

2017 State of Michigan Employee Insurance Open Enrollment



August 1st, 2017—August 25th, 2017

*Seney National Wildlife Refuge,
Michigan's Upper Peninsula*

Contents

IOE Information

IOE Timeline	1
How To Enroll	2
Health Care Resources	3
HIPAA Exclusion Notice	4
Special Enrollment Rights	4
Other Eligible Adult Individuals (OEAI) ...	5
Eligibility Guidelines	6-7
Required Documents	8-10
Frequently Asked Questions (FAQs) ...	11
Understanding PPO Costs	12
Understanding HMO Costs	13
Insurance Carrier Information	14-15

Rates

Non-MSPTA Active Employee Insurance Rates	16-18
MSPTA (T01) Active Employee Insurance Rates	19-20
Non-MSPTA DROP Insurance Rates	21-22
MSPTA (T01) DROP Insurance Rates	23-24
COBRA Non-MSPTA Insurance Rates	25-26
COBRA MSPTA (T01) Insurance Rates	27-28



Northern Oriole
Seney National Wildlife Refuge,
Michigan's Upper Peninsula



2017 Insurance Open Enrollment Calendar

- For qualified State of Michigan Employees -



August	8/1/17 —Insurance Open Enrollment begins 8/25/17 —Insurance Open Enrollment ends
September	9/30/17 —Deadline to submit documentation for newly-added individuals
October	10/8/17 —2017 plan year begins and insurance rates and changes take effect 10/19/17 —First earnings statement with 2017 rates and changes

How to Enroll in Benefits During IOE



Online: Visit www.mi.gov/selfserv. Log in, select “Benefits” from the left-hand menu, and then select “Enroll/Change Benefits.” From there, you can choose to start the process of adding new dependents to your benefits or begin the open enrollment process!



Over the Phone: Need help from an HR professional who is trained to help guide you through open enrollment? Call the MI HR Service Center, Monday through Friday, 8:00 a.m. to 5:00 p.m., at **877-766-6447**.

Should I Participate?

- “I want to make changes to my current benefit elections.”
- “I want to add or change someone’s coverage on my health, dental, vision, or life insurance.”
- “I want to enroll in disability insurance.”
- “I want to review my current coverage.”

If you agree with any of these statements, then you definitely should! Visit www.mi.gov/selfserv to enroll or contact the MI HR Service Center at 877-766-6447.

Insurance Open Enrollment is your annual opportunity to review and change your benefit elections (health, dental, vision, life, and disability insurance). You are strongly encouraged to do so to ensure you and your covered eligible dependents have the necessary coverage for the coming year.

2017—2018 Plan Year News

There are no benefit plan design changes for the 2017-2018 plan year. However, employees are encouraged to review their benefits every year during IOE to ensure their enrollments match their needs for the coming year. Review the [2016—2017 IOE Plan Booklet](#) to see changes that were implemented last year.



Health Care Resources

Your health insurance is one of the most important benefits you can carry as a State of Michigan employee. Unfortunately, finding time to take advantage of your benefit can be difficult with the hectic lives and schedules many of us maintain.

That doesn't make managing your health any less important. Understanding the difficulties of an on-the-go lifestyle, many health insurance carriers offer ways to fit wellness around your schedule. Check out some time-saving resources below!

Tele-Medicine: Online Health Care

Using tele-medicine is one of the newest ways to efficiently manage your health.

Tele-medicine allows individuals enrolled in participating plans to use their smartphone, tablet, or computer to visit with a US board-certified doctor online—perfect for times when your primary care physician is unavailable or leaving the house is difficult.



Tele-medicine visits allow you to meet with a doctor using a video-chat tool to help treat minor illnesses such as colds, sinus or respiratory infections, sprains, or rashes. The online doctors can even send prescriptions directly to your pharmacy. Tele-medicine and online health care does not replace your relationship with your primary care physician. Check with your carrier and plan summary for information on participation, eligibility, and guidelines.

Electronic Explanations of Benefits

Signing up to receive electronic Explanations of Benefits (EOBs) can save you both hassle and clutter. Electronic EOBs can be accessed anytime through the online portals of carriers that offer this option, so maintaining bulky files or waiting for EOBs to arrive in the mail is no longer an issue.



Insurance Carrier Online Portals

Many people are unaware they can create an online account with their carrier or of the benefits of doing so. Having an online account with your insurance carrier gives instant access to certain test results and records, as well as member discounts and benefits. Some carriers even allow you to access your health insurance card on your phone to present at your physician's office.



HIPAA Exemption Notice

Under a federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits state and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The State of Michigan has elected to exempt the State of Michigan State Health Plan PPO from the following requirements:

Parity in the application of certain limits to mental health benefits. Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan. The exemption from these federal requirements will continue to be in effect for the period of plan coverage beginning October 8, 2017, and ending October 6, 2018. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a pre-existing condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy. As required by state law (MCL 550.544), notice is provided that, as a rider under your health coverage, elective abortion is included and may be used by a covered dependent without notice to the employee.

Special Enrollment Rights

If you decline to enroll because you have other health coverage, and you or your dependent loses eligibility for the other coverage or the employer stops contributing towards the coverage, you may be able to enroll in this plan. However, you must request enrollment within 31 days after you or your dependent's other coverage ends or after the employer stops contributing toward the other coverage.

Special enrollment is also available to (1) those who become eligible for premium assistance under Medicaid or the Children's Health Insurance Program (CHIP) and (2) those who lose coverage under Medicaid or CHIP because they are no longer eligible, not because of non-payment. The deadline for these two enrollments is 60 days after eligibility or termination.

To request special enrollment or obtain more information, [contact the MI HR Service Center](#).

For Questions about HIPAA Exemption:

Contact the Employee Benefits Division at:
800-505-5011

HIPAA Privacy Notice

The HIPAA Notice of Privacy Practices for the benefit plans is available on the Civil Service Commission website at:

[http://www.michigan.gov/documents/
HIPAA_Plans_Privacy_Notice_61312_7.pdf](http://www.michigan.gov/documents/HIPAA_Plans_Privacy_Notice_61312_7.pdf)

Other Eligible Adult Individuals (OEAI)

Enrolling an OEAI and an OEAI's Dependent Children

If you wish to enroll an OEAI in your health insurance, you may enroll via [MI HR Self-Service \(www.mi.gov/selfserv\)](http://www.mi.gov/selfserv) or by calling the MI HR Service Center. After enrollment you must submit the following documents to the MI HR Service Center by **September 30, 2017**, to maintain OEAI enrollment:

- [Enrollment Application and Affidavit \(CS-1833\)](#)
- Copy of age verification that the OEAI is 18 or older:
 - birth certificate,
 - passport,
 - driver's license, or
 - other governmental document indicating date of birth
- Documents establishing joint residence for the past 12 months (e.g., bank statement, utility bills, etc.). In addition, required documentation must be submitted to maintain enrollment of an OEAI's dependent.

