

**Michigan Civil Service Commission
RETIREE BENEFITS BULLETIN**

DATE: October 2011	NUMBER: GIS 01-2011R
CONTACT: MI HR SERVICE CENTER	TELEPHONE NO.: (517) 335-0529 Lansing Area (877) 766-6447 Toll-Free 711 Michigan Relay for hearing impaired
SUBJECT: IMPORTANT INSURANCE INFORMATION FOR Defined Benefit Retirees and Defined Contribution Retirees who Elected to Convert from the Defined Benefit Plan <i>Please Retain This Bulletin For Future Reference</i>	

If you're interested in receiving your Retiree Benefits Bulletin via email in the future, please indicate this by going to the Employee Benefits website at www.mi.gov/employeebenefits and completing a one question survey.

OCTOBER 2011 INSURANCE RATES

Currently there are no premium changes to the State Health Plan PPO administered by Blue Cross Blue Shield of Michigan (BCBSM) for the 2011-2012 fiscal year. RATE SHEETS ARE ATTACHED.

If you are currently enrolled in an HMO, please review the attached as most of the HMO premiums have increased. When reviewing an HMO plan, be sure to review the HMO Postal Code List available at <http://www.mi.gov/employeebenefits> or call MI HR Service Center at the number provided above.

Dental and vision rates will remain the same for the 2011-2012 fiscal year. Enclosed for your information is an insurance rate chart which is effective October 1, 2011. Premiums shown on the attached chart will be reflected in your October pension check. For members retiring under the State Police Retirement Act, retiree rates for the State Health Plan PPO and HMOs are available at: [www.michigan.gov/documents/mdcs/STATE POLICE RETIREE MONTHLY RATES 243040 7.pdf](http://www.michigan.gov/documents/mdcs/STATE_POLICE_RETIREE_MONTHLY_RATES_243040_7.pdf)

IMPORTANT MEDICARE ENROLLMENT INFORMATION

Medicare Parts A and B

Medicare automatically enrolls you in Parts A and B. You must remain enrolled in Medicare Parts A and B to continue your health care coverage as a retiree. If you decline Medicare Part B, you may be financially responsible for up to 80% of your Part B health care claims.

REMINDERS FOR MEMBERS OF BLUE CROSS BLUE SHIELD OF MICHIGAN

SUPPORT Program: (800) 321-8074

Through the SUPPORT Program, you can obtain durable medical equipment, prosthetic and orthotic devices, and medical supplies with no copays or deductibles when they are obtained within the SUPPORT network.

Walgreens Specialty Pharmacy for Specialty Drugs: (866) 515-1355

Specialty drugs are prescription medications that require special handling, administration or monitoring. Specialty drugs treat complex and chronic conditions. You can fill prescriptions for specialty drugs at a retail pharmacy, but not all pharmacies will dispense specialty drugs. Call your pharmacy in advance to verify that it can fill your prescription. If your pharmacy cannot fill your specialty medication, prescriptions should be filled through Walgreens Specialty Pharmacy mail order service.

Blue Health Connection Program: (800) 775-2583

As a Blues member, you and your covered dependents can participate in several wellness programs offered through Blue Health Connection. Through this program, you have access to general health education, health coaching, a smoking cessation program, online health resources, and a 24-hour nurse help line.

CHANGING INSURANCE CARRIERS

As a retiree, you are not restricted to an open enrollment window to make changes to your health insurance plan. Changes are subject to a “rolling enrollment window” with the following changes subject to a **six-month waiting period**:

- A. The retiree is enrolled in an HMO and wants to enroll in the SHP PPO.
- B. The retiree does not notify ORS within 30 days of a qualifying event (marriage, death, divorce or involuntary loss of coverage).
- C. The retiree is currently not enrolled in any insurance plan.

