

**Michigan Department of Civil Service
RETIREE BENEFITS BULLETIN**

DATE: August 2012	NUMBER: GIS 01-2012R
CONTACT: MI HR Service Center	TELEPHONE NUMBER: (517) 335-0529 Lansing Area (877) 766-6447 Toll-Free 711 Michigan Relay (hearing impaired)
SUBJECT: <p style="text-align: center;">IMPORTANT INSURANCE INFORMATION FOR DEFINED BENEFIT RETIREES</p>	

OCTOBER 2012 INSURANCE RATES

The total premium for the State Health Plan PPO administered by Blue Cross Blue Shield of Michigan (BCBSM) will not increase for fiscal year 2012-2013. The State will continue to pay 100% of the premium for retirees who are Medicare eligible and/or retirees with a Medicare eligible spouse that are enrolled in the State Health Plan PPO. However, for non-Medicare retirees, the premium sharing will change effective October 1, 2012. The State will contribute 80% (rather than 90%) of the total premium and retirees will contribute 20%. This is consistent with the premium sharing changes being implemented for active State employees. The State Employees' Retirement Act requires health insurance premium sharing for State retirees to be in the same proportion as active employees.

The State's contribution for all HMO premiums will be 85% of the total premium (up to the amount paid for the State Health Plan PPO for the same coverage code, whichever is less). Retirees will be responsible for at least 15% of the premium, depending on the HMO chosen. When selecting an HMO plan, be sure to review the [Eligible Insurance Carriers by Zip Code List](#) to confirm your eligibility by going to <http://www.mi.gov/employeebenefits>, then selecting "HMO Eligibility" from the left menu or by calling MI HR Service Center at one of the numbers listed above.

The enclosed insurance rates will take effect October 1, 2012, and will first appear on your October pension check.

Note: Dental and Vision rates and percentages remain the same for fiscal year 2012-2013.

STATE POLICE RETIREES

For members retiring under the State Police Retirement Act, your premium share is stipulated by this Act and will not change. The State Police retiree rates for the State Health Plan PPO and HMOs are available by going to <http://www.mi.gov/employeebenefits>, selecting "Insurance Rates", then "State Police Retiree" from the 2012-2013 Retiree Rates.

Note: All insurance rate changes will be reflected in your October pension payment.

ADDITIONAL INFORMATION REGARDING RETIREE HEALTH INSURANCE

MEDICARE PART B

Once you become eligible for Medicare, your State retiree health care coverage becomes your secondary insurance. You will automatically be enrolled in Medicare Part A and Part B as soon as you are eligible. If you did not sign up for Part B at the time you initially became eligible, you can sign up at your local Social Security office or by calling (800) 772-1213. If you do not enroll in Medicare Part B, you will be personally responsible for any medical expenses covered by Medicare.

If you become eligible for Medicare prior to age 65, be sure to enroll in Medicare Part A and Part B and enter the Medicare information online by logging into miAccount at www.mi.gov/orsmiaccount or send the *Insurance Enrollment/Change Request* to the Office of Retirement Services (ORS) to enroll.

REMINDERS FOR HMO MEMBERS

Medicare Advantage

When you or your dependent become eligible for Medicare, you will need to submit an application for your HMO's Medicare Advantage plan if you wish to remain enrolled in your HMO. If your HMO does not offer a Medicare Advantage plan or if a Medicare Advantage plan is not available in your area, you must select the State Health Plan PPO.

REMINDERS FOR MEMBERS OF THE STATE HEALTH PLAN PPO

SUPPORT Program (800) 321-8074

Through this program, you can obtain durable medical equipment with no co-pays or deductibles for supplies and equipment obtained within the network. Most durable equipment will be delivered directly to your home.

Blue Health Connection (800) 775-2583

This disease management program provides health educational materials, online health resources, a smoking cessation program and a 24-hour nurse help line.

ENROLLING IN OR CHANGING YOUR INSURANCE PLAN

If you wish to make changes to your State Health, Dental, or Vision plans, log into [miAccount](http://www.mi.gov/ors) or use the *Insurance Enrollment/Change Request* available on the ORS website at <http://www.mi.gov/ors>. Send your completed form and required proof(s) for dependent coverage to ORS.

To enroll in an HMO, request the enrollment form directly from the HMO. HMO contact information is included with this mailing. Send your completed form to ORS along with the *Insurance Enrollment/Change Request* and all required proofs.

