

2011-2012 INSURANCE OPEN ENROLLMENT

STATE OF MICHIGAN - CIVIL SERVICE COMMISSION

State Police Enlisted represented by MSPTA

ANNUAL OPEN ENROLLMENT BEGINS AUGUST 8, 2011

The Open Enrollment period for the State-Sponsored Group Insurance plans will be held from **August 8 through August 26, 2011**.

This is your opportunity to review your current insurance coverage and also to ensure that covered dependents meet the eligibility criteria listed on page 5. If you do not make any changes, your coverage will remain the same. The effective date for new and changed enrollments will be **October 2, 2011**.

Enrollment or changes to your current coverage (health, dental, vision, life and disability insurance) can only be made during Open Enrollment or within 31 days of a qualifying life event (such as marriage or birth).

ONLINE OPEN ENROLLMENT COMPLETION & INFORMATION

Open Enrollment can be completed online through your Self-Service account. Self-Service will enable you to view your current benefit selections, review benefit options, and make changes. More information regarding online enrollment can be found on page 4 of this brochure.

You can also view Open Enrollment information that is tailored specifically for you by logging into your MI HR Information account at www.michigan.gov/selfserv. Click 'MI HR Information'. MI HR Information provides easy access to insurance rates, benefit comparison charts, benefit booklets, beneficiary forms, health provider websites, mailing addresses, telephone numbers, and more.

ENROLLMENT ASSISTANCE - MI HR SERVICE CENTER

If you have Open Enrollment questions, do not have access to the Internet, or need assistance, please contact the MI HR Service Center. Customer service representatives are available from 7 a.m. to 6 p.m., Monday through Friday, except State holidays.

Toll free: (877) 766-6447

Mail: P O Box 30002

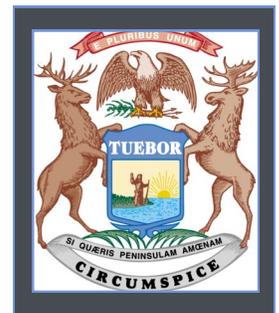
Lansing area: (517) 335-0529

Lansing, MI 48909

Michigan Relay Center: 711 for hearing impaired

Fax: (517) 241-5892

<http://www.michigan.gov/selfserv>



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OPEN ENROLLMENT TIMELINE

8/8/11: Open Enrollment for the State-Sponsored Group Insurances Begins

- Review current benefits in your Self-Service account at www.michigan.gov/selfserv.
- Review plan rates on pages 7-9. If you will be changing health plans, check to be sure that your doctors are participating providers.
- Review current dependent coverage to ensure enrolled dependents meet eligibility criteria listed on page 5.
- Make any changes to coverage and dependents.
- Print and retain confirmation statement.
- If adding dependent(s), submit supporting eligibility documentation to the MI HR Service Center (see page 1).

8/26/11: Open Enrollment Ends

- All changes must be entered by midnight.

9/30/11: Dependent Documentation Due

- Proof of dependent(s) eligibility must be provided to the MI HR Service Center. Dependents will be removed if documentation is not received. and retain confirmation statement.

10/2/11: New rates and enrollment changes made during Open Enrollment take effect.

10/13/11: Review payroll earnings statement by logging into your Self-Service account at www.michigan.gov/selfserv to verify changes.

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 (see page 1).

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 and the New Hire 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 be in effect for the period of plan coverage beginning October 2, 2011 and ending October 13, 2012. 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.

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

You may also contact the Employee Benefits Division at:

(800) 505-5011 or (517) 373-7977

Michigan Relay Center: 711 for hearing impaired

COMPLETING OPEN ENROLLMENT IN MI HR SELF-SERVICE

If you wish to make changes to your benefits during Open Enrollment, including adding or deleting dependents, log into your Self-Service account at www.michigan.gov/selfserv. Click 'Self-Service'. At the Welcome Page, click the 'Benefits' link on the left, then 'Enroll/Change Benefits'. Follow Steps 1-5 below to complete your enrollment.

Access to your account is available seven days a week, except during regularly scheduled maintenance. The maintenance schedule is available at www.michigan.gov/selfserv. Click 'System Availability'. If you have lost or forgotten your MI HR Self-Service password, you can reset it at www.michigan.gov/selfserv, 'Password' link, or by e-mailing Self-Serv-Support@michigan.gov.