Tax Implications

In accordance with IRS regulations, State of Michigan employees are responsible for paying taxes associated with the fair-market value of enrolling an OEAI and the OEAI's dependents. Additional information on [OEAI tax implications](#) is available on the Employee Benefits Division website at www.mi.gov/IOE.

Termination of Benefits

OEAI and OEAI dependent coverage will not take effect if documentation is not received by the MI HR Service Center by **September 30, 2017**.

Note: When criteria for enrollment are no longer met, you must notify the MI HR Service Center within 14 calendar days. Coverage will end effective the date [OEAI eligibility criteria](#) are no longer met.

Documentation Deadline

All Insurance Open Enrollment documentation must be received by the MI HR Service Center by
September 30, 2017

OEAI Bargaining Group Eligibility

OEAIs are eligible to be added to benefit plans for all represented and non-represented (NERE) bargaining groups except:
MSPTA, Judicial, and Legislative.

Eligibility Guidelines—Part 1 of 2

Eligible Dependents

Eligible dependents may be enrolled in your health, dental, and vision plans. (OEAI and their dependents may only be enrolled in health plans.) Dependents include your spouse and any of your unmarried children until the day before their 19th birthday. In addition to being unmarried, your eligible children must be one of the following:

- Child by birth, legal adoption, or legal guardianship. For legal adoption, a child is eligible for coverage from the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child.
- Step-child that lives with you at least 50% of the time and for whom your spouse provides at least 50% of their support is eligible to receive health, dental, and vision coverage. All step-children are eligible for health coverage regardless of residence and support.
- Foster child placed in your home by a state agency or the court.

Note: State-employed married or divorced employees carrying independent enrollments may cover their children in either parent's plan, as long as each child is only covered once. If employees cannot agree which parent will cover the children, the parent who has covered the children first during their employment with the State of Michigan will cover the dependent children.

Student Eligibility

To enroll or continue enrollment in dental and vision plans (health coverage continues automatically until the end of the month in which the dependent turns 26), a dependent must be your child by birth, legal adoption, or a step-child from the age of 19 up to their 25th birthday meeting the following criteria:

- Enrolled and regularly attending an accredited educational institution (may have a lapse in attendance for only one term or semester per calendar year to be considered regularly attending); AND
- You provide at least 50% of their support; AND
- Unmarried.

Adult Children (Health Only)

Eligible children from the age of 19 up to their 26th birthday may be enrolled in your health coverage regardless of marital status, student status, or dependency upon you for support. Coverage does not extend to dental or vision plans or to their spouse or children.

To be eligible for health coverage, a dependent must be a child by birth or legal adoption, a step-child, or a dependent of an Other Eligible Adult Individual (OEAI). Coverage will terminate at the end of the month in which the dependent turns 26.

Eligibility Guidelines—Part 2 of 2

Dependent Life Insurance

Eligible dependents can include your spouse and unmarried children from the age of 14 days up to their 23rd birthday for whom you provide at least 50% of their support. These dependents are not required to be enrolled in school. Your spouse is also eligible if they are not a state employee or state retiree.

As a state employee or retiree, you are automatically enrolled in life insurance. If this coverage is maintained, you are not eligible to be covered as a spouse or dependent on another employee or retiree dependent life insurance plan.

Eligibility Exclusions

If you and your retiree or active spouse are both covered by state group insurance plans, you may maintain separate coverage through your individual plans or enroll in one plan with one of you listed as a dependent. If you choose to maintain separate coverage, your children can only be listed as a dependent on one plan. This applies even if you are divorced.

An employee's spouse, OEAI, and dependents are not eligible for coverage if he or she is in the armed forces. Individuals who are called to active military duty are eligible for coverage under TRICARE, effective the date of active duty orders.

Continuing Coverage for Incapacitated Children

Your child who is unmarried and unable to sustain employment because of a developmental or physical disability can continue enrollment in health, dental, vision, and dependent life insurance beyond normal age limits if all the following conditions establishing incapacitated status are met:

- Your child became incapacitated before reaching the age limit for the coverage (19 for dental and vision, 23 for dependent life, and the end of the month of turning 26 for health).
- You have submitted documentation verifying your child's incapacity within 31 days after the child reaches the age limit for termination of the coverage.
- Your child continues to be incapacitated and chiefly dependent on you for support and maintenance.
- Your coverage does not terminate for any other reason.

Providing documentation before an incapacitated child turns 19 is recommended to ensure continuing eligibility for all plans.

Canceling Coverage

Immediately notify the MI HR Service Center to cancel your dependent's coverage when he or she no longer meets the definition of an eligible individual. Ex-spouses are not eligible and must be removed from coverage effective the date of the divorce.

Required Documentation—Part 1 of 3

The documents listed in this section are acceptable proof of dependent, adult child, and OEAI eligibility for insurance coverage. Documents must be provided to the MI HR Service Center by fax or mail. Contact information is provided at the end of this section. Legible copies are required for each type of document. Please do not provide originals; documents will not be returned. Copies of documentation must be faxed or mailed to the MI HR Service Center by **September 30, 2017**.

Life Events

To add or change eligible dependents due to a life event (such as marriage, birth, divorce, etc.), call the MI HR Service Center as soon as possible, but **no later than 31 days following the life event**. Do not wait until you have the official documentation to contact the MI HR Service Center.

Required Documents for Health, Dental, and Vision Coverage

- **Adopted Child**
 - ♦ *Adoption Papers* or sworn statement with the date of placement
- **Biological Child**
 - ♦ *Birth Certificate* (hospital verifications are not accepted)
- **Foster Child**
 - ♦ *Court Document* placing the child in the employee's home for foster care
- **Grandchild**
 - ♦ *Birth Certificate* (hospital verifications are not accepted)
 - ♦ **Note:** For a grandchild to be eligible, the grandchild's parent must be a covered dependent AND, from 19 up to their 25th birthday, a student as well
- **Incapacitated Child**
 - ♦ *Birth Certificate* (hospital verifications are not accepted)
 - ♦ *Verification Documentation* that the child's condition was provided to the insurance carrier before the child reached the usual age limit for coverage
- **Legal Guardianship**
 - ♦ *Court-Ordered Letters of Guardianship*
- **Loss of Coverage**
 - ♦ *Document Detailing Loss of Coverage* from employer or insurance carrier specifying the benefits for which coverage has been lost (e.g., health, vision, dental) and individuals covered
- **Spouse**
 - ♦ *Marriage Certificate*

"Required Documents for Health, Dental, and Vision Coverage" continued on next page...