As a pension recipient, you are not restricted to an open enrollment window to enroll in or make changes to your health insurance plan. New enrollments or changes are normally subject to a **six-month waiting period** from the date ORS receives your enrollment form(s) and all required proofs.

The normal six-month waiting period is **waived** when you or a dependent has an involuntary loss of other group coverage or a change in your family status (marriage, death, divorce). If ORS receives your *Insurance Enrollment/Change Request* and HMO enrollment form, if needed, along with proof of your loss of coverage within 30 days of the event, there will be no gap in your coverage.

If you are currently enrolled in an HMO and wish to change to the State Health Plan PPO, normally you must remain in the HMO for six months after you complete and submit to ORS the *Insurance Enrollment/Change Request* and all required proofs, unless the coverage is no longer available because you've moved out of the coverage area.

To switch from one HMO to another HMO, or to change from the State Health Plan PPO to an HMO, there is no six month wait. To process the change, request an application from the HMO and return it to ORS along with the *Insurance Enrollment/Change Request* and all necessary proofs.

INSURANCE PLAN INFORMATION ONLINE

To view the benefit booklets for the Retiree State Health Plan PPO Medicare, non-Medicare, and HMOs go to <http://www.mi.gov/employeebenefits>, select "Benefit Booklets", "Health", and view the "State Health Plan Benefit Information" section. If you are considering an HMO plan, be sure to use the [Eligible Insurance Carriers by Zip Code](#) link to verify which HMOs provide coverage in your area.

Basic information about retiree insurance and eligibility is available on the Office of Retirement Services website. To view post-retirement insurance information, go to. Select your retirement plan. Select "After Retirement", then "Your Insurance Benefits".

Questions regarding the information in this bulletin can be directed to MI HR Service Center toll-free at (877) 766-6447, in the Lansing area at (517) 335-0529 or 711 for Michigan Relay (hearing impaired).

**CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2012-2013 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES
EFFECTIVE OCTOBER 1, 2012**

Rates apply to retirees under the State's Defined Benefit Retirement Plan and to those who converted from the Defined Benefit Plan to the Defined Contribution plan.

Retirees' State Health Plan - Blue Cross Blue Shield PPO					
		Retiree	State	MONTHLY	Retiree Monthly
		Share	Share	TOTAL	COBRA
121-BCBS					
G	Retiree Only	\$ 146.88	\$ 587.50	\$ 734.38	\$ 749.07
L	Retiree & Spouse	\$ 293.75	\$ 1,175.00	\$ 1,468.75	\$ 1,498.13
R	Retiree & Child(ren)	\$ 185.01	\$ 740.04	\$ 925.05	\$ 943.55
W	Retiree, Spouse & Child(ren)	\$ 340.05	\$ 1,360.20	\$ 1,700.25	\$ 1,734.26
H	Retiree 65+ Only	\$ -	\$ 385.05	\$ 385.05	\$ 392.75
M	Retiree 65+ & Spouse 65+	\$ -	\$ 770.12	\$ 770.12	\$ 785.52
S	Retiree 65+ & Child(ren)	\$ -	\$ 575.74	\$ 575.74	\$ 587.25
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ -	\$ 1,001.65	\$ 1,001.65	\$ 1,021.68
N	Retiree under 65 & Spouse 65+	\$ -	\$ 1,119.43	\$ 1,119.43	\$ 1,141.82
P	Retiree 65+ & Spouse under 65	\$ -	\$ 1,119.43	\$ 1,119.43	\$ 1,141.82
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ -	\$ 1,350.95	\$ 1,350.95	\$ 1,377.97
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ -	\$ 1,350.95	\$ 1,350.95	\$ 1,377.97
	Sponsored Dependent under 65	\$ 809.13	\$ -	\$ 809.13	\$ 825.31
	Sponsored Dependent 65+	\$ 383.01	\$ -	\$ 383.01	\$ 390.67

Retirees' State Dental Plan					
		Retiree	State	MONTHLY	Retiree Monthly
		Share	Share	TOTAL	COBRA
DDR					
E	Retiree Only	\$ 4.37	\$ 39.28	\$ 43.65	\$ 44.52
S	Retiree & Spouse	\$ 7.95	\$ 71.59	\$ 79.54	\$ 81.13
C	Retiree & Child(ren)	\$ 9.72	\$ 87.44	\$ 97.16	\$ 99.10
F	Retiree, Spouse & Child(ren)	\$ 13.31	\$ 119.75	\$ 133.06	\$ 135.72

