43
	Applicant & Spouse	\$348.91	\$355.89	\$996.89	\$1,016.83
	Applicant & Children	\$306.74	\$312.87	\$876.39	\$893.92
	Full Family	\$481.25	\$490.88	\$1,375.01	\$1,402.51
HF00	Priority Health Plan - West				
	Applicant Only	\$166.42	\$169.75	\$475.48	\$484.99
	Applicant & Spouse	\$332.84	\$339.50	\$950.97	\$969.99
	Applicant & Children	\$292.88	\$298.74	\$836.81	\$853.55
	Full Family	\$459.33	\$468.52	\$1,312.37	\$1,338.62
HF01	Priority Health Plan - East				
	Applicant Only	\$178.24	\$181.81	\$509.27	\$519.46
	Applicant & Spouse	\$356.50	\$363.63	\$1,018.56	\$1,038.93
	Applicant & Children	\$313.71	\$319.98	\$896.30	\$914.23
	Full Family	\$491.98	\$501.82	\$1,405.66	\$1,433.77
HF02	Priority Health Plan - South				
	Applicant Only	\$178.24	\$181.81	\$509.27	\$519.46
	Applicant & Spouse	\$356.50	\$363.63	\$1,018.56	\$1,038.93
	Applicant & Children	\$313.71	\$319.98	\$896.30	\$914.23
	Full Family	\$491.98	\$501.82	\$1,405.66	\$1,433.77
HL00	Total Health Care				
	Applicant Only	\$110.07	\$112.27	\$314.48	\$320.77
	Applicant & Spouse	\$253.16	\$258.22	\$723.30	\$737.77
	Applicant & Children	\$209.13	\$213.31	\$597.51	\$609.46
	Full Family	\$297.19	\$303.13	\$849.10	\$866.08