If you do not have access to a computer, contact the MI HR Service Center toll-free at (877) 766-6447 or in the Lansing area at (517) 335-0529, or dial 711 for the Michigan Relay Center for hearing impaired to enroll by telephone Monday through Friday, from 7:00 a.m. to 6:00 p.m.

Step 1: Review Your Current Benefits

Click 'Review Current Benefits' on the left menu. If you do not need to add or remove a dependent and want to keep your current benefits, click 'keep these benefits?' at the bottom of the screen. This allows you to print a form showing your current benefits. Your current insurance coverage automatically continues into the next year.

Step 2: Review Plan Rates & Your FY 2011-2012 Benefit Options

Review plan rates outlined on pages 7-11, your benefit options, and the HMO Postal Code List for [HMO availability](#) and [DMO availability](#) at the Employee Benefits website. Also review any changes to the employee contributions.

Step 3: Review/Add Dependents

If you do not have dependent changes, skip to Step 4.

To add dependents to your insurance coverage, their name and related information must be up to date in your MI HR Self-Service account. To view, add, or change dependent information, click 'Review/Add Dependents' from the left menu. Once the information is updated, proceed to Step 4.

Step 4: Make Your Benefit Changes

Click 'Make Benefit Changes' from the left menu.

Only dependents who meet the eligibility criteria (see page 5) can be selected. If you add new dependents to your insurance coverage, you must send proof of their eligibility (see page 6) to the MI HR Service Center by September 30, 2011, for the enrollment to be valid.

Adding or choosing to **not continue** coverage for dependents could require a coverage option change. 'Make Changes' links appear at the appropriate points during the benefit selection process.

To conclude the enrollment process, you will be prompted to print or email a confirmation statement. You **must** select either 'Print' or 'Email' and receive the 'Your enrollment is complete' message to save your changes. Changes will not be recorded if you exit the system before receiving this message. Note that this will be the only confirmation statement you will receive. The effective date for new enrollments and enrollment changes is October 2, 2011.

Step 5: Mail or Fax Documents to the MI HR Service Center

If you add new dependents, you must mail or fax the appropriate proof of eligibility documentation to the MI HR Service Center by September 30, 2011 for the enrollment to be valid. See page 6 for a list of valid documents or click the 'Submit Documentation' link from the left menu. Submit copies of your documentation as originals will not be returned.

ELIGIBILITY GUIDELINES

Eligible Dependents

Eligible dependents may be enrolled in your health, dental, and vision plans. Dependents include your spouse and any of your unmarried children until the day before they turn 19. In addition to being unmarried, children must meet the following conditions to be considered eligible:

- Your child by birth, legal adoption or legal guardianship.
- In the case of legal adoption, a child is eligible for coverage as of the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child in anticipation.
- Step-child(ren) are eligible for health coverage. To receive dental and vision coverage, a step-child must live with the employee at least 50% of the time and the employee must provide at least 50% of the child's support.
- Foster child(ren) placed in your home by a State agency or the court.
- Your child(ren) from the age of 19 until the age of 25 who are enrolled in an accredited educational institution and for whom you provide at least 50% of their support. If such an enrolled dependent takes a leave of absence from studies due to a medical necessity, as certified by a physician, coverage will not be discontinued during the first year of the absence, unless the dependent turns 25.

Eligible dependents are unmarried children between the ages of 14 days and 23 years 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 he or she is not a State employee or State retiree.

Dependent Life Insurance

Eligible Adult Children (Health Only)

Eligible children up to age 26 may be enrolled in your health coverage, regardless of marital or student status or dependency upon you for support. Coverage does not extend to dental or vision plans or to his or her spouse or children. To be eligible for health coverage, one of the following criteria must be met:

- Your child(ren) by birth, legal adoption, or legal guardianship.
- Step-child(ren).
- Foster child(ren) placed in your home by a State agency or the court.

If you and your spouse are both covered by State-Sponsored Health Plans (retiree or active, including State-Sponsored HMO options) you may:

- Maintain separate coverage through your individual plans.
- Enroll in one plan, with one of you listed as a dependent.