Retirees' State Vision Plan					
		Retiree	State	MONTHLY	Retiree Monthly
		Share	Share	TOTAL	COBRA
VBR					
E	Retiree Only	\$ 0.64	\$ 5.73	\$ 6.37	\$ 6.50
S	Retiree & Spouse	\$ 1.05	\$ 9.32	\$ 10.37	\$ 10.58
C	Retiree & Child(ren)	\$ 1.45	\$ 13.04	\$ 14.49	\$ 14.78
F	Retiree, Spouse & Child(ren)	\$ 1.86	\$ 16.62	\$ 18.48	\$ 18.85

**CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2012-2013 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES
EFFECTIVE OCTOBER 1, 2012**

Rates apply to retirees under the State's Defined Benefit Retirement Plan and to those who converted from the Defined Benefit Plan to the Defined Contribution plan.

Blue Care Network Mid-Michigan					
171		Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Rates for Retirees without Medicare. See zip code list for eligibility.					
G	Retiree Only	\$ 614.70	\$ 587.50	\$ 1,202.20	\$ 1,226.24
L	Retiree & Spouse	\$ 1,229.40	\$ 1,175.00	\$ 2,404.40	\$ 2,452.49
R	Retiree & Child(ren)	\$ 774.73	\$ 740.04	\$ 1,514.77	\$ 1,545.07
W	Retiree, Spouse & Child(ren)	\$ 1,428.90	\$ 1,360.20	\$ 2,789.10	\$ 2,844.88
Rates for Retirees or Dependents with Medicare. Service Area: Clinton, Eaton, Ingham, and Jackson Counties.					
H	Retiree 65+ Only	\$ 67.07	\$ 380.05	\$ 447.12	\$ 456.06
M	Retiree 65+ & Spouse 65+	\$ 134.14	\$ 760.10	\$ 894.24	\$ 912.12
S	Retiree 65+ & Child(ren)	\$ 183.95	\$ 575.74	\$ 759.69	\$ 774.88
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 205.16	\$ 1,001.65	\$ 1,206.81	\$ 1,230.95
N	Retiree under 65 & Spouse 65+	\$ 529.89	\$ 1,119.43	\$ 1,649.32	\$ 1,682.31
P	Retiree 65+ & Spouse under 65	\$ 529.89	\$ 1,119.43	\$ 1,649.32	\$ 1,682.31
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 610.94	\$ 1,350.95	\$ 1,961.89	\$ 2,001.13
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 610.94	\$ 1,350.95	\$ 1,961.89	\$ 2,001.13

Blue Care Network East Michigan-Flint					
181		Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Rates for Retirees without Medicare. See zip code list for eligibility.					
G	Retiree Only	\$ 640.80	\$ 587.50	\$ 1,228.30	\$ 1,252.87
L	Retiree & Spouse	\$ 1,281.60	\$ 1,175.00	\$ 2,456.60	\$ 2,505.73
R	Retiree & Child(ren)	\$ 807.62	\$ 740.04	\$ 1,547.66	\$ 1,578.61
W	Retiree, Spouse & Child(ren)	\$ 1,489.46	\$ 1,360.20	\$ 2,849.66	\$ 2,906.65
Rates for Retirees or Dependents with Medicare. Service Area: Bay, Clare, Genesee, Gladwin, Gratiot, Isabella, Lapeer, Midland, Sanilac, Shiawassee, and Tuscola Counties.					
H	Retiree 65+ Only	\$ 67.70	\$ 383.66	\$ 451.36	\$ 460.39
M	Retiree 65+ & Spouse 65+	\$ 135.41	\$ 767.31	\$ 902.72	\$ 920.77
S	Retiree 65+ & Child(ren)	\$ 194.98	\$ 575.74	\$ 770.72	\$ 786.13
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 220.43	\$ 1,001.65	\$ 1,222.08	\$ 1,246.52
N	Retiree under 65 & Spouse 65+	\$ 560.23	\$ 1,119.43	\$ 1,679.66	\$ 1,713.25
P	Retiree 65+ & Spouse under 65	\$ 560.23	\$ 1,119.43	\$ 1,679.66	\$ 1,713.25
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 648.07	\$ 1,350.95	\$ 1,999.02	\$ 2,039.00
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 648.07	\$ 1,350.95	\$ 1,999.02	\$ 2,039.00

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Rates apply to retirees under the State's Defined Benefit Retirement Plan and to those who converted from the Defined Benefit Plan to the Defined Contribution plan.