Required Documentation—Part 2 of 3

Required Documents for Health, Dental, and Vision Coverage—Continued

- **Step-Child**
 - ♦ *Birth Certificate* (hospital verifications are not accepted)
 - ♦ *Marriage Certificate*
 - ♦ *Legal Document Specifying Physical Custody* (e.g., divorce decree stamped by court that identifies custody agreement) **OR** [Verification of Step-Child Eligibility Form \(CS-1847\)](#)
 - ♦ **Note:** A step-child for which an employee's spouse is required to provide at least 50% support, and who resides with you at least 50% of the time is eligible for health, dental, and vision coverage. An employee's step-child is eligible for health coverage regardless of residence and support. Coverage will terminate at the end of the month in which the dependent turns 26. Once a step-child reaches the age of 19 until their 25th birthday, refer to the appropriate student section for requirements.
- **Student (Age 19 to 25)**
 - ♦ [Student Verification of Eligibility \(CS-1830\)](#) and school records proving attendance
 - ♦ *Birth Certificate* (hospital verifications are not accepted)

Required Documents for Health-Only Coverage

- **Adult Child (Age 19 to 26)**
 - ♦ *Birth Certificate* (hospital verifications are not accepted)
- **OEA (Other Eligible Adult Individual)**
 - ♦ [OEA Enrollment Application & Affidavit \(CS-1833\)](#)
 - ♦ *Joint Residency Documentation* establishing shared residency for the past 12 months (e.g., bank statement, utility bill, lease agreement, etc.)
 - ♦ *Proof of Age* (birth certificate, passport, driver's license, or other governmental document)
- **OEA Dependent**
 - ♦ [OEA Enrollment Application & Affidavit \(CS-1833\)](#)

And any of the four documents below establishing the relationship between the OEA and the OEA dependents you wish to enroll:

- ♦ *Birth Certificate* (hospital verifications are not accepted)
- ♦ *Adoption Papers* or sworn statement with the date of placement
- ♦ *Court Document* placing the child in the employee's home for foster care
- ♦ *Court-Ordered Letters of Guardianship*

Required Documentation—Part 3 of 3

Required Documents for Removal from Insurance

- **Gain of Coverage**
 - ♦ *Document Detailing Gain of Coverage* from employer or insurance carrier specifying the benefits for which coverage has been gained (e.g., health, vision, dental) and individuals covered.
- **Spouse or Dependent (Due to Death)**
 - ♦ *Death Certificate*
- **Spouse or Step-Child (Due to Divorce)**
 - ♦ *Divorce Decree* (first and last page stamped by the court)

MI HR Service Center Contact Information

Phone: 877-766-6447

Fax: 517-241-5892

Mailing Address:

MI HR Service Center

P.O. Box 30002

Lansing, MI 48909

Note: Legislative, Judicial, and Auditor General must submit required documentation to their respective Human Resource Office.

2017 Insurance Open Enrollment

Copies of documentation must be faxed or mailed to the MI HR Service Center by

September 30, 2017.



Blue-Winged Teals

*Shiawassee National Wildlife Refuge,
Saginaw, Michigan*



Frequently Asked Questions

Q: How does a deductible work?

A: A deductible is the amount you must pay for some covered health care services before your insurance plan begins to pay. The deductible does not apply to all services. Services such as in-network office visits, consultations, and urgent care visits only require a copay at the time of service, and preventive services do not require any copay or deductible. Refer to individual [plan summaries](#) at www.mi.gov/EmployeeBenefits for a list of covered services after the deductible.

Your deductible amount will vary based on whether you are enrolled in an HMO or the State Health Plan PPO (SHP PPO), as well as how many people are covered by your plan and how many of them seek services. The individual deductible applies to any one family member. The family deductible (\$800 for the SHP PPO and \$250 for an HMO) is the combined amount that could be paid by any combination of family members, as long as one individual has reached the individual deductible.

Deductible amounts for the SHP PPO are effective January 1st, and renew annually on a calendar-year basis. Deductible amounts for the HMOs are effective October 8, 2017, and renew annually each October with the start of the new plan year. All deductibles count toward the out-of-pocket maximum. Not all services require co-insurance, as they are covered at 100% by your insurance plan; check individual plan summaries for details and coverage amounts.

Q. What's an out-of-pocket maximum and how does it work?

A: The annual out-of-pocket maximum (OOPM) is the limit to the total dollar amount you could be required to pay for covered services during the plan year. In-network deductibles, fixed dollar copays, prescription drug copays, and co-insurance all apply towards this annual out-of-pocket limit. Once this maximum amount is reached you will not pay any additional co-insurance, deductibles, or copays for covered services for the remainder of the plan year. The individual OOPM (\$2,000) applies to any one family member, and the family OOPM (\$4,000) is the combined amount that could be paid by any combination of family members. The OOPM is the same for the PPO and all HMOs.

The OOPM does not include:

- Bi-weekly premiums
- Charges above the allowed amount the plan pays for a benefit
- Charges for non-covered services or treatments
- Charges for out-of-network services or treatments

Q: How does co-insurance work?

A: For in-network services under the SHP PPO, co-insurance is your share of the costs of a covered health care service, calculated as a percent, after your annual deductible is met. For example, if you have met your annual deductible and then have surgery, the insurance plan will pay 90% of the allowed amount for the surgery, and you will pay the 10% co-insurance. All co-insurance charges apply toward the annual out-of-pocket maximum, which limits the amount you can be required to pay for services during a plan year to \$2000 for an individual and \$4000 for a family.

Understanding State Health Plan PPO Costs

Example of Deductibles, Co-Insurance, and Out-of-Pocket Max

(All examples are in-network services.)



Example 1: Total Cost of an X-Ray

A State employee and her family are enrolled in the State Health Plan PPO. When the plan year started in October, the employee received an X-ray. According to the plan, this is an after-deductible service with a co-insurance of 10%. What would she pay for this service?

Employee Cost

\$400 - Annual Individual Deductible + **10%** Co-Insurance

Plan Cost

90% of the remaining cost after the annual individual deductible is met.

Note: If an employee's spouse or dependent never receive deductible-applicable services during the plan year, only the individual deductible of \$400 would need to be met. The same is true if a dependent or spouse seeks deductible-applicable services and the employee does not; only the individual deductible would apply.



Example 2: Total Cost of a Surgery

The same State employee's spouse needed surgery shortly after. According to the plan, surgery (in-network) is an after-deductible service with a co-insurance of 10%. What would they pay for this service?

Employee Cost

\$800 - Annual Family Deductible + **10%** Co-Insurance

Plan Cost

90% of the remaining cost after the annual individual deductible is met.

Note: If a spouse (or dependent) was the only individual to receive deductible-applicable services during the plan year, only the annual individual deductible of \$400 would need to be met. In this case, since both the employee and spouse received deductible-applicable services, the entire \$800 family deductible would need to be met before the plan paid for the spouse's surgery.



Example 3: Total Cost of a Surgery

During the plan year, the same State employee has paid the \$2,000 out-of-pocket annual maximum for her **individual** deductibles, co-insurance, and prescription copays and now needs a surgery. What would she pay for this service?

Employee Cost

\$0

Plan Cost

100% The plan will pay the total approved amount for this surgery as she paid the annual maximum amount for out-of-pocket expenses for the plan year.

How Do HMO Costs Work?

Example of Deductibles and Out-of-Pocket Max

(All examples are in-network services. HMOs do not carry co-insurance.)



Example 1: Total Cost of an X-Ray

A State employee and her family are enrolled in an HMO. When the plan year started in October, the employee received an X-ray (in-network). According to the plan, this is an after-deductible service. What would she pay for this service?