The six-month waiting period **is waived** when:

- A. The retiree is enrolled in the SHP PPO and wants to enroll in an HMO.
- B. The retiree is currently in an HMO and wants to transfer to a different HMO.
- C. The retiree is enrolled in an HMO and is moving out of the service area.
- D. The retiree notifies ORS within 30 days of a qualifying event (marriage, death, divorce or involuntary loss of coverage).

Defined Benefit Retirement Health Care

If you wish to make changes to your State Health, Dental or Vision plans (enroll, add or delete dependents), you may do so by using miAccount, the online account access tool available through the ORS website. If you have not yet registered in miAccount, go to www.michigan.gov/orsmiaccount and click "Register Now". Once you are logged in, click "Insurance Plans" from the links on the left.

If you are unable to access miAccount, you can use the Insurance Enrollment/Change Request (R0452G) available on the State Defined Benefit website at www.michigan.gov/orsstatedb. On the left side of the screen, click "Forms and Publications". Please send your completed form to ORS.

HMO

To enroll in an HMO, request the enrollment form directly from the HMO. HMO contact information is included with this mailing. Send your completed HMO form and the Insurance Enrollment/Change Request (R0452G) to ORS. If you make your changes through miAccount, you only need to submit the HMO form to ORS.

ADDITIONAL INFORMATION

Information regarding COBRA rights to continue State sponsored group insurances is available on the Civil Service Commission website at www.mi.gov/employeebenefits. From the left menu, click "COBRA", then click "COBRA Notice – Retiree" in the center of the page.

The HIPAA Notice of Privacy Practices for the benefits plans is also available on the Civil Service Commission website at www.mi.gov/employeebenefits. From the left menu, click "HIPAA." You may also contact the Employee Benefits Division at (800) 505-5011, (517) 373-7977, or 711 for the Michigan Relay Center for hearing impaired.

QUESTIONS

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

**STATE SPONSORED GROUP INSURANCE PLAN BENEFIT ADMINISTRATORS
FOR RETIREES**

<p align="center">STATE HEALTH PLAN PPO BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com/som</p>	<p align="center">MANAGED PHARMACY/MAIL SERVICE PRESCRIPTION DRUG PROGRAM BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com/som</p>
<p align="center">STATE VISION PLAN BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com/som</p>	<p align="center">SUPPORT PROGRAM DURABLE MEDICAL EQUIPMENT (800) 321-8074</p>
<p align="center">STATE DENTAL PLAN Delta Dental Plan of Michigan (800) 524-0150 www.deltadentalmi.com</p>	<p align="center">MENTAL HEALTH/SUBSTANCE ABUSE SERVICES Magellan Health Services (866) 503-3158 www.magellanassist.com</p>
<p align="center">HEALTH MAINTENANCE ORGANIZATIONS (HMOs)</p>	
<p align="center">Blue Care Network: Great Lakes, Mid-Michigan, East Michigan-Flint, East Michigan-Saginaw and Southeast Michigan (800) 662-6667 BCN Advantage (800) 450-3680 www.mibcn.com</p>	<p align="center">Physicians Health Plan (800) 832-9186 or (517) 364-8500 www.phpmm.org</p>
<p align="center">HealthPlus of Michigan Flint (800) 332-9161 Saginaw (800) 942-8816</p> <p align="center">HealthPlus Senior (800) 332-9161 www.healthplus.com</p>	<p align="center">Priority Health West, Priority Health East and Priority Health South (800) 446-5674 or (616) 942-1221</p> <p align="center">Priority Medicare (888) 389-6648 or (616) 464-8820 www.priority-health.com</p>
<p align="center">Health Alliance Plan (800) 422-4641 or (313) 872-8100</p> <p align="center">HAP Senior Plus (800) 801-1770 or (313) 664-7015 www.hap.org</p>	
<p align="center">STATE OF MICHIGAN</p>	
<p align="center">Office of Retirement Services P.O. Box 30171 Lansing, MI 48909 (800) 381-5111</p>	<p align="center">Employee Benefits Division P.O. Box 30002 Lansing, MI 48909 (800) 505-5011</p>

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

August 1, 2011

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

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

If you are eligible for Medicare, you can enroll in a Medicare Part D prescription drug plan (Part D Plan) when you first become eligible for Medicare and each year thereafter between October 15 and December 7. All Part D Plans provide at least a standard level of coverage set by Medicare. You must decide whether to enroll in a Part D Plan or keep your State Health Plan prescription drug coverage. This notice gives important information to help you decide.