Blue Care Network East Michigan-Saginaw					
		Retiree	State	MONTHLY	Retiree Monthly
191		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See zip code list for eligibility.					
G	Retiree Only	\$ 536.60	\$ 587.50	\$ 1,124.10	\$ 1,146.58
L	Retiree & Spouse	\$ 1,073.20	\$ 1,175.00	\$ 2,248.20	\$ 2,293.16
R	Retiree & Child(ren)	\$ 676.33	\$ 740.04	\$ 1,416.37	\$ 1,444.70
W	Retiree, Spouse & Child(ren)	\$ 1,247.71	\$ 1,360.20	\$ 2,607.91	\$ 2,660.07
Rates for Retirees or Dependents with Medicare. Service Area: Huron and Saginaw Counties.					
H	Retiree 65+ Only	\$ 67.70	\$ 383.66	\$ 451.36	\$ 460.39
M	Retiree 65+ & Spouse 65+	\$ 135.41	\$ 767.31	\$ 902.72	\$ 920.77
S	Retiree 65+ & Child(ren)	\$ 167.89	\$ 575.74	\$ 743.63	\$ 758.50
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 193.34	\$ 1,001.65	\$ 1,194.99	\$ 1,218.89
N	Retiree under 65 & Spouse 65+	\$ 456.03	\$ 1,119.43	\$ 1,575.46	\$ 1,606.97
P	Retiree 65+ & Spouse under 65	\$ 456.03	\$ 1,119.43	\$ 1,575.46	\$ 1,606.97
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 516.78	\$ 1,350.95	\$ 1,867.73	\$ 1,905.08
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 516.78	\$ 1,350.95	\$ 1,867.73	\$ 1,905.08

Blue Care Network Southeast Michigan					
		Retiree	State	MONTHLY	Retiree Monthly
211		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See zip code list for eligibility.					
G	Retiree Only	\$ 674.73	\$ 587.50	\$ 1,262.23	\$ 1,287.47
L	Retiree & Spouse	\$ 1,349.46	\$ 1,175.00	\$ 2,524.46	\$ 2,574.95
R	Retiree & Child(ren)	\$ 850.37	\$ 740.04	\$ 1,590.41	\$ 1,622.22
W	Retiree, Spouse & Child(ren)	\$ 1,568.17	\$ 1,360.20	\$ 2,928.37	\$ 2,986.94
Rates for Retirees or Dependents with Medicare. Service Area: Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.					
H	Retiree 65+ Only	\$ 82.15	\$ 385.05	\$ 467.20	\$ 476.54
M	Retiree 65+ & Spouse 65+	\$ 164.28	\$ 770.12	\$ 934.40	\$ 953.09
S	Retiree 65+ & Child(ren)	\$ 219.64	\$ 575.74	\$ 795.38	\$ 811.29
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 260.93	\$ 1,001.65	\$ 1,262.58	\$ 1,287.83
N	Retiree under 65 & Spouse 65+	\$ 610.00	\$ 1,119.43	\$ 1,729.43	\$ 1,764.02
P	Retiree 65+ & Spouse under 65	\$ 610.00	\$ 1,119.43	\$ 1,729.43	\$ 1,764.02
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 706.66	\$ 1,350.95	\$ 2,057.61	\$ 2,098.76
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 706.66	\$ 1,350.95	\$ 2,057.61	\$ 2,098.76

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Blue Care Network West Michigan-Great Lakes					
		Retiree	State	MONTHLY	Retiree Monthly
311		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See zip code list for eligibility.					
G	Retiree Only	\$ 516.07	\$ 587.50	\$ 1,103.57	\$ 1,125.64
L	Retiree & Spouse	\$ 1,032.14	\$ 1,175.00	\$ 2,207.14	\$ 2,251.28
R	Retiree & Child(ren)	\$ 650.46	\$ 740.04	\$ 1,390.50	\$ 1,418.31
W	Retiree, Spouse & Child(ren)	\$ 1,200.08	\$ 1,360.20	\$ 2,560.28	\$ 2,611.49
Rates for Retirees or Dependents with Medicare.					
Service Area: Allegan, Barry, Calhoun, Crawford, Grand Traverse, Ionia, Kalamazoo, Kalkaska, Kent, Mecosta, Missaukee, Montcalm, Muskegon, Newaygo, Ottawa and Roscommon Counties.					
H	Retiree 65+ Only	\$ 61.44	\$ 348.15	\$ 409.59	\$ 417.78
M	Retiree 65+ & Spouse 65+	\$ 122.88	\$ 696.30	\$ 819.18	\$ 835.56
S	Retiree 65+ & Child(ren)	\$ 120.78	\$ 575.74	\$ 696.52	\$ 710.45
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 165.92	\$ 940.19	\$ 1,106.11	\$ 1,128.23
N	Retiree under 65 & Spouse 65+	\$ 393.73	\$ 1,119.43	\$ 1,513.16	\$ 1,543.42
P	Retiree 65+ & Spouse under 65	\$ 393.73	\$ 1,119.43	\$ 1,513.16	\$ 1,543.42
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 449.14	\$ 1,350.95	\$ 1,800.09	\$ 1,836.09
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 449.14	\$ 1,350.95	\$ 1,800.09	\$ 1,836.09