Employee Cost

\$125

Annual Individual Deductible

Plan Cost

100% of the remaining cost after the annual individual deductible is met.

Note: If the employee's spouse or dependents never receive deductible-applicable services during the plan year, only the individual deductible of \$125 would need to be met. The same is true if a dependent or spouse seeks deductible-applicable services and the employee does not; only the individual annual deductible would apply.



Example 2: Total Cost of a Surgery

The same State employee's spouse needed surgery shortly after. According to the plan, surgery (in-network) is an after-deductible service. What would they pay for this service?

Employee Cost

\$250

Annual Family Deductible

Plan Cost

100% of the remaining cost after the annual family deductible is met.

Note: If a spouse (or dependent) was the only individual to receive deductible-applicable services during the plan year, only the annual individual deductible of \$125 would need to be met. In this case, as both the employee and spouse received deductible-applicable services, the entire \$250 annual family deductible would need to be met before the plan paid for services.



Example 3: Total Cost of a Surgery

During the plan year, the same State employee has paid the \$2,000 out-of-pocket annual maximum for her **individual** deductibles and prescription copays and now needs a surgery. What would she pay for this service?

Employee Cost

\$0

Plan Cost

100% The plan will pay the total approved amount for this surgery as she paid the annual maximum amount for out-of-pocket expenses for the plan year.

Insurance Carrier Information—Part 1 of 2

State Health Plan PPO—Blue Cross Blue Shield of Michigan (BCBSM)



BCBSM State of Michigan Service Center

Phone: 800-843-4876

Website: www.bcbsm.com/som

HMOs—Health Maintenance Organizations



Blue Care Network

Phone: 800-662-6667

Website: www.bcbsm.com/som



Health Alliance Plan (HAP)

Phone: 800-422-4641

Website: www.hap.org



McLaren Health Plan

Phone: 888-327-0671

Website: www.mclarenhealthplan.org



Physicians Health Plan (PHP)

Phone: 800-832-9186 or 517-364-8500

Website: www.phpmichigan.com



Priority Health

Phone: 800-446-5674

Website: www.priority-health.com

State Catastrophic Health Plan—Blue Cross Blue Shield of Michigan (BCBSM)



BCBSM State of Michigan Service Center

Phone: 800-843-4876

Website: www.bcbsm.com/som

Insurance Carrier Information—Part 2 of 2

State Health Plan Prescription Drug Program



OptumRx: Active Employees & Non-Medicare Retirees
Phone: 866-633-6433

OptumRx: Medicare-Eligible Retirees
Phone: 866-635-5941

Website: www.optumrx.com

State Dental Plan and Preventive Dental Plan



Delta Dental Plan of Michigan
Phone: 800-524-0150
Website: www.deltadentalmi.com

Dental Maintenance Organization (DMO)



Midwestern Dental Plans, Inc.
Phone: 800-544-6374
Website: www.midwesterndental.com

State Vision Plan



BCBSM Partnered with Vision Service Plan (VSP)
Phone: 855-356-4362
Website: www.vsp.com

Mental Health/Substance Abuse Services



Magellan Health of Michigan
Phone: 866-503-3158
Website: www.magellanassist.com

State Long Term Disability (LTD) Plan



York Risk Services Group
Phone: 800-324-9901

Non-MSPTA Active Employee Insurance Rates

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION

FY 2017-2018 GROUP INSURANCE BIWEEKLY PREMIUM RATES EFFECTIVE OCTOBER 8, 2017

For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 517M, Judicial Branch, and Non-Represented (Z60-Z89)

PLAN NAME/CODE	Option	Employee	State	Total
[HAEX] State Health Plan PPO	Employee Only	\$62.74	\$250.94	\$313.68
	Employee & Spouse	\$125.48	\$501.91	\$627.39
	Employee & Child (ren)	\$110.42	\$441.68	\$552.10
	Full Family	\$173.16	\$692.63	\$865.79
PLAN NAME/CODE	Option	Employee	State	Total
Employee or Spouse w/Medicare (State pays 100%)	Employee Only	\$0.00	\$250.94	\$250.94
	Employee & Spouse	\$0.00	\$501.91	\$501.91
	Employee & Child (ren)	\$0.00	\$441.68	\$441.68
	Full Family	\$0.00	\$692.63	\$692.63
PLAN NAME/CODE	Option	Employee	State	Total
[H2F0] Catastrophic Health Plan ²	Employee Only	\$0.00	\$15.81	\$15.81
	Employee & Spouse	\$0.00	\$31.62	\$31.62
	Employee & Child (ren)	\$0.00	\$31.62	\$31.62
	Full Family	\$0.00	\$31.62	\$31.62
PLAN NAME/CODE	Option	Employee	State	Total
[HBCN] Blue Care Network	Employee Only	\$41.95	\$237.70	\$279.65
	Employee & Spouse	\$83.90	\$475.41	\$559.31
	Employee & Child (ren)	\$73.83	\$418.36	\$492.19
	Full Family	\$115.78	\$656.07	\$771.85
PLAN NAME/CODE	Option	Employee	State	Total
[HI00] Health Alliance Plan	Employee Only	\$41.91	\$237.51	\$279.42
	Employee & Spouse	\$84.19	\$477.06	\$561.25
	Employee & Child (ren)	\$74.04	\$419.56	\$493.60
	Full Family	\$116.31	\$659.12	\$775.43
PLAN NAME/CODE	Option	Employee	State	Total
[HMCL] McLaren Health Plan	Employee Only	\$40.50	\$229.50	\$270.00
	Employee & Spouse	\$81.00	\$459.00	\$540.00
	Employee & Child (ren)	\$71.26	\$403.80	\$475.06
	Full Family	\$111.77	\$633.34	\$745.11
PLAN NAME/CODE	Option	Employee	State	Total
[HMEX] Physicians Health Plan	Employee Only	\$56.56	\$250.94	\$307.50
	Employee & Spouse	\$113.10	\$501.91	\$615.01
	Employee & Child (ren)	\$99.52	\$441.68	\$541.20
	Full Family	\$156.07	\$692.63	\$848.70
PLAN NAME/CODE	Option	Employee	State	Total
[HPRI] Priority Health Plan	Employee Only	\$72.47	\$250.94	\$323.41
	Employee & Spouse	\$144.92	\$501.91	\$646.83
	Employee & Child (ren)	\$127.53	\$441.68	\$569.21
	Full Family	\$199.99	\$692.63	\$892.62
PLAN NAME/CODE	Option	Employee	State	Total
[H3ZN] Decline Health Ins.	(n/a)	(n/a)	(n/a)	(n/a)
[H4ZN] "Opt Out" Health ³	(n/a)	(n/a)	(n/a)	(n/a)

¹ Part-time employees hired on or after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period. Part-time employees hired on or before 12/30/1999 pay the full-time rate.

² Employees in the Catastrophic Health Plan will receive a \$50 rebate with each paycheck beginning the first pay period after effective date of coverage.

³ Employees who opt out of Health coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health Plan.

