DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFITS DIVISION
FY 2007-2008 HMO INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 7, 2007

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		MONTHLY	
PLAN NAME/CODE	Option *2	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[HCEX] BCN Mid-Michigan	1	$ -	$ 218.29	$ 218.29	$ -	$ 5,675.64	$ 5,675.64	$ 109.15	$ 109.15	$ 2,837.82	$ 2,837.82	$ 472.97	$ 482.43
	2	$ -	$ 436.58	$ 436.58	$ -	$ 11,351.16	$ 11,351.16	$ 218.29	$ 218.29	$ 5,675.58	$ 5,675.58	$ 945.93	$ 964.85
	3	$ -	$ 384.19	$ 384.19	$ -	$ 9,989.04	$ 9,989.04	$ 192.10	$ 192.10	$ 4,994.52	$ 4,994.52	$ 832.42	$ 849.07
	4	$ -	$ 602.48	$ 602.48	$ -	$ 15,664.56	$ 15,664.56	$ 301.24	$ 301.24	$ 7,832.28	$ 7,832.28	$ 1,305.38	$ 1,331.49
[HD00] BCN East Michigan	1	$ -	$ 205.40	$ 205.40	$ -	$ 5,340.48	$ 5,340.48	$ 102.70	$ 102.70	$ 2,670.24	$ 2,670.24	$ 445.04	$ 453.94
	2	$ -	$ 410.81	$ 410.81	$ -	$ 10,680.96	$ 10,680.96	$ 205.40	$ 205.40	$ 5,340.48	$ 5,340.48	$ 890.08	$ 907.88
	3	$ -	$ 361.51	$ 361.51	$ -	$ 9,399.24	$ 9,399.24	$ 180.75	$ 180.75	$ 4,699.62	$ 4,699.62	$ 783.27	$ 798.94
	4	$ -	$ 566.91	$ 566.91	$ -	$ 14,739.72	$ 14,739.72	$ 283.46	$ 283.46	$ 7,369.86	$ 7,369.86	$ 1,228.31	$ 1,252.88
[HP00] BCN Great Lakes West	1	$ -	$ 207.77	$ 207.77	$ -	$ 5,402.04	$ 5,402.04	$ 103.89	$ 103.89	$ 2,701.02	$ 2,701.02	$ 450.17	$ 459.17
	2	$ -	$ 415.54	$ 415.54	$ -	$ 10,804.08	$ 10,804.08	$ 207.77	$ 207.77	$ 5,402.04	$ 5,402.04	$ 900.34	$ 918.35
	3	$ -	$ 365.68	$ 365.68	$ -	$ 9,507.60	$ 9,507.60	$ 182.84	$ 182.84	$ 4,753.80	$ 4,753.80	$ 792.30	$ 808.15
	4	$ -	$ 573.45	$ 573.45	$ -	$ 14,909.76	$ 14,909.76	$ 286.73	$ 286.73	$ 7,454.88	$ 7,454.88	$ 1,242.48	$ 1,267.33
[HX00] BCN Southeast Michigan	1	$ -	$ 203.38	$ 203.38	$ -	$ 5,287.80	$ 5,287.80	$ 101.69	$ 101.69	$ 2,643.90	$ 2,643.90	$ 440.65	$ 449.46
	2	$ -	$ 406.75	$ 406.75	$ -	$ 10,575.60	$ 10,575.60	$ 203.38	$ 203.38	$ 5,287.80	$ 5,287.80	$ 881.30	$ 898.93
	3	$ -	$ 357.94	$ 357.94	$ -	$ 9,306.48	$ 9,306.48	$ 178.97	$ 178.97	$ 4,653.24	$ 4,653.24	$ 775.54	$ 791.05