1. The State of Michigan has determined that the prescription drug coverage provided under its health plans is, on average for all plan participants, expected to pay out at least as much as the standard Medicare prescription drug coverage and is, therefore, considered creditable coverage.
2. Because the prescription drug coverage under the State health plans is creditable coverage, you can keep your State Health Plan prescription drug coverage; you do not have to enroll in a Part D Plan.
3. If you decide to enroll in a Part D Plan, you will not have to pay a penalty to enroll for Part D Plan coverage unless you do not join the Part D Plan within 63 days after your State health plan prescription drug coverage ends.
4. Your current State Health Plan coverage pays for other health expenses (hospitalizations, doctor visits, etc.), in addition to prescription drugs. You will still be eligible to receive these other benefits if you choose to enroll in a Part D Plan.
5. If you decide to enroll in a Part D Plan, **your prescription drug coverage under the State health plan will stop** and we cannot guarantee that you will be eligible to restore coverage if you later discontinue your Part D Plan.
6. **You do not need to take any action if you wish to continue your prescription drug coverage under your current State health plan.**

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

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

For questions regarding **this notice only** (not general Medicare information), please call the MI HR Service Center at (517) 335-0529, (877) 766-6447, or 711 for the Michigan Relay Center for hearing impaired.

You will receive this notice annually. You also may request a copy from the Employee Benefits Division or print a copy of this notice from the Employee Benefits section of the Michigan Civil Service Commission website at www.michigan.gov/mdcs.

WHERE TO GET MORE INFORMATION ABOUT MEDICARE PART D:

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

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

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

**CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2011-2012 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES EFFECTIVE
OCTOBER 1, 2011**

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

Retirees' State Health Plan - Blue Cross Blue Shield PPO					
		Retiree	State	MONTHLY	Retiree
121-BCBS		Share	Share	TOTAL	COBRA
G	Retiree Only	\$ 73.44	\$ 660.94	\$ 734.38	\$ 749.07
L	Retiree & Spouse	\$ 146.88	\$ 1,321.87	\$ 1,468.75	\$ 1,498.13
R	Retiree & Child(ren)	\$ 92.51	\$ 832.54	\$ 925.05	\$ 943.55
W	Retiree, Spouse & Child(ren)	\$ 170.03	\$ 1,530.22	\$ 1,700.25	\$ 1,734.26
H	Retiree 65+ Only	\$ -	\$ 385.05	\$ 385.05	\$ 392.75
M	Retiree 65+ & Spouse 65+	\$ -	\$ 770.12	\$ 770.12	\$ 785.52
S	Retiree 65+ & Child(ren)	\$ -	\$ 575.74	\$ 575.74	\$ 587.25
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ -	\$ 1,001.65	\$ 1,001.65	\$ 1,021.68
N	Retiree under 65 & Spouse 65+	\$ -	\$ 1,119.43	\$ 1,119.43	\$ 1,141.82
P	Retiree 65+ & Spouse under 65	\$ -	\$ 1,119.43	\$ 1,119.43	\$ 1,141.82
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ -	\$ 1,350.95	\$ 1,350.95	\$ 1,377.97
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ -	\$ 1,350.95	\$ 1,350.95	\$ 1,377.97
	Sponsored Dependent under 65	\$ 809.13	\$ -	\$ 809.13	\$ 825.31
	Sponsored Dependent 65+	\$ 383.01	\$ -	\$ 383.01	\$ 390.67