Health Alliance Plan					
		Retiree	State	MONTHLY	Retiree Monthly
201		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See zip code list for eligibility.					
G	Retiree Only	\$ 400.78	\$ 587.50	\$ 988.28	\$ 1,008.05
L	Retiree & Spouse	\$ 801.56	\$ 1,175.00	\$ 1,976.56	\$ 2,016.09
R	Retiree & Child(ren)	\$ 505.22	\$ 740.04	\$ 1,245.26	\$ 1,270.17
W	Retiree, Spouse & Child(ren)	\$ 932.61	\$ 1,360.20	\$ 2,292.81	\$ 2,338.67
Rates for Retirees or Dependents with Medicare.					
Service Area: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.					
H	Retiree 65+ Only	\$ 61.65	\$ 349.34	\$ 410.99	\$ 419.21
M	Retiree 65+ & Spouse 65+	\$ 123.30	\$ 698.68	\$ 821.98	\$ 838.42
S	Retiree 65+ & Child(ren)	\$ 100.19	\$ 567.77	\$ 667.97	\$ 681.32
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 170.73	\$ 967.49	\$ 1,138.23	\$ 1,160.99
N	Retiree under 65 & Spouse 65+	\$ 279.84	\$ 1,119.43	\$ 1,399.27	\$ 1,427.25
P	Retiree 65+ & Spouse under 65	\$ 279.84	\$ 1,119.43	\$ 1,399.27	\$ 1,427.25
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 364.57	\$ 1,350.95	\$ 1,715.52	\$ 1,749.83
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 364.57	\$ 1,350.95	\$ 1,715.52	\$ 1,749.83

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HealthPlus					
		Retiree	State	MONTHLY	Retiree Monthly
622		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See zip code list for eligibility.					
G	Retiree Only	\$ 503.60	\$ 587.50	\$ 1,091.10	\$ 1,112.92
L	Retiree & Spouse	\$ 1,007.21	\$ 1,175.00	\$ 2,182.21	\$ 2,225.85
R	Retiree & Child(ren)	\$ 634.75	\$ 740.04	\$ 1,374.79	\$ 1,402.28
W	Retiree, Spouse & Child(ren)	\$ 1,171.16	\$ 1,360.20	\$ 2,531.36	\$ 2,581.98
Rates for Retirees or Dependents with Medicare. Service Area: Arenac, Bay, Genesee, Lapeer, Oakland, Saginaw, Shiawassee, St. Clair and Tuscola Counties.					
H	Retiree 65+ Only	\$ 74.88	\$ 385.05	\$ 459.93	\$ 469.13
M	Retiree 65+ & Spouse 65+	\$ 149.74	\$ 770.12	\$ 919.86	\$ 938.25
S	Retiree 65+ & Child(ren)	\$ 437.35	\$ 575.74	\$ 1,013.09	\$ 1,033.36
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 471.37	\$ 1,001.65	\$ 1,473.02	\$ 1,502.48
N	Retiree under 65 & Spouse 65+	\$ 431.61	\$ 1,119.43	\$ 1,551.04	\$ 1,582.06
P	Retiree 65+ & Spouse under 65	\$ 431.61	\$ 1,119.43	\$ 1,551.04	\$ 1,582.06
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 410.23	\$ 1,350.95	\$ 1,761.18	\$ 1,796.40
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 410.23	\$ 1,350.95	\$ 1,761.18	\$ 1,796.40

PHP					
		Retiree	State	MONTHLY	Retiree Monthly
878		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See zip code list for eligibility. This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.					
G	Retiree Only	\$ 411.08	\$ 587.50	\$ 998.58	\$ 1,018.56
L	Retiree & Spouse	\$ 822.15	\$ 1,175.00	\$ 1,997.15	\$ 2,037.09
R	Retiree & Child(ren)	\$ 517.78	\$ 740.04	\$ 1,257.82	\$ 1,282.98
W	Retiree, Spouse & Child(ren)	\$ 951.81	\$ 1,360.20	\$ 2,312.01	\$ 2,358.25