If you choose to maintain separate coverage, your child(ren) can only be listed as a dependent on one plan, not both. This applies even if you are divorced.

Dual Eligibility

Dependent Exclusions

You cannot claim a dependent on your 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.
- Already covered on another State of Michigan health plan. No person can be covered on more than one State of Michigan health plan. If you choose to maintain separate coverage, your child(ren) can only be listed on one plan, not both. This applies even if you are divorced.

Incapacitated children are those who are unable to earn a living because of mental retardation or physical disability and must depend on their parents for support and maintenance. If your enrolled dependent is deemed an incapacitated child, the coverage for this child will continue beyond age 19 as long as:

- He or she became incapacitated before age 19,
- Documentation verifying the child's condition was provided to the insurance carrier prior to the child becoming 19,
- The child continues to be incapacitated, and
- Your coverage does not terminate for any other reason.

Continuing Coverage for Incapacitated Children

Canceling Dependent or Adult Child Coverage

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

REQUIRED DOCUMENTATION

The documents listed below can be used to prove dependent or adult child eligibility for insurance coverage. **Copies** of the documentation must be mailed or faxed to the MI HR Service Center by September 30, 2011 as they will not be returned to you.

If you work for the Attorney General, Auditor General, Secretary of State, Legislative Service Branch or Judicial, please submit the required supporting documentation to your HR Office.

A. Required Documentation for Dependents (Health, Dental, and Vision Coverage)

| Specific Circumstance | Required Documentation |
|---------------------------------------|---|
| Spouse | Copy of marriage certificate* |
| Biological child | Copy of an official birth certificate (not hospital birth certificate)* |
| Legally adopted or pending adoption | Copy of adoption papers or sworn statement with the date of placement* |
| Legal guardianship | Copy of guardianship papers* |
| Dependent child has a baby | Copy of an official birth certificate (not hospital birth certificate)* |
| Foster child | Court document placing the child in the employee's home for foster care* |
| Step-child | Copy of an official birth certificate (not hospital birth certificate)* and a copy of the marriage certificate (if not previously provided to obtain spouse coverage). If dental and vision coverage is sought, a copy of the first and last pages of the most current divorce decree of the employee's spouse stamped by the court and any language verifying physical custody is also required. |
| Dependent student child aged 19 to 25 | In addition to required documentation establishing the child relationship, a completed Verification of Eligibility (CS-1830) form and a copy of school registration or other records proving school attendance. |

B. Required Documentation for Adult Children to Age 26 (Health Coverage Only)

| Specific Circumstance | Required Documentation |
|-------------------------------------|---|
| Biological child | Copy of an official birth certificate (not hospital birth certificate)* |
| Step-child | Copy of an official birth certificate (not hospital birth certificate)* and a copy of a marriage certificate (if not previously provided to obtain spouse coverage) |
| Legally adopted or pending adoption | Copy of adoption papers or sworn statement with the date of placement* |
| Legal guardianship | Copy of guardianship papers* |

In addition to the required documentation above, a signed [Verification of Eligibility \(CS-1830\) form](#) attesting that child does not have access to other employer-provided health insurance is required.

C. Required Documentation for Other Circumstances

| Specific Circumstance | Required Documentation |
|--|---|
| Removing ex-spouse, dependent/step-child(ren) due to a divorce | Copy of the first and last page of the divorce decree stamped by the court* |
| Incapacitated dependent child | No documentation is required for children who have already been approved. Refer to page 5 if not approved. |
| Deleting dependent coverage due to death | Copy of death certificate* |
| Dependent life insurance coverage only | Copy of official birth certificate (not hospital birth certificate)* |

* Call the MI HR Service Center to add eligible dependents as soon as possible after a life event, but no later than 31 days following the life event. Do not wait until you have the official birth certificate, adoption order, etc. For more information, please see the Benefits Summary Brochure online at www.michigan.gov/employeebenefits.

If you have any questions on documentation requirements, contact the MI HR Service Center at:
Toll-free (877) 766-6447, Lansing area (517) 335-0529, or dial 711 for Michigan Relay Center.