Non-MSPTA Active Employee Insurance Rates

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION

FY 2017-2018 GROUP INSURANCE BIWEEKLY PREMIUM RATES EFFECTIVE OCTOBER 8, 2017

For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 517M, Judicial Branch, and Non-Represented (Z60-Z89)

PLAN NAME/CODE	Option	Employee	State	Total
[VBW0] State Vision Plan	Employee Only	\$0.00	\$2.38	\$2.38
	Employee & Spouse	\$0.00	\$4.19	\$4.19
	Employee & Child (ren)	\$0.00	\$5.12	\$5.12
	Full Family	\$0.00	\$6.93	\$6.93
PLAN NAME/CODE	Option	Employee	State	Total
[V3ZN] Decline Vision Ins.	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
[DBEX] State Dental Plan	Employee Only	\$1.05	\$19.87	\$20.92
	Employee & Spouse	\$1.91	\$36.26	\$38.17
	Employee & Child (ren)	\$2.32	\$44.16	\$46.48
	Full Family	\$3.18	\$60.49	\$63.67
PLAN NAME/CODE	Option	Employee	State	Total
[DP00] Preventive Dental Plan	Employee Only	\$0.00	\$2.99	\$2.99
	Employee & Spouse	\$0.00	\$5.21	\$5.21
	Employee & Child (ren)	\$0.00	\$5.21	\$5.21
	Full Family	\$0.00	\$7.42	\$7.42
PLAN NAME/CODE	Option	Employee	State	Total
[DMEX] Midwestern Dental (DMO)	Employee Only	\$0.00	\$18.13	\$18.13
	Employee & Spouse	\$0.00	\$18.13	\$18.13
	Employee & Child (ren)	\$0.00	\$18.13	\$18.13
	Full Family	\$0.00	\$18.13	\$18.13
PLAN NAME/CODE	Option	Employee	State	Total
[D3ZN] Decline Dental Ins.	(n/a)	(n/a)	(n/a)	(n/a)
[D4ZN] "Opt Out" Dental ⁴	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
Employee Life	Employee Only	\$0.00	28¢/\$1,000	28¢/\$1,000
PLAN NAME/CODE	Option	Employee	State	Total
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.20	\$0.00	\$0.20
	Sp \$ 5,000 &/or Ch \$ 2,500	\$0.60	\$0.00	\$0.60
	Sp \$10,000 &/or Ch \$ 5,000	\$1.20	\$0.00	\$1.20
	Sp \$25,000 &/or Ch \$10,000	\$4.00	\$0.00	\$4.00
	Child(ren) Only \$10,000	\$0.75	\$0.00	\$0.75
	Sp \$50,000 &/or Ch \$15,000	\$7.62	\$0.00	\$7.62
	Sp \$0 &/or Ch \$15,000	\$1.13	\$0.00	\$1.13

⁴ Employees who opt out of dental coverage or enroll in the Preventive Dental Plan (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a \$100 rebate annually in November. The rebate will be prorated for new employees hired mid-year.

Employee Life:

The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.

The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 19, 2017.

Non-MSPTA Active Employee LTD Insurance Rates

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION

FY 2017-2018 LONG TERM DISABILITY INSURANCE PREMIUM RATES

Rates Per \$100 of Earnings*
EFFECTIVE OCTOBER 8, 2017

For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 517M,
Judicial Branch, and Non-Represented (Z60-Z89)

PLAN NAME/CODE: All employees except those represented by UAW	Status	Employee	State
YIA0: Less than 184 hours sick leave	Plan I	\$1.56	\$0.79
YIA1: 184-527 hours sick leave	Plan IIA	\$0.40	\$0.79
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.79
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.30	\$0.79
PLAN NAME/CODE: Employees represented by UAW	Status	Employee	State
YIA0: Less than 184 hours sick leave	Plan I	\$1.59	\$0.79
YIA1: 184-527 hours sick leave	Plan IIA	\$0.43	\$0.79
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.79
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.34	\$0.79
Calculation of Employee Contribution: Bi-weekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

*Benefits are subject to maximums as defined in the [LTD Plan Booklet](#).

MSPTA (T01) Active Employee Insurance Rates

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2017-2018 GROUP INSURANCE BIWEEKLY PREMIUM RATES
EFFECTIVE OCTOBER 8, 2017
FOR BARGAINING UNIT MSPTA (T01)

PLAN NAME/CODE	Option	Employee	State	Total
[HAEX] State Health Plan PPO	Employee Only	\$62.74	\$250.94	\$313.68
	Employee & Spouse	\$125.48	\$501.91	\$627.39
	Employee & Child (ren)	\$110.42	\$441.68	\$552.10
	Full Family	\$173.16	\$692.63	\$865.79
PLAN NAME/CODE	Option	Employee	State	Total
[H2F0] Catastrophic Health Plan ¹	Employee Only	\$0.00	\$15.81	\$15.81
	Employee & Spouse	\$0.00	\$31.62	\$31.62
	Employee & Child (ren)	\$0.00	\$31.62	\$31.62
	Full Family	\$0.00	\$31.62	\$31.62
PLAN NAME/CODE	Option	Employee	State	Total
[HBCN] Blue Care Network	Employee Only	\$41.95	\$237.70	\$279.65
	Employee & Spouse	\$83.90	\$475.41	\$559.31
	Employee & Child (ren)	\$73.83	\$418.36	\$492.19
	Full Family	\$115.78	\$656.07	\$771.85
PLAN NAME/CODE	Option	Employee	State	Total
[HCP1] COPS Trust Health Plan 1	Employee Only	\$41.73	\$250.94	\$292.67
	Employee & Spouse	\$83.63	\$501.91	\$585.54
	Employee & Child (ren)	\$81.32	\$441.68	\$523.00
	Full Family	\$132.01	\$692.63	\$824.64
PLAN NAME/CODE	Option	Employee	State	Total
[HCP2] COPS Trust Health Plan 2	Employee Only	\$24.62	\$250.94	\$275.56
	Employee & Spouse	\$49.38	\$501.91	\$551.29
	Employee & Child (ren)	\$43.36	\$441.68	\$485.04
	Full Family	\$67.90	\$692.63	\$760.53
PLAN NAME/CODE	Option	Employee	State	Total
[HCP3] COPS Trust Health Plan 3	Employee Only	\$83.93	\$250.94	\$334.87
	Employee & Spouse	\$168.05	\$501.91	\$669.96
	Employee & Child (ren)	\$156.70	\$441.68	\$598.38
	Full Family	\$250.77	\$692.63	\$943.40
PLAN NAME/CODE	Option	Employee	State	Total
[HI00] Health Alliance Plan	Employee Only	\$41.91	\$237.51	\$279.42
	Employee & Spouse	\$84.19	\$477.06	\$561.25
	Employee & Child (ren)	\$74.04	\$419.56	\$493.60
	Full Family	\$116.31	\$659.12	\$775.43
PLAN NAME/CODE	Option	Employee	State	Total
[HMCL] McLaren Health Plan	Employee Only	\$40.50	\$229.50	\$270.00
	Employee & Spouse	\$81.00	\$459.00	\$540.00
	Employee & Child (ren)	\$71.26	\$403.80	\$475.06
	Full Family	\$111.77	\$633.34	\$745.11
PLAN NAME/CODE	Option	Employee	State	Total
[HMEY] Physicians Health Plan	Employee Only	\$56.56	\$250.94	\$307.50
	Employee & Spouse	\$113.10	\$501.91	\$615.01
	Employee & Child (ren)	\$99.52	\$441.68	\$541.20
	Full Family	\$156.07	\$692.63	\$848.70
PLAN NAME/CODE	Option	Employee	State	Total
[HPRI] Priority Health Plan	Employee Only	\$72.47	\$250.94	\$323.41
	Employee & Spouse	\$144.92	\$501.91	\$646.83
	Employee & Child (ren)	\$127.53	\$441.68	\$569.21
	Full Family	\$199.99	\$692.63	\$892.62
PLAN NAME/CODE	Option	Employee	State	Total
[H3ZN] Decline Health Insurance	(n/a)	(n/a)	(n/a)	(n/a)
[H4ZN] "Opt Out" Health ²	(n/a)	(n/a)	(n/a)	(n/a)