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Priority Health Plan West					
		Retiree	State	MONTHLY	Retiree Monthly
555		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See zip code list for eligibility.					
G	Retiree Only	\$ 495.15	\$ 587.50	\$ 1,082.65	\$ 1,104.30
L	Retiree & Spouse	\$ 988.09	\$ 1,175.00	\$ 2,163.09	\$ 2,206.35
R	Retiree & Child(ren)	\$ 622.68	\$ 740.04	\$ 1,362.72	\$ 1,389.97
W	Retiree, Spouse & Child(ren)	\$ 1,148.96	\$ 1,360.20	\$ 2,509.16	\$ 2,559.34
Rates for Retirees or Dependents with Medicare. Service Area: Allegan, Antrim, Benzie, Crawford, Grand Traverse, Kalkaska, Kent, Leelanau, Manistee, Montcalm, Muskegon, Oceana, Osceola, and Ottawa Counties.					
H	Retiree 65+ Only	\$ 284.92	\$ 385.05	\$ 669.97	\$ 683.37
M	Retiree 65+ & Spouse 65+	\$ 569.82	\$ 770.12	\$ 1,339.94	\$ 1,366.74
S	Retiree 65+ & Child(ren)	\$ 612.35	\$ 575.74	\$ 1,188.09	\$ 1,211.85
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 856.41	\$ 1,001.65	\$ 1,858.06	\$ 1,895.22
N	Retiree under 65 & Spouse 65+	\$ 351.19	\$ 1,119.43	\$ 1,470.62	\$ 1,500.03
P	Retiree 65+ & Spouse under 65	\$ 351.19	\$ 1,119.43	\$ 1,470.62	\$ 1,500.03
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 637.79	\$ 1,350.95	\$ 1,988.74	\$ 2,028.51
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 637.79	\$ 1,350.95	\$ 1,988.74	\$ 2,028.51

Priority Health Plan East					
		Retiree	State	MONTHLY	Retiree Monthly
		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See zip code list for eligibility. This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.					
G	Retiree Only	\$ 495.15	\$ 587.50	\$ 1,082.65	\$ 1,104.30
L	Retiree & Spouse	\$ 988.09	\$ 1,175.00	\$ 2,163.09	\$ 2,206.35
R	Retiree & Child(ren)	\$ 622.68	\$ 740.04	\$ 1,362.72	\$ 1,389.97
W	Retiree, Spouse & Child(ren)	\$ 1,148.96	\$ 1,360.20	\$ 2,509.16	\$ 2,559.34

Priority Health Plan South					
		Retiree	State	MONTHLY	Retiree Monthly
		Share	Share	TOTAL	COBRA
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**State-Sponsored Group Insurance Plan
Benefit Administrators**

<p>STATE HEALTH PLAN PPO BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com</p>	<p>STATE CATASTROPHIC HEALTH PLAN BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com</p>
<p>MANAGED PHARMACY/MAIL SERVICE PRESCRIPTION DRUG PROGRAM BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com</p>	<p>STATE VISION PLAN BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com</p>
<p>MENTAL HEALTH/ SUBSTANCE ABUSE SERVICES Magellan Behavioral of Michigan (866) 503-3158 www.magellanassist.com</p>	<p>STATE DENTAL PLAN and PREVENTIVE DENTAL PLAN Delta Dental Plan of Michigan (800) 524-0150 www.deltadentalmi.com</p>
<p>STATE LONG TERM DISABILITY (LTD) PLAN Citizens Management, Inc. (800) 324-9901</p>	<p>DENTAL MAINTENANCE ORGANIZATION (DMO) Midwestern Dental Plans, Inc. (800) 544-6374 www.midwesterndental.com</p>

Provider Information

**Health Maintenance Organizations
(HMOs)**

<p>Blue Care Network, East Blue Care Network, Great Lakes West Blue Care Network, Mid-Michigan Blue Care Network, Southeast (800) 662-6667 www.mibcn.com</p> <p>The Open Enrollment hotline is (800) 470-9633. (Available only during Open Enrollment period.)</p>	<p>McLaren Health Plan (888) 327-0671 www.mclarenhealthplan.org</p>
<p>Grand Valley Health Plan (800) 335-1977 (616) 949-2410 www.gvhp.com</p>	<p>Physicians Health Plan (Lansing) (517) 364-8500 or (800) 832-9186 www.phpmm.org</p>
<p>Health Alliance Plan (800) 422-4641 www.hap.org</p>	<p>Priority Health, West Priority Health, East Priority Health, South (800) 446-5674 www.priority-health.com</p>
<p>HealthPlus of Michigan (Flint) (800) 332-9161 (Saginaw) (800) 942-8816 www.healthplus.com</p>	<p>Total Health Care (313) 871-2000 or (800) 826-2862 www.totalhealthcareonline.com</p>