Civil Service Commission, Employee Benefits Division
FY 2011-2012 GROUP INSURANCE PREMIUM RATES EFFECTIVE OCTOBER 2, 2011
Bargaining Unit MSPTA (T01)

Note: When choosing an HMO plan, be sure to review HMO availability in your area. The HMO Postal Code List is on the Employee Benefits Website at www.michigan.gov/employeebenefits. Click 'Open Enrollment Information'.

| PLAN NAME/CODE | Option ¹ | BIWEEKLY | | BIWEEKLY DROP Rates | |
|---|---------------------|-----------------|--------------|------------------------|--------------|
| | | Employee (b) | State (c) | Employee (d) | State (e) |
| HEALTH PLANS | | | | | |
| COPS Trust Health Plan | 1 | \$ 0 | \$ 246.98 | \$ 0 | \$ 246.98 |
| | 2 | \$ 0 | \$ 494.00 | \$ 0 | \$ 494.00 |
| | 3 | \$ 0 | \$ 434.71 | \$ 0 | \$ 434.71 |
| | 4 | \$ 0 | \$ 681.72 | \$ 0 | \$ 681.72 |
| State Health Plan PPO | 1 | \$ 27.47 | \$ 247.20 | \$ 16.95 | \$ 322.00 |
| | 2 | \$ 54.93 | \$ 494.40 | \$ 33.89 | \$ 643.99 |
| | 3 | \$ 48.34 | \$ 435.07 | \$ 21.35 | \$ 405.60 |
| | 4 | \$ 75.81 | \$ 682.27 | \$ 39.24 | \$ 745.49 |
| Employee or Spouse with Medicare (State pays 100%) | | | | | |
| Catastrophic Health Plan | 1 | \$ 0 | \$ 15.81 | \$ (n/a) | \$ (n/a) |
| Employees in the Catastrophic Health Plan will receive a \$50 rebate with each paycheck beginning October 13, 2011. | 2 | \$ 0 | \$ 31.62 | \$ (n/a) | \$ (n/a) |
| | 3 | \$ 0 | \$ 31.62 | \$ (n/a) | \$ (n/a) |
| | 4 | \$ 0 | \$ 31.62 | \$ (n/a) | \$ (n/a) |
| Decline Health Insurance Coverage ² | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| Blue Care Network, Mid-Michigan | 1 | \$ 19.34 | \$ 247.20 | \$ 226.91 | \$ 322.00 |
| | 2 | \$ 38.68 | \$ 494.40 | \$ 453.82 | \$ 643.99 |
| | 3 | \$ 34.04 | \$ 435.07 | \$ 286.02 | \$ 405.60 |
| | 4 | \$ 53.38 | \$ 682.27 | \$ 527.97 | \$ 745.49 |
| Blue Care Network, East Michigan | 1 | \$ 19.10 | \$ 247.20 | \$ 180.01 | \$ 322.00 |
| | 2 | \$ 38.20 | \$ 494.40 | \$ 360.02 | \$ 643.99 |
| | 3 | \$ 33.62 | \$ 435.07 | \$ 226.93 | \$ 405.60 |
| | 4 | \$ 52.72 | \$ 682.27 | \$ 419.16 | \$ 745.49 |
| Blue Care Network, Great Lakes West | 1 | \$ 26.80 | \$ 247.20 | \$ 166.12 | \$ 322.00 |
| | 2 | \$ 53.61 | \$ 494.40 | \$ 332.23 | \$ 643.99 |
| | 3 | \$ 47.18 | \$ 435.07 | \$ 209.42 | \$ 405.60 |
| | 4 | \$ 73.98 | \$ 682.27 | \$ 386.92 | \$ 745.49 |
| Blue Care Network, Southeast Michigan | 1 | \$ 15.67 | \$ 247.20 | \$ 216.06 | \$ 322.00 |
| | 2 | \$ 31.35 | \$ 494.40 | \$ 432.13 | \$ 643.99 |
| | 3 | \$ 27.59 | \$ 435.07 | \$ 272.36 | \$ 405.60 |
| | 4 | \$ 43.26 | \$ 682.27 | \$ 502.81 | \$ 745.49 |
| Grand Valley Health Plan | 1 | \$ 12.63 | \$ 240.03 | \$ (n/a) | \$ (n/a) |
| | 2 | \$ 25.27 | \$ 480.05 | \$ (n/a) | \$ (n/a) |
| | 3 | \$ 22.23 | \$ 422.45 | \$ (n/a) | \$ (n/a) |
| | 4 | \$ 34.87 | \$ 662.48 | \$ (n/a) | \$ (n/a) |
| Health Alliance Plan | 1 | \$ 12.07 | \$ 229.24 | \$ 111.17 | \$ 322.00 |
| | 2 | \$ 24.23 | \$ 460.45 | \$ 222.35 | \$ 643.99 |
| | 3 | \$ 21.31 | \$ 404.96 | \$ 140.20 | \$ 405.60 |
| | 4 | \$ 33.48 | \$ 636.17 | \$ 259.46 | \$ 745.49 |
| HealthPlus of Michigan | 1 | \$ 12.79 | \$ 242.95 | \$ 178.83 | \$ 322.00 |
| | 2 | \$ 25.57 | \$ 485.89 | \$ 357.66 | \$ 643.99 |
| | 3 | \$ 22.50 | \$ 427.58 | \$ 225.44 | \$ 405.60 |
| | 4 | \$ 35.29 | \$ 670.53 | \$ 416.42 | \$ 745.49 |