¹ Employees in the Catastrophic Health Plan will receive a \$50 rebate with each paycheck beginning the first pay period after effective date of coverage.

² Employees who opt out of Health coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health Plan.

MSPTA (T01) Active Employee Insurance Rates

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2017-2018 GROUP INSURANCE BIWEEKLY PREMIUM RATES
EFFECTIVE OCTOBER 8, 2017
FOR BARGAINING UNIT MSPTA (T01)

PLAN NAME/CODE	Option	Employee	State	Total
[VBW0] State Vision Plan	Employee Only	\$0.00	\$2.38	\$2.38
	Employee & Spouse	\$0.00	\$4.19	\$4.19
	Employee & Child (ren)	\$0.00	\$5.12	\$5.12
	Full Family	\$0.00	\$6.93	\$6.93
PLAN NAME/CODE	Option	Employee	State	Total
[V3ZN] Decline Vision Insurance	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
[DBEX] State Dental Plan	Employee Only	\$1.05	\$19.87	\$20.92
	Employee & Spouse	\$1.91	\$36.26	\$38.17
	Employee & Child (ren)	\$2.32	\$44.16	\$46.48
	Full Family	\$3.18	\$60.49	\$63.67
PLAN NAME/CODE	Option	Employee	State	Total
[DP00] Preventive Dental Plan	Employee Only	\$0.00	\$2.99	\$2.99
	Employee & Spouse	\$0.00	\$5.21	\$5.21
	Employee & Child (ren)	\$0.00	\$5.21	\$5.21
	Full Family	\$0.00	\$7.42	\$7.42
PLAN NAME/CODE	Option	Employee	State	Total
[DMEX] Midwestern Dental (DMO)	Employee Only	\$0.00	\$18.13	\$18.13
	Employee & Spouse	\$0.00	\$18.13	\$18.13
	Employee & Child (ren)	\$0.00	\$18.13	\$18.13
	Full Family	\$0.00	\$18.13	\$18.13
PLAN NAME/CODE	Option	Employee	State	Total
[D3ZN] Decline Dental Insurance	(n/a)	(n/a)	(n/a)	(n/a)
[D4ZN] "Opt Out" Dental ³	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
Employee Life	Employee Only	\$ -	28¢/\$1,000	28¢/\$1,000
PLAN NAME/CODE	Option	Employee	State	Total
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.20	\$0.00	\$0.20
	Sp \$ 5,000 &/or Ch \$ 2,500	\$0.60	\$0.00	\$0.60
	Sp \$10,000 &/or Ch \$ 5,000	\$1.20	\$0.00	\$1.20
	Sp \$25,000 &/or Ch \$10,000	\$4.00	\$0.00	\$4.00
	Child(ren) Only \$10,000	\$0.75	\$0.00	\$0.75

Employee Life:

The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.

The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 19, 2017.

Long-Term Disability Insurance:

The State shall pay 100% of the premium for LTD insurance coverage for MSPTA (T01) represented employees.

Non-MSPTA DROP Insurance Rates

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2017-2018 Command Officers BIWEEKLY DROP GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 8, 2017

PLAN NAME/CODE	Option	Employee	State	Total
(HAEX) State Health Plan PPO	Employee Only	\$20.13	\$382.53	\$402.66
	Employee & Spouse	\$40.27	\$765.06	\$805.33
	Employee & Child (ren)	\$25.36	\$481.85	\$507.21
	Full Family	\$46.61	\$885.65	\$932.26
PLAN NAME/CODE	Option	Employee	State	Total
(HBCN) Blue Care Network	Employee Only	\$94.05	\$382.53	\$476.58
	Employee & Spouse	\$188.11	\$765.06	\$953.17
	Employee & Child (ren)	\$118.65	\$481.85	\$600.50
	Full Family	\$220.04	\$885.65	\$1,105.69
PLAN NAME/CODE	Option	Employee	State	Total
(HI00) Health Alliance Plan	Employee Only	\$155.55	\$382.53	\$538.08
	Employee & Spouse	\$311.11	\$765.06	\$1,076.17
	Employee & Child (ren)	\$196.15	\$481.85	\$678.00
	Full Family	\$362.71	\$885.65	\$1,248.36
PLAN NAME/CODE	Option	Employee	State	Total
(HMEY) Physicians Health Plan	Employee Only	\$218.76	\$382.53	\$601.29
	Employee & Spouse	\$437.51	\$765.06	\$1,202.57
	Employee & Child (ren)	\$275.54	\$481.85	\$757.39
	Full Family	\$506.52	\$885.65	\$1,392.17
PLAN NAME/CODE	Option	Employee	State	Total
(HPRI) Priority Health Plan	Employee Only	\$173.27	\$382.53	\$555.80
	Employee & Spouse	\$345.42	\$765.06	\$1,110.48
	Employee & Child (ren)	\$217.73	\$481.85	\$699.58
	Full Family	\$402.47	\$885.65	\$1,288.12
PLAN NAME/CODE	Option	Employee	State	Total
[DBEX] State Dental Plan	Employee Only	\$2.16	\$19.40	\$21.56
	Employee & Spouse	\$3.93	\$35.35	\$39.28
	Employee & Child (ren)	\$4.80	\$43.18	\$47.98
	Full Family	\$6.57	\$59.14	\$65.71
PLAN NAME/CODE	Option	Employee	State	Total
[VBW0] State Vision Plan	Employee Only	\$0.25	\$2.25	\$2.50
	Employee & Spouse	\$0.41	\$3.66	\$4.07
	Employee & Child (ren)	\$0.57	\$5.12	\$5.69
	Full Family	\$0.72	\$6.53	\$7.25

Non-MSPTA DROP LTD & Life Insurance Rates

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION

FY 2017-2018 LONG TERM DISABILITY INSURANCE PREMIUM RATES

Rates Per \$100 of Earnings*
EFFECTIVE OCTOBER 8, 2017

PLAN NAME/CODE: All employees except those represented by UAW	Status	Employee	State
YIA0: Less than 184 hours sick leave	Plan I	\$1.56	\$0.79
YIA1: 184-527 hours sick leave	Plan IIA	\$0.40	\$0.79
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.79
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.30	\$0.79
PLAN NAME/CODE: Employees represented by UAW	Status	Employee	State
YIA0: Less than 184 hours sick leave	Plan I	\$1.59	\$0.79
YIA1: 184-527 hours sick leave	Plan IIA	\$0.43	\$0.79
YIA2: 528 hours or more sick leave	Plan IIB	\$0.00	\$0.79
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$1.34	\$0.79
Calculation of Employee Contribution: Bi-weekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

*Benefits are subject to maximums as defined in the [LTD Plan Booklet](#).