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

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

**CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2011-2012 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES EFFECTIVE
OCTOBER 1, 2011**

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

Blue Care Network Mid-Michigan					
171		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
Rates for Retirees without Medicare. See enclosed postal code list for eligibility.					
G	Retiree Only	\$ 528.36	\$ 660.94	\$ 1,189.30	\$ 1,213.09
L	Retiree & Spouse	\$ 1,056.72	\$ 1,321.87	\$ 2,378.59	\$ 2,426.16
R	Retiree & Child(ren)	\$ 665.97	\$ 832.54	\$ 1,498.51	\$ 1,528.48
W	Retiree, Spouse & Child(ren)	\$ 1,228.95	\$ 1,530.22	\$ 2,759.17	\$ 2,814.35
Rates for Retirees or Dependents with Medicare.					
Service Area: Clinton, Eaton, Ingham, and Jackson Counties.					
H	Retiree 65+ Only	\$ 47.93	\$ 385.05	\$ 432.98	\$ 441.64
M	Retiree 65+ & Spouse 65+	\$ 95.84	\$ 770.12	\$ 865.96	\$ 883.28
S	Retiree 65+ & Child(ren)	\$ 166.45	\$ 575.74	\$ 742.19	\$ 757.03
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 173.52	\$ 1,001.65	\$ 1,175.17	\$ 1,198.67
N	Retiree under 65 & Spouse 65+	\$ 502.85	\$ 1,119.43	\$ 1,622.28	\$ 1,654.73
P	Retiree 65+ & Spouse under 65	\$ 502.85	\$ 1,119.43	\$ 1,622.28	\$ 1,654.73
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 580.54	\$ 1,350.95	\$ 1,931.49	\$ 1,970.12
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 580.54	\$ 1,350.95	\$ 1,931.49	\$ 1,970.12

Blue Care Network East Michigan-Flint					
181		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
Rates for Retirees without Medicare. See enclosed postal code list for eligibility.					
G	Retiree Only	\$ 426.74	\$ 660.94	\$ 1,087.68	\$ 1,109.43
L	Retiree & Spouse	\$ 853.49	\$ 1,321.87	\$ 2,175.36	\$ 2,218.87
R	Retiree & Child(ren)	\$ 537.94	\$ 832.54	\$ 1,370.48	\$ 1,397.89
W	Retiree, Spouse & Child(ren)	\$ 993.20	\$ 1,530.22	\$ 2,523.42	\$ 2,573.89
Rates for Retirees or Dependents with Medicare.					
Service Area: Bay, Genesee, Gratiot, Lapeer, Midland, Shiawassee, and Tuscola Counties.					
H	Retiree 65+ Only	\$ 65.46	\$ 385.05	\$ 450.51	\$ 459.52
M	Retiree 65+ & Spouse 65+	\$ 130.90	\$ 770.12	\$ 901.02	\$ 919.04
S	Retiree 65+ & Child(ren)	\$ 157.57	\$ 575.74	\$ 733.31	\$ 747.98
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 182.17	\$ 1,001.65	\$ 1,183.82	\$ 1,207.50
N	Retiree under 65 & Spouse 65+	\$ 418.76	\$ 1,119.43	\$ 1,538.19	\$ 1,568.95
P	Retiree 65+ & Spouse under 65	\$ 418.76	\$ 1,119.43	\$ 1,538.19	\$ 1,568.95
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 470.04	\$ 1,350.95	\$ 1,820.99	\$ 1,857.41
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 470.04	\$ 1,350.95	\$ 1,820.99	\$ 1,857.41

**CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2011-2012 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES EFFECTIVE
OCTOBER 1, 2011**