¹ Health option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

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.

Civil Service Commission, Employee Benefits Division
FY 2011-2012 GROUP INSURANCE PREMIUM RATES EFFECTIVE OCTOBER 2, 2011
Bargaining Unit MSPTA (T01)

| PLAN NAME/CODE | Option ¹ | BIWEEKLY | | BIWEEKLY DROP Rates | |
|--|---------------------|----------|-----------|------------------------|-----------|
| | | Employee | State | Employee | State |
| | (a) | (b) | (c) | (d) | (e) |
| McLaren Health Plan | 1 | \$ 11.02 | \$ 209.29 | \$ (n/a) | \$ (n/a) |
| | 2 | \$ 22.03 | \$ 418.58 | \$ (n/a) | \$ (n/a) |
| | 3 | \$ 19.39 | \$ 368.33 | \$ (n/a) | \$ (n/a) |
| | 4 | \$ 30.40 | \$ 577.63 | \$ (n/a) | \$ (n/a) |
| Physicians Health Plan | 1 | \$ 12.98 | \$ 246.56 | \$ 135.80 | \$ 322.00 |
| | 2 | \$ 25.95 | \$ 493.11 | \$ 271.60 | \$ 643.99 |
| | 3 | \$ 22.84 | \$ 433.93 | \$ 171.05 | \$ 405.60 |
| | 4 | \$ 35.82 | \$ 680.49 | \$ 314.44 | \$ 745.49 |
| Priority Health Plan, West | 1 | \$ 13.88 | \$ 247.20 | \$ 156.82 | \$ 322.00 |
| | 2 | \$ 27.77 | \$ 494.40 | \$ 312.67 | \$ 643.99 |
| | 3 | \$ 24.44 | \$ 435.07 | \$ 197.08 | \$ 405.60 |
| | 4 | \$ 38.32 | \$ 682.27 | \$ 364.22 | \$ 745.49 |
| Priority Health Plan, East | 1 | \$ 13.88 | \$ 247.20 | \$ 156.82 | \$ 322.00 |
| | 2 | \$ 27.77 | \$ 494.40 | \$ 312.67 | \$ 643.99 |
| | 3 | \$ 24.44 | \$ 435.07 | \$ 197.08 | \$ 405.60 |
| | 4 | \$ 38.32 | \$ 682.27 | \$ 364.22 | \$ 745.49 |
| Priority Health Plan, South | 1 | \$ 13.88 | \$ 247.20 | \$ 156.82 | \$ 322.00 |
| | 2 | \$ 27.77 | \$ 494.40 | \$ 312.67 | \$ 643.99 |
| | 3 | \$ 24.44 | \$ 435.07 | \$ 197.08 | \$ 405.60 |
| | 4 | \$ 38.32 | \$ 682.27 | \$ 364.22 | \$ 745.49 |
| Total Health Care | 1 | \$ 8.96 | \$ 170.19 | \$ (n/a) | \$ (n/a) |
| | 2 | \$ 20.60 | \$ 391.44 | \$ (n/a) | \$ (n/a) |
| | 3 | \$ 17.02 | \$ 323.33 | \$ (n/a) | \$ (n/a) |
| | 4 | \$ 24.19 | \$ 459.51 | \$ (n/a) | \$ (n/a) |
| VISION PLANS | | | | | |
| State Vision Plan | 1 | \$ 0 | \$ 2.80 | \$ 0.30 | \$ 2.64 |
| | 2 | \$ 0 | \$ 4.93 | \$ 0.48 | \$ 4.30 |
| | 3 | \$ 0 | \$ 6.02 | \$ 0.67 | \$ 6.02 |
| | 4 | \$ 0 | \$ 8.16 | \$ 0.86 | \$ 7.67 |
| Decline Vision Insurance | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| DENTAL PLANS | | | | | |
| State Dental Plan | 1 | \$ 1.08 | \$ 20.48 | \$ 2.02 | \$ 18.13 |
| | 2 | \$ 1.97 | \$ 37.38 | \$ 3.67 | \$ 33.04 |
| | 3 | \$ 2.40 | \$ 45.52 | \$ 4.49 | \$ 40.36 |
| | 4 | \$ 3.28 | \$ 62.36 | \$ 6.14 | \$ 55.27 |
| Preventive Dental Plan | 1 | \$ 0 | \$ 2.99 | \$ (n/a) | \$ (n/a) |
| Employees in the Preventive Dental plan will receive | 2 | \$ 0 | \$ 5.21 | \$ (n/a) | \$ (n/a) |
| a \$100.00 lump sum payment on October 27, 2011. | 3 | \$ 0 | \$ 5.21 | \$ (n/a) | \$ (n/a) |
| | 4 | \$ 0 | \$ 7.42 | \$ (n/a) | \$ (n/a) |
| Midwestern Dental Plan (DMO) | 1 | \$ 0 | \$ 15.99 | \$ (n/a) | \$ (n/a) |
| | 2 | \$ 0 | \$ 15.99 | \$ (n/a) | \$ (n/a) |
| | 3 | \$ 0 | \$ 15.99 | \$ (n/a) | \$ (n/a) |
| | 4 | \$ 0 | \$ 15.99 | \$ (n/a) | \$ (n/a) |
| Decline Dental Insurance ² | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |