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION

FY 2017-2018 GROUP INSURANCE BIWEEKLY PREMIUM RATES EFFECTIVE OCTOBER 8, 2017

PLAN NAME/CODE	Option	Employee	State	Total
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.20	\$0.00	\$0.20
	Sp \$ 5,000 &/or Ch \$ 2,500	\$0.60	\$0.00	\$0.60
	Sp \$10,000 &/or Ch \$ 5,000	\$1.20	\$0.00	\$1.20
	Sp \$25,000 &/or Ch \$10,000	\$4.00	\$0.00	\$4.00
	Child(ren) Only \$10,000	\$0.75	\$0.00	\$0.75

Employee Life:

The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.

The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 19, 2017.

MSPTA (T01) DROP Insurance Rates

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2017-2018 T01 BIWEEKLY DROP GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 8, 2017

PLAN NAME/CODE	Option	Employee	State	Total
(HAEX) State Health Plan PPO	Employee Only	\$20.13	\$382.53	\$402.66
	Employee & Spouse	\$40.27	\$765.06	\$805.33
	Employee & Child (ren)	\$25.36	\$481.85	\$507.21
	Full Family	\$46.61	\$885.65	\$932.26
PLAN NAME/CODE	Option	Employee	State	Total
(HBCN) Blue Care Network	Employee Only	\$94.05	\$382.53	\$476.58
	Employee & Spouse	\$188.11	\$765.06	\$953.17
	Employee & Child (ren)	\$118.65	\$481.85	\$600.50
	Full Family	\$220.04	\$885.65	\$1,105.69
PLAN NAME/CODE	Option	Employee	State	Total
(HCP1) COPS Trust Health Plan 1 (For T01 Only)	Employee Only	\$41.73	\$250.94	\$292.67
	Employee & Spouse	\$83.63	\$501.91	\$585.54
	Employee & Child (ren)	\$81.32	\$441.68	\$523.00
	Full Family	\$132.01	\$692.63	\$824.64
PLAN NAME/CODE	Option	Employee	State	Total
(HCP2) COPS Trust Health Plan 2 (For T01 Only)	Employee Only	\$24.62	\$250.94	\$275.56
	Employee & Spouse	\$49.38	\$501.91	\$551.29
	Employee & Child (ren)	\$43.36	\$441.68	\$485.04
	Full Family	\$67.90	\$692.63	\$760.53
PLAN NAME/CODE	Option	Employee	State	Total
(HCP3) COPS Trust Health Plan 3 (For T01 Only)	Employee Only	\$83.93	\$250.94	\$334.87
	Employee & Spouse	\$168.05	\$501.91	\$669.96
	Employee & Child (ren)	\$156.70	\$441.68	\$598.38
	Full Family	\$250.77	\$692.63	\$943.40
PLAN NAME/CODE	Option	Employee	State	Total
(HI00) Health Alliance Plan	Employee Only	\$155.55	\$382.53	\$538.08
	Employee & Spouse	\$311.11	\$765.06	\$1,076.17
	Employee & Child (ren)	\$196.15	\$481.85	\$678.00
	Full Family	\$362.71	\$885.65	\$1,248.36
PLAN NAME/CODE	Option	Employee	State	Total
(HMEX) Physicians Health Plan	Employee Only	\$218.76	\$382.53	\$601.29
	Employee & Spouse	\$437.51	\$765.06	\$1,202.57
	Employee & Child (ren)	\$275.54	\$481.85	\$757.39
	Full Family	\$506.52	\$885.65	\$1,392.17
PLAN NAME/CODE	Option	Employee	State	Total
(HPRI) Priority Health Plan	Employee Only	\$173.27	\$382.53	\$555.80
	Employee & Spouse	\$345.42	\$765.06	\$1,110.48
	Employee & Child (ren)	\$217.73	\$481.85	\$699.58
	Full Family	\$402.47	\$885.65	\$1,288.12
PLAN NAME/CODE	Option	Employee	State	Total
[DBEX] State Dental Plan	Employee Only	\$2.16	\$19.40	\$21.56
	Employee & Spouse	\$3.93	\$35.35	\$39.28
	Employee & Child (ren)	\$4.80	\$43.18	\$47.98
	Full Family	\$6.57	\$59.14	\$65.71
PLAN NAME/CODE	Option	Employee	State	Total
[VBW0] State Vision Plan	Employee Only	\$0.25	\$2.25	\$2.50
	Employee & Spouse	\$0.41	\$3.66	\$4.07
	Employee & Child (ren)	\$0.57	\$5.12	\$5.69
	Full Family	\$0.72	\$6.53	\$7.25

MSPTA (T01) DROP LTD & Life Insurance Rates

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2017-2018 GROUP INSURANCE BIWEEKLY PREMIUM RATES
EFFECTIVE OCTOBER 8, 2017

PLAN NAME/CODE	Option	Employee	State	Total
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.20	\$0.00	\$0.20
	Sp \$ 5,000 &/or Ch \$ 2,500	\$0.60	\$0.00	\$0.60
	Sp \$10,000 &/or Ch \$ 5,000	\$1.20	\$0.00	\$1.20
	Sp \$25,000 &/or Ch \$10,000	\$4.00	\$0.00	\$4.00
	Child(ren) Only \$10,000	\$0.75	\$0.00	\$0.75

Employee Life:

The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.

The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 19, 2017.

Long-Term Disability Insurance:

The State shall pay 100% of the premium for LTD insurance coverage for MSPTA (T01) represented employees.