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

Blue Care Network East Michigan-Saginaw					
		Retiree	State	MONTHLY	Retiree
191		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See enclosed postal code list for eligibility.					
G	Retiree Only	\$ 335.14	\$ 660.94	\$ 996.08	\$ 1,016.00
L	Retiree & Spouse	\$ 670.29	\$ 1,321.87	\$ 1,992.16	\$ 2,032.00
R	Retiree & Child(ren)	\$ 422.52	\$ 832.54	\$ 1,255.06	\$ 1,280.16
W	Retiree, Spouse & Child(ren)	\$ 780.69	\$ 1,530.22	\$ 2,310.91	\$ 2,357.13
Rates for Retirees or Dependents with Medicare.					
Service Area: Saginaw County.					
H	Retiree 65+ Only	\$ 65.46	\$ 385.05	\$ 450.51	\$ 459.52
M	Retiree 65+ & Spouse 65+	\$ 130.90	\$ 770.12	\$ 901.02	\$ 919.04
S	Retiree 65+ & Child(ren)	\$ 133.75	\$ 575.74	\$ 709.49	\$ 723.68
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 158.35	\$ 1,001.65	\$ 1,160.00	\$ 1,183.20
N	Retiree under 65 & Spouse 65+	\$ 327.16	\$ 1,119.43	\$ 1,446.59	\$ 1,475.52
P	Retiree 65+ & Spouse under 65	\$ 327.16	\$ 1,119.43	\$ 1,446.59	\$ 1,475.52
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 354.62	\$ 1,350.95	\$ 1,705.57	\$ 1,739.68
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 354.62	\$ 1,350.95	\$ 1,705.57	\$ 1,739.68

Blue Care Network Southeast Michigan					
		Retiree	State	MONTHLY	Retiree
211		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See enclosed postal code list for eligibility.					
G	Retiree Only	\$ 504.86	\$ 660.94	\$ 1,165.80	\$ 1,189.12
L	Retiree & Spouse	\$ 1,009.72	\$ 1,321.87	\$ 2,331.59	\$ 2,378.22
R	Retiree & Child(ren)	\$ 636.36	\$ 832.54	\$ 1,468.90	\$ 1,498.28
W	Retiree, Spouse & Child(ren)	\$ 1,174.43	\$ 1,530.22	\$ 2,704.65	\$ 2,758.74
Rates for Retirees or Dependents with Medicare.					
Service Area: Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.					
H	Retiree 65+ Only	\$ 101.30	\$ 385.05	\$ 486.35	\$ 496.08
M	Retiree 65+ & Spouse 65+	\$ 202.58	\$ 770.12	\$ 972.70	\$ 992.15
S	Retiree 65+ & Child(ren)	\$ 213.71	\$ 575.74	\$ 789.45	\$ 805.24
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 274.15	\$ 1,001.65	\$ 1,275.80	\$ 1,301.32
N	Retiree under 65 & Spouse 65+	\$ 532.72	\$ 1,119.43	\$ 1,652.15	\$ 1,685.19
P	Retiree 65+ & Spouse under 65	\$ 532.72	\$ 1,119.43	\$ 1,652.15	\$ 1,685.19
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 604.30	\$ 1,350.95	\$ 1,955.25	\$ 1,994.36
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 604.30	\$ 1,350.95	\$ 1,955.25	\$ 1,994.36

**CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2011-2012 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES EFFECTIVE
OCTOBER 1, 2011**