¹ Health, dental and vision option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

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

Civil Service Commission, Employee Benefits Division
FY 2011-2012 GROUP INSURANCE PREMIUM RATES FOR LIFE INSURANCE FOR T01
Effective October 2, 2011

| PLAN NAME/CODE | Option (a) | BIWEEKLY | |
|---|---------------|-----------------|--------------|
| | | Employee (b) | State (c) |
| LIFE INSURANCE PLANS | | | |
| Dependent Life Options | | | |
| Spouse \$1,500 and/or Child(ren) \$1,000 | F | \$.20 | 0 |
| Spouse \$5,000 and/or Child(ren) \$2,500 | G | \$.60 | 0 |
| Spouse \$10,000 and/or Child(ren) \$5,000 | H | \$ 1.20 | 0 |
| Spouse \$25,000 and/or Child(ren) \$10,000 | K | \$ 4.00 | 0 |
| Child(ren) Only \$10,000 | L | \$.75 | 0 |
| Employee Life Options | | | |
| 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 13, 2011. | | | |

STATE-SPONSORED GROUP INSURANCE PLAN BENEFIT ADMINISTRATORS

| | |
|--|--|
| STATE HEALTH PLAN PPO BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com | STATE CATASTROPHIC HEALTH PLAN BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com |
| MANAGED PHARMACY/MAIL SERVICE PRESCRIPTION DRUG PROGRAM BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com | STATE VISION PLAN BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com |
| MENTAL HEALTH/ SUBSTANCE ABUSE SERVICES Magellan Behavioral of Michigan (866) 503-3158 www.magellanassist.com | DENTAL MAINTENANCE ORGANIZATION (DMO) Midwestern Dental Plans, Inc. (800) 544-6374 www.midwesterndental.com |
| COPS TRUST (800) 225-9674 | STATE DENTAL PLAN and PREVENTIVE DENTAL PLAN Delta Dental Plan of Michigan (800) 524-0150 www.deltadentalmi.com |
| STATE LONG TERM DISABILITY (LTD) PLAN Citizens Management, Inc. (800) 324-9901 | |

HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

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