Notice of Creditable Prescription Drug Coverage
For Medicare-Eligible Employees, Retirees, and Dependents
Enrolled in the State of Michigan Health Plans
August 1, 2012

This notice is for all current State employees, retirees, and dependents with prescription drug coverage under a health plan offered by the State of Michigan [including the State Health Plan PPO and approved Health Maintenance Organizations (HMOs)] who are Medicare-eligible or will become Medicare-eligible within the next 12 months.

IF YOU ARE NOT MEDICARE-ELIGIBLE AND WILL NOT BECOME MEDICARE-ELIGIBLE IN THE NEXT 12 MONTHS, YOU MAY DISREGARD THIS NOTICE.

If you are eligible for Medicare, you can enroll in a Medicare Part D prescription drug plan (Part D Plan) when you first become eligible for Medicare and each year thereafter between October 15 and December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan. All Part D Plans provide at least a standard level of coverage set by Medicare. You must decide whether to enroll in a Part D Plan or keep your State Health Plan prescription drug coverage. This notice gives important information to help you decide:

1. The State of Michigan has determined that the prescription drug coverage provided under its health plans is, on average for all plan participants, expected to pay out at least as much as the standard Medicare prescription drug coverage and is, therefore, considered creditable coverage.
2. Because the prescription drug coverage under the State health plans is creditable coverage, you can keep your State Health Plan prescription drug coverage; you do not have to enroll in a Part D Plan.
3. If you decide to enroll in a Part D Plan, you will not have to pay a penalty to enroll for Part D Plan coverage, unless you do not join the Part D Plan within 63 days after your State health plan prescription drug coverage ends. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.
4. Your current State Health Plan coverage pays for other health expenses (hospitalizations, doctor visits, etc.) in addition to prescription drugs. You will still be eligible to receive these other benefits if you choose to enroll in a Part D Plan.

5. If you decide to enroll in a Part D Plan, **your prescription drug coverage under the State health plan will stop** and we cannot guarantee that you will be eligible to restore coverage if you later discontinue your Part D Plan.
6. **You do not need to take any action if you wish to continue your prescription drug coverage under your current State health plan.**

Please keep this Notice. If you enroll in a new Part D Plan approved by Medicare, you may be required to provide a copy of this Notice to avoid paying a higher premium amount.

This Notice of Creditable Coverage is provided by the Michigan Civil Service Commission, Employee Benefits Division, P.O. Box 30002, Lansing, MI 48909.

For questions regarding **this notice only** (and not general Medicare information), please call the MI HR Service Center at (517) 335-0529 or (877) 766-6447 or TDD for the hearing impaired (517) 241-8046. You will receive this notice annually. You also may request a copy from the Employee Benefits Division or print a copy of this notice from the Employee Benefits section of the Michigan Civil Service Commission website at www.michigan.gov/mdcs.

WHERE TO GET MORE INFORMATION ABOUT MEDICARE PART D:

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

1. Visit www.medicare.gov for personalized information. The “Medicare & You” booklet is also available for download on this site.
2. Call 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048 (TTY).
3. Call your State Health Insurance Assistance Program for personalized help. Michigan residents may call 1-800-803-7174. For other states, look in the “Medicare & You” handbook for telephone numbers.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available online from the Social Security Administration (SSA) at www.socialsecurity.gov, or by phone at 1-800-772-1213 or 1-800-325-0778 (TTY).



STATE OF MICHIGAN
CIVIL SERVICE COMMISSION

THE STATE OF MICHIGAN IS REQUIRED UNDER THE Consolidated Omnibus Reconciliation Act (COBRA) TO PROVIDE THIS NOTICE TO ALL RETIREES, SPOUSES, AND DEPENDENT CHILDREN REGARDING EACH DEPENDENT'S RIGHTS TO CONTINUE STATE-SPONSORED GROUP INSURANCES WHEN COVERAGE WOULD OTHERWISE END.