	4	$ -	$ 561.32	$ 561.32	$ -	$ 14,594.28	$ 14,594.28	$ 280.66	$ 280.66	$ 7,297.14	$ 7,297.14	$ 1,216.19	$ 1,240.51
[HN00] Grand Valley Health	1	$ -	$ 204.78	$ 204.78	$ -	$ 5,324.16	$ 5,324.16	$ 102.39	$ 102.39	$ 2,662.08	$ 2,662.08	$ 443.68	$ 452.55
	2	$ -	$ 409.55	$ 409.55	$ -	$ 10,648.32	$ 10,648.32	$ 204.78	$ 204.78	$ 5,324.16	$ 5,324.16	$ 887.36	$ 905.11
	3	$ -	$ 360.41	$ 360.41	$ -	$ 9,370.56	$ 9,370.56	$ 180.20	$ 180.20	$ 4,685.28	$ 4,685.28	$ 780.88	$ 796.50
	4	$ -	$ 565.18	$ 565.18	$ -	$ 14,694.72	$ 14,694.72	$ 282.59	$ 282.59	$ 7,347.36	$ 7,347.36	$ 1,224.56	$ 1,249.05
[HI00] Health Alliance Plan	1	$ -	$ 197.53	$ 197.53	$ -	$ 5,135.88	$ 5,135.88	$ 98.77	$ 98.77	$ 2,567.94	$ 2,567.94	$ 427.99	$ 436.55
	2	$ -	$ 396.77	$ 396.77	$ -	$ 10,316.04	$ 10,316.04	$ 198.39	$ 198.39	$ 5,158.02	$ 5,158.02	$ 859.67	$ 876.86
	3	$ -	$ 348.96	$ 348.96	$ -	$ 9,072.84	$ 9,072.84	$ 174.48	$ 174.48	$ 4,536.42	$ 4,536.42	$ 756.07	$ 771.19
	4	$ -	$ 548.19	$ 548.19	$ -	$ 14,253.00	$ 14,253.00	$ 274.10	$ 274.10	$ 7,126.50	$ 7,126.50	$ 1,187.75	$ 1,211.51
[HJ00] HealthPlus of Michigan	1	$ -	$ 209.54	$ 209.54	$ -	$ 5,448.00	$ 5,448.00	$ 104.77	$ 104.77	$ 2,724.00	$ 2,724.00	$ 454.00	$ 463.08
	2	$ -	$ 419.08	$ 419.08	$ -	$ 10,896.00	$ 10,896.00	$ 209.54	$ 209.54	$ 5,448.00	$ 5,448.00	$ 908.00	$ 926.16
	3	$ -	$ 368.79	$ 368.79	$ -	$ 9,588.48	$ 9,588.48	$ 184.39	$ 184.39	$ 4,794.24	$ 4,794.24	$ 799.04	$ 815.02
	4	$ -	$ 578.33	$ 578.33	$ -	$ 15,036.48	$ 15,036.48	$ 289.16	$ 289.16	$ 7,518.24	$ 7,518.24	$ 1,253.04	$ 1,278.10
[HMCL] McLaren Health Plan	1	$ -	$ 188.89	$ 188.89	$ -	$ 4,911.24	$ 4,911.24	$ 94.45	$ 94.45	$ 2,455.62	$ 2,455.62	$ 409.27	$ 417.46
	2	$ -	$ 377.79	$ 377.79	$ -	$ 9,822.48	$ 9,822.48	$ 188.89	$ 188.89	$ 4,911.24	$ 4,911.24	$ 818.54	$ 834.91
	3	$ -	$ 332.46	$ 332.46	$ -	$ 8,643.84	$ 8,643.84	$ 166.23	$ 166.23	$ 4,321.92	$ 4,321.92	$ 720.32	$ 734.73
	4	$ -	$ 521.35	$ 521.35	$ -	$ 13,555.08	$ 13,555.08	$ 260.67	$ 260.67	$ 6,777.54	$ 6,777.54	$ 1,129.59	$ 1,152.18

*1 Part-time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period.
