

CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION

RETIREMENT - MONTHLY RATES
CY2024 GROUP INSURANCE PREMIUM RATES
EFFECTIVE JANUARY 1, 2024

For retirees in the Defined Benefit (DB) Retirement Plan and those who converted from the DB Plan to the Defined Contribution (DC) Plan

Note: Retirees/dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, review the corresponding HMO coverage map to determine eligibility by visiting www.mi.gov/employeebenefits, then select the Retiree icon.

Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
State Health Plan PPO - w/o Medicare (Blue Cross)	Self	\$179.72	\$718.90	\$898.62	\$916.59
	Self and Spouse	\$359.44	\$1,437.76	\$1,797.20	\$1,833.14
	Self and Child(ren)	\$226.38	\$905.54	\$1,131.92	\$1,154.56
	Self, Spouse and Child(ren)	\$416.10	\$1,664.40	\$2,080.50	\$2,122.11
State Health Plan PPO - w/ Medicare Parts A&B (Blue Cross)	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
State Health Plan PPO - w/ Medicare Parts A&B (Blue Cross)	Self	\$0.00	\$471.17	\$471.17	\$480.59
	Self and Spouse	\$0.00	\$942.35	\$942.35	\$961.20
	Self and Child(ren)	\$0.00	\$704.49	\$704.49	\$718.58
	Self, Spouse and Child(ren)	\$0.00	\$1,225.66	\$1,225.66	\$1,250.17
State Health Plan PPO - 1 w/ Medicare, 1 w/o (Blue Cross)	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
State Health Plan PPO - 1 w/ Medicare, 1 w/o (Blue Cross)	Self w/o Medicare, Spouse w/ Medicare	\$0.00	\$1,369.78	\$1,369.78	\$1,397.18
	Self w/ Medicare, Spouse w/o Medicare	\$0.00	\$1,369.78	\$1,369.78	\$1,397.18
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$0.00	\$1,653.08	\$1,653.08	\$1,686.14
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$0.00	\$1,653.08	\$1,653.08	\$1,686.14
State Dental Plan	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
State Dental Plan	Self	\$4.91	\$44.14	\$49.05	\$50.03
	Self and Spouse	\$8.94	\$80.42	\$89.36	\$91.15
	Self and Child(ren)	\$10.92	\$98.24	\$109.16	\$111.34
	Self, Spouse and Child(ren)	\$14.95	\$134.54	\$149.49	\$152.48
State Vision Plan	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
State Vision Plan	Self	\$0.54	\$4.87	\$5.41	\$5.52
	Self and Spouse	\$0.88	\$7.93	\$8.81	\$8.98
	Self and Child(ren)	\$1.23	\$11.09	\$12.32	\$12.56
	Self, Spouse and Child(ren)	\$1.57	\$14.14	\$15.71	\$16.02
Blue Care Network HMO - w/o Medicare	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Blue Care Network HMO - w/o Medicare	Self	\$653.43	\$718.90	\$1,372.33	\$1,399.78
	Self and Spouse	\$1,306.90	\$1,437.76	\$2,744.66	\$2,799.55
	Self and Child(ren)	\$809.87	\$905.54	\$1,715.41	\$1,749.72
	Self, Spouse and Child(ren)	\$1,423.34	\$1,664.40	\$3,087.74	\$3,149.49
Blue Care Network HMO - w/ Medicare Parts A&B	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Blue Care Network HMO - w/ Medicare Parts A&B	Self	\$35.74	\$202.54	\$238.28	\$243.05
	Self and Spouse	\$71.48	\$405.08	\$476.56	\$486.09
	Self and Child(ren)	\$87.20	\$494.16	\$581.36	\$592.99
	Self, Spouse and Child(ren)	\$122.95	\$696.69	\$819.64	\$836.03
Blue Care Network HMO - 1 w/ Medicare, 1 w/o	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Blue Care Network HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$241.59	\$1,369.02	\$1,610.61	\$1,642.82
	Self w/ Medicare, Spouse w/o Medicare	\$241.59	\$1,369.02	\$1,610.61	\$1,642.82
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$300.61	\$1,653.08	\$1,953.69	\$1,992.76
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$300.61	\$1,653.08	\$1,953.69	\$1,992.76

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Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Health Alliance Plan HMO - w/o Medicare	Self	\$940.82	\$718.90	\$1,659.72	\$1,692.91
	Self and Spouse	\$1,881.68	\$1,437.76	\$3,319.44	\$3,385.83
	Self and Child(ren)	\$1,169.11	\$905.54	\$2,074.65	\$2,116.14
	Self, Spouse and Child(ren)	\$2,069.97	\$1,664.40	\$3,734.37	\$3,809.06
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$55.52	\$314.61	\$370.13	\$377.53
	Self and Spouse	\$111.04	\$629.22	\$740.26	\$755.07
	Self and Child(ren)	\$117.76	\$667.30	\$785.06	\$800.76
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$173.28	\$981.91	\$1,155.19	\$1,178.29
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$660.07	\$1,369.78	\$2,029.85	\$2,070.45
	Self w/ Medicare, Spouse w/o Medicare	\$660.07	\$1,369.78	\$2,029.85	\$2,070.45
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$791.70	\$1,653.08	\$2,444.78	\$2,493.68
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$791.70	\$1,653.08	\$2,444.78	\$2,493.68