COBRA Non-MSPTA Insurance Rates

CIVIL SERVICE COMMISSION EMPLOYEE BENEFITS DIVISION

FY 2017-2018 COBRA MONTHLY PREMIUM RATES EFFECTIVE OCTOBER 1, 2017

For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 517M, Judicial Branch, and Non-Represented (Z60-Z89)

PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
(HAEX) State Health Plan PPO	Applicant Only	\$679.64	\$693.23
	Applicant & Spouse	\$1,359.33	\$1,386.52
	Applicant & Children	\$1,196.21	\$1,220.13
	Full Family	\$1,875.88	\$1,913.39
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
(HAEX) State Health Plan PPO	Applicant Only w/Medicare	\$543.71	\$554.59
	Applicant & Spouse w/Medicare	\$1,087.47	\$1,109.22
	Applicant w/Medicare & Children	\$956.97	\$976.11
	Full Family w/Medicare	\$1,500.70	\$1,530.71
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[H2C0] Catastrophic Health Plan	Applicant Only	\$34.26	\$34.94
	Applicant & Spouse	\$68.51	\$69.88
	Applicant & Children	\$68.51	\$69.88
	Full Family	\$68.51	\$69.88
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HBCN] Blue Care Network	Applicant Only	\$605.91	\$618.03
	Applicant & Spouse	\$1,211.84	\$1,236.08
	Applicant & Children	\$1,066.42	\$1,087.75
	Full Family	\$1,672.34	\$1,705.79
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HI00] Health Alliance Plan	Applicant Only	\$605.41	\$617.52
	Applicant & Spouse	\$1,216.03	\$1,240.35
	Applicant & Children	\$1,069.47	\$1,090.86
	Full Family	\$1,680.10	\$1,713.70
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HMCL] McLaren Health Plan	Applicant Only	\$584.99	\$596.69
	Applicant & Spouse	\$1,170.01	\$1,193.41
	Applicant & Children	\$1,029.29	\$1,049.88
	Full Family	\$1,614.40	\$1,646.69
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HMEX] Physicians Health Plan	Applicant Only	\$666.26	\$679.59
	Applicant & Spouse	\$1,332.51	\$1,359.16
	Applicant & Children	\$1,172.60	\$1,196.05
	Full Family	\$1,838.86	\$1,875.64
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HPRI] Priority Health Plan	Applicant Only	\$700.73	\$714.75
	Applicant & Spouse	\$1,401.46	\$1,429.49
	Applicant & Children	\$1,233.28	\$1,257.95
	Full Family	\$1,934.01	\$1,972.69

COBRA Non-MSPTA Insurance Rates

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION

FY 2017-2018 COBRA MONTHLY PREMIUM RATES EFFECTIVE OCTOBER 1, 2017

For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 517M, Judicial Branch, and Non-Represented (Z60-Z89)

PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[VBW0] State Vision Plan	Applicant Only	\$5.16	\$5.27
	Applicant & Spouse	\$9.07	\$9.26
	Applicant & Children	\$11.08	\$11.30
	Full Family	\$15.02	\$15.32
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DBEX] State Dental Plan	Applicant Only	\$45.31	\$46.22
	Applicant & Spouse	\$82.70	\$84.35
	Applicant & Children	\$100.71	\$102.73
	Full Family	\$137.95	\$140.71
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DPC0] Preventive Dental Plan	Applicant Only	\$6.48	\$6.61
	Applicant & Spouse	\$11.29	\$11.51
	Applicant & Children	\$11.29	\$11.51
	Full Family	\$16.08	\$16.40
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DMEX] Midwestern Dental (DMO)	Applicant Only	\$39.28	\$40.07
	Applicant & Spouse	\$39.28	\$40.07
	Applicant & Children	\$39.28	\$40.07
	Full Family	\$39.28	\$40.07
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
LUEX/LAEX/LREX Employee Life (Only)	Applicant Only	61¢/\$1,000	(n/a)
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000 - Plan F	\$0.43	(n/a)
	Sp \$ 5,000 &/or Ch \$ 2,500 - Plan G	\$1.30	(n/a)
	Sp \$10,000 &/or Ch \$ 5,000 - Plan H	\$2.60	(n/a)
	Sp \$25,000 &/or Ch \$10,000 - Plan K	\$8.67	(n/a)
	Child(ren) Only \$10,000 - Plan L	\$1.63	(n/a)
	Sp \$50,000 &/or Ch \$15,000 - Plan M	\$16.51	(n/a)
	Sp \$0 &/or Ch \$15,000 Plan N	\$2.45	(n/a)

COBRA MSPTA (T01) Insurance Rates

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2017-2018 COBRA MONTHLY PREMIUM RATES EFFECTIVE OCTOBER 1, 2017
FOR BARGAINING UNITS: MSPTA (T01)

PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
(HAEX) State Health Plan PPO	Applicant Only	\$679.64	\$693.23
	Applicant & Spouse	\$1,359.33	\$1,386.52
	Applicant & Children	\$1,196.21	\$1,220.13
	Full Family	\$1,875.88	\$1,913.39
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[H2C0] Catastrophic Health Plan	Applicant Only	\$34.26	\$34.94
	Applicant & Spouse	\$68.51	\$69.88
	Applicant & Children	\$68.51	\$69.88
	Full Family	\$68.51	\$69.88
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HBCN] Blue Care Network	Applicant Only	\$605.91	\$618.03
	Applicant & Spouse	\$1,211.84	\$1,236.08
	Applicant & Children	\$1,066.42	\$1,087.75
	Full Family	\$1,672.34	\$1,705.79
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HCP1] COPS Trust Health Plan 1	Applicant Only	\$634.12	\$646.80
	Applicant & Spouse	\$1,268.67	\$1,294.04
	Applicant & Children	\$1,133.17	\$1,155.83
	Full Family	\$1,786.72	\$1,822.45
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HCP2] COPS Trust Health Plan 2	Applicant Only	\$597.05	\$608.99
	Applicant & Spouse	\$1,194.46	\$1,218.35
	Applicant & Children	\$1,050.92	\$1,071.94
	Full Family	\$1,647.82	\$1,680.77
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HCP3] COPS Trust Health Plan 3	Applicant Only	\$725.55	\$740.06
	Applicant & Spouse	\$1,451.58	\$1,480.61
	Applicant & Children	\$1,296.49	\$1,322.42
	Full Family	\$2,044.03	\$2,084.91
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HI00] Health Alliance Plan	Applicant Only	\$605.41	\$617.52
	Applicant & Spouse	\$1,216.03	\$1,240.35
	Applicant & Children	\$1,069.47	\$1,090.86
	Full Family	\$1,680.10	\$1,713.70
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HMCL] McLaren Health Plan	Applicant Only	\$584.99	\$596.69
	Applicant & Spouse	\$1,170.01	\$1,193.41
	Applicant & Children	\$1,029.29	\$1,049.88
	Full Family	\$1,614.40	\$1,646.69
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HMEX] Physicians Health Plan	Applicant Only	\$666.26	\$679.59
	Applicant & Spouse	\$1,332.51	\$1,359.16
	Applicant & Children	\$1,172.60	\$1,196.05
	Full Family	\$1,838.86	\$1,875.64
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HPRI] Priority Health Plan	Applicant Only	\$700.73	\$714.75
	Applicant & Spouse	\$1,401.46	\$1,429.49
	Applicant & Children	\$1,233.28	\$1,257.95
	Full Family	\$1,934.01	\$1,972.69

COBRA MSPTA (T01) Insurance Rates

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2017-2018 COBRA MONTHLY PREMIUM RATES EFFECTIVE OCTOBER 1, 2017
FOR BARGAINING UNITS: MSPTA (T01)

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	Sp \$25,000 &/or Ch \$10,000 - Plan K	\$8.67	(n/a)
	Child(ren) Only \$10,000 - Plan L	\$1.63	(n/a)