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

Blue Care Network West Michigan-Great Lakes					
		Retiree	State	MONTHLY	Retiree
311		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See enclosed postal code list for eligibility.					
G	Retiree Only	\$ 396.64	\$ 660.94	\$ 1,057.58	\$ 1,078.73
L	Retiree & Spouse	\$ 793.28	\$ 1,321.87	\$ 2,115.15	\$ 2,157.45
R	Retiree & Child(ren)	\$ 500.01	\$ 832.54	\$ 1,332.55	\$ 1,359.20
W	Retiree, Spouse & Child(ren)	\$ 923.35	\$ 1,530.22	\$ 2,453.57	\$ 2,502.64
Rates for Retirees or Dependents with Medicare.					
Service Area: Allegan, Barry, Calhoun, Ionia, Kalamazoo, Kent, Montcalm, Muskegon, Newaygo, and Ottawa Counties.					
H	Retiree 65+ Only	\$ 22.03	\$ 385.05	\$ 407.08	\$ 415.22
M	Retiree 65+ & Spouse 65+	\$ 44.04	\$ 770.12	\$ 814.16	\$ 830.44
S	Retiree 65+ & Child(ren)	\$ 106.31	\$ 575.74	\$ 682.05	\$ 695.69
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 87.48	\$ 1,001.65	\$ 1,089.13	\$ 1,110.91
N	Retiree under 65 & Spouse 65+	\$ 345.23	\$ 1,119.43	\$ 1,464.66	\$ 1,493.95
P	Retiree 65+ & Spouse under 65	\$ 345.23	\$ 1,119.43	\$ 1,464.66	\$ 1,493.95
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 388.68	\$ 1,350.95	\$ 1,739.63	\$ 1,774.42
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 388.68	\$ 1,350.95	\$ 1,739.63	\$ 1,774.42

Health Alliance Plan					
		Retiree	State	MONTHLY	Retiree
201		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See enclosed postal code list for eligibility.					
G	Retiree Only	\$ 277.59	\$ 660.94	\$ 938.53	\$ 957.30
L	Retiree & Spouse	\$ 555.19	\$ 1,321.87	\$ 1,877.06	\$ 1,914.60
R	Retiree & Child(ren)	\$ 350.03	\$ 832.54	\$ 1,182.57	\$ 1,206.22
W	Retiree, Spouse & Child(ren)	\$ 647.17	\$ 1,530.22	\$ 2,177.39	\$ 2,220.94
Rates for Retirees or Dependents with Medicare.					
Service Area: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.					
H	Retiree 65+ Only	\$ 5.25	\$ 385.05	\$ 390.30	\$ 398.11
M	Retiree 65+ & Spouse 65+	\$ 10.48	\$ 770.12	\$ 780.60	\$ 796.21
S	Retiree 65+ & Child(ren)	\$ 58.60	\$ 575.74	\$ 634.34	\$ 647.03
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 79.28	\$ 1,001.65	\$ 1,080.93	\$ 1,102.55
N	Retiree under 65 & Spouse 65+	\$ 209.40	\$ 1,119.43	\$ 1,328.83	\$ 1,355.41
P	Retiree 65+ & Spouse under 65	\$ 209.40	\$ 1,119.43	\$ 1,328.83	\$ 1,355.41
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 278.21	\$ 1,350.95	\$ 1,629.16	\$ 1,661.74
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 278.21	\$ 1,350.95	\$ 1,629.16	\$ 1,661.74

**CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2011-2012 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES EFFECTIVE
OCTOBER 1, 2011**

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

HealthPlus					
		Retiree	State	MONTHLY	Retiree
622		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See enclosed postal code list for eligibility.					
G	Retiree Only	\$ 424.18	\$ 660.94	\$ 1,085.12	\$ 1,106.82
L	Retiree & Spouse	\$ 848.37	\$ 1,321.87	\$ 2,170.24	\$ 2,213.64
R	Retiree & Child(ren)	\$ 534.71	\$ 832.54	\$ 1,367.25	\$ 1,394.60
W	Retiree, Spouse & Child(ren)	\$ 987.26	\$ 1,530.22	\$ 2,517.48	\$ 2,567.83
Rates for Retirees or Dependents with Medicare. Service Area: Arenac, Bay, Genesee, Lapeer, Oakland, Saginaw, Shiawassee, St. Clair and Tuscola Counties.					
H	Retiree 65+ Only	\$ 25.60	\$ 385.05	\$ 410.65	\$ 418.86
M	Retiree 65+ & Spouse 65+	\$ 51.18	\$ 770.12	\$ 821.30	\$ 837.73
S	Retiree 65+ & Child(ren)	\$ 328.80	\$ 575.74	\$ 904.54	\$ 922.63
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 313.54	\$ 1,001.65	\$ 1,315.19	\$ 1,341.49
N	Retiree under 65 & Spouse 65+	\$ 376.35	\$ 1,119.43	\$ 1,495.78	\$ 1,525.70
P	Retiree 65+ & Spouse under 65	\$ 376.35	\$ 1,119.43	\$ 1,495.78	\$ 1,525.70
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 354.98	\$ 1,350.95	\$ 1,705.93	\$ 1,740.05
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 354.98	\$ 1,350.95	\$ 1,705.93	\$ 1,740.05