*2 Health option codes are: 1= Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family

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		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		MONTHLY	
PLAN NAME/CODE	Option *2	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[HMEX] Physicians Health Plan - Lansing	1	$ -	$ 225.35	$ 225.35	$ -	$ 5,859.12	$ 5,859.12	$ 112.68	$ 112.68	$ 2,929.56	$ 2,929.56	$ 488.26	$ 498.03
	2	$ -	$ 448.92	$ 448.92	$ -	$ 11,672.04	$ 11,672.04	$ 224.46	$ 224.46	$ 5,836.02	$ 5,836.02	$ 972.67	$ 992.12
	3	$ -	$ 394.66	$ 394.66	$ -	$ 10,261.20	$ 10,261.20	$ 197.33	$ 197.33	$ 5,130.60	$ 5,130.60	$ 855.10	$ 872.20
	4	$ -	$ 619.20	$ 619.20	$ -	$ 16,099.20	$ 16,099.20	$ 309.60	$ 309.60	$ 8,049.60	$ 8,049.60	$ 1,341.60	$ 1,368.43
[HF00] Priority Health Plan - West	1	$ -	$ 208.05	$ 208.05	$ -	$ 5,409.24	$ 5,409.24	$ 104.02	$ 104.02	$ 2,704.62	$ 2,704.62	$ 450.77	$ 459.79
	2	$ -	$ 416.10	$ 416.10	$ -	$ 10,818.72	$ 10,818.72	$ 208.05	$ 208.05	$ 5,409.36	$ 5,409.36	$ 901.56	$ 919.59
	3	$ -	$ 366.16	$ 366.16	$ -	$ 9,520.08	$ 9,520.08	$ 183.08	$ 183.08	$ 4,760.04	$ 4,760.04	$ 793.34	$ 809.21
	4	$ -	$ 574.24	$ 574.24	$ -	$ 14,930.28	$ 14,930.28	$ 287.12	$ 287.12	$ 7,465.14	$ 7,465.14	$ 1,244.19	$ 1,269.07
[HF01] Priority Health Plan - East	1	$ -	$ 225.99	$ 225.99	$ -	$ 5,875.80	$ 5,875.80	$ 113.00	$ 113.00	$ 2,937.90	$ 2,937.90	$ 489.65	$ 499.44
	2	$ -	$ 451.98	$ 451.98	$ -	$ 11,751.60	$ 11,751.60	$ 225.99	$ 225.99	$ 5,875.80	$ 5,875.80	$ 979.30	$ 998.89
	3	$ -	$ 397.74	$ 397.74	$ -	$ 10,341.36	$ 10,341.36	$ 198.87	$ 198.87	$ 5,170.68	$ 5,170.68	$ 861.78	$ 879.02
	4	$ -	$ 623.74	$ 623.74	$ -	$ 16,217.16	$ 16,217.16	$ 311.87	$ 311.87	$ 8,108.58	$ 8,108.58	$ 1,351.43	$ 1,378.46
[HF02] Priority Health Plan - South	1	$ -	$ 225.99	$ 225.99	$ -	$ 5,875.80	$ 5,875.80	$ 113.00	$ 113.00	$ 2,937.90	$ 2,937.90	$ 489.65	$ 499.44
	2	$ -	$ 451.98	$ 451.98	$ -	$ 11,751.60	$ 11,751.60	$ 225.99	$ 225.99	$ 5,875.80	$ 5,875.80	$ 979.30	$ 998.89
	3	$ -	$ 397.74	$ 397.74	$ -	$ 10,341.36	$ 10,341.36	$ 198.87	$ 198.87	$ 5,170.68	$ 5,170.68	$ 861.78	$ 879.02
	4	$ -	$ 623.74	$ 623.74	$ -	$ 16,217.16	$ 16,217.16	$ 311.87	$ 311.87	$ 8,108.58	$ 8,108.58	$ 1,351.43	$ 1,378.46
[HL00] Total Health Care	1	$ -	$ 138.56	$ 138.56	$ -	$ 3,602.64	$ 3,602.64	$ 69.28	$ 69.28	$ 1,801.32	$ 1,801.32	$ 300.22	$ 306.22
	2	$ -	$ 318.70	$ 318.70	$ -	$ 8,286.12	$ 8,286.12	$ 159.35	$ 159.35	$ 4,143.06	$ 4,143.06	$ 690.51	$ 704.32
	3	$ -	$ 263.27	$ 263.27	$ -	$ 6,845.04	$ 6,845.04	$ 131.64	$ 131.64	$ 3,422.52	$ 3,422.52	$ 570.42	$ 581.83
	4	$ -	$ 374.12	$ 374.12	$ -	$ 9,727.20	$ 9,727.20	$ 187.06	$ 187.06	$ 4,863.60	$ 4,863.60	$ 810.60	$ 826.81

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