Retain for Future Reference

This notice informs you of the qualifying events and notification requirements for continuation of benefits available to spouses and dependent children under COBRA federal law. The qualifying events are as follows:

The **spouse** of a Defined Benefit or Defined Contribution retiree will lose coverage under the state-sponsored group insurances due to a divorce or a legal separation. A **dependent child** will lose state-sponsored group insurance coverage when the child becomes married or when one of these events occurs*:

Dependent Coverage	Employees Retired Prior to 8/1/12	Employees Retired On or After 8/1/12
Birth/Legal Adoption	To age 19	To age 19 and must reside with retiree <u>or</u> be legally responsible for health care.
Guardianship	Full only to age 18. No student extension.	Full only to age 18. No student extension.
Step children	To age 19 if covered as active employee.	To age 19 if covered as active employee. 50% residency, 50% support. Stepchild of retiree (not spouse). Cannot be eligible under any other health care plan.
Foster children	Under 18 if covered as active employee.	Not eligible for coverage.
Students Age 19 - 26	Must be enrolled 1/2 time. 50% residency and 50% support.	Must be enrolled 1/2 time. 50% residency and 50% support.

*This does not apply to retirees of the State Police Retirement Act.

The retiree or affected family member must inform the State of Michigan, Office of Retirement Services (ORS), within 30 days of a qualifying event. If an event occurs, call (800) 381-5111 or (517) 322-5103. ORS staff will send the affected individual an application to continue group insurance coverages (Form CS-1820).

Under the law, if the retiree or affected family member does not notify ORS within 60 days of the date of one of the above-mentioned events, any rights to continuation of insurances will be forfeited. Further, if ORS is not notified within 60 days of an event, and if any claims incurred after the date of the divorce or child losing dependent status are paid erroneously, they will be required to reimburse the state for any such paid claims, plus premiums paid by the state for the ineligible individual.

Individuals entitled to COBRA continuation coverage will be eligible to continue only the State-sponsored insurances under which they were covered the day before eligibility ended. These coverages may continue for 36 months under the provisions of the Federal COBRA law if the affected individual pays the full premium plus a 2% administrative fee directly to the state.

Additional information required to be provided as part of this notice under Federal COBRA law:

Type of Coverage; Premium Payments

A spouse or dependent child who is not covered under state-sponsored insurances on the day before the qualifying event is generally not entitled to COBRA coverage except where there is no coverage because it was eliminated in anticipation of a qualifying event like divorce. If the ex-spouse notifies the Office of Retirement Services within 60 days of the divorce and can establish that the coverage was dropped earlier in anticipation of divorce, then COBRA coverage may be available for the period after the divorce.

If you are covered by Health, Dental, and Vision insurance, you may elect COBRA coverage under one, two, or all three Plans. If the coverage for similarly situated employees or their family members is modified, COBRA coverage will be modified the same way.

The premium payments for the “initial premium months” must be paid for any qualifying family member by the 45th day after electing continuation of coverage. The initial premium months are the months that end on or before the 45th day after the date of the COBRA election. All other premiums are due on the first of the month for which the premium is paid, subject to a 30-day grace period.

Open Enrollment Rights and HIPAA Special Enrollment Rights

Qualified beneficiaries who have elected COBRA will be given the same opportunity to change their coverage option or add or drop dependents as similarly situated retirees. In addition, HIPAA’s special enrollment rights will apply to those who have elected COBRA. HIPAA, a federal law, gives a person already on COBRA certain rights to add dependents if such person acquires a new dependent or if an eligible dependent declines coverage because of alternative coverage and later loses such coverage due to certain qualifying reasons. Spouses or dependents who are added under this paragraph do not become qualified beneficiaries – their coverage will end at the same time coverage ends for the person who elected COBRA and later added them.

Termination of COBRA before the End of Maximum Coverage Period

Continuation coverage of the spouse and/or dependent child will automatically terminate before the end of the maximum coverage period when any one of the following events occurs:

1. The premium for the qualified beneficiary’s COBRA coverage is not timely paid.
2. After electing COBRA, you become covered under another group health plan that has no exclusion or limitation with respect to any pre-existing condition you might have.
3. After electing COBRA, you become entitled to Medicare benefits.
4. Occurrence of any event (e.g. submission of fraudulent benefit claims) that permits termination of coverage for cause with respect to covered retirees or their spouses or dependent children who have coverage under the Plan for a reason other than the COBRA coverage requirements of federal law.

Other Information

If your marital status changes or a dependent ceases to be a dependent eligible for coverage under the terms of the Plan, or your address changes, you must immediately notify the Office of Retirement Services.