PHP- Lansing					
		Retiree	State	MONTHLY	Retiree
878		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See enclosed postal code list for eligibility. This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.					
G	Retiree Only	\$ 330.96	\$ 660.94	\$ 991.90	\$ 1,011.73
L	Retiree & Spouse	\$ 661.91	\$ 1,321.87	\$ 1,983.78	\$ 2,023.46
R	Retiree & Child(ren)	\$ 416.86	\$ 832.54	\$ 1,249.40	\$ 1,274.39
W	Retiree, Spouse & Child(ren)	\$ 766.31	\$ 1,530.22	\$ 2,296.53	\$ 2,342.46

**CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2011-2012 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES EFFECTIVE
OCTOBER 1, 2011**

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

Priority West					
		Retiree	State	MONTHLY	Retiree
555		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See enclosed postal code list for eligibility.					
G	Retiree Only	\$ 376.50	\$ 660.94	\$ 1,037.44	\$ 1,058.19
L	Retiree & Spouse	\$ 750.89	\$ 1,321.87	\$ 2,072.76	\$ 2,114.22
R	Retiree & Child(ren)	\$ 473.27	\$ 832.54	\$ 1,305.81	\$ 1,331.93
W	Retiree, Spouse & Child(ren)	\$ 874.16	\$ 1,530.22	\$ 2,404.38	\$ 2,452.47
Rates for Retirees or Dependents with Medicare.					
Service Area: Allegan, Antrim, Benzie, Crawford, Grand Traverse, Kalkaska, Kent, Leenau, Manistee, Montcalm, Muskegon, Oceana, Osceola, and Ottawa Counties.					
H	Retiree 65+ Only	\$ 242.32	\$ 385.05	\$ 627.37	\$ 639.92
M	Retiree 65+ & Spouse 65+	\$ 484.62	\$ 770.12	\$ 1,254.74	\$ 1,279.83
S	Retiree 65+ & Child(ren)	\$ 537.42	\$ 575.74	\$ 1,113.16	\$ 1,135.42
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 738.88	\$ 1,001.65	\$ 1,740.53	\$ 1,775.34
N	Retiree under 65 & Spouse 65+	\$ 257.53	\$ 1,119.43	\$ 1,376.96	\$ 1,404.50
P	Retiree 65+ & Spouse under 65	\$ 257.53	\$ 1,119.43	\$ 1,376.96	\$ 1,404.50
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 511.80	\$ 1,350.95	\$ 1,862.75	\$ 1,900.01
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 511.80	\$ 1,350.95	\$ 1,862.75	\$ 1,900.01

Priority East					
		Retiree	State	MONTHLY	Retiree
		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See enclosed postal code list for eligibility. This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.					
G	Retiree Only	\$ 376.50	\$ 660.94	\$ 1,037.44	\$ 1,058.19
L	Retiree & Spouse	\$ 750.89	\$ 1,321.87	\$ 2,072.76	\$ 2,114.22
R	Retiree & Child(ren)	\$ 473.27	\$ 832.54	\$ 1,305.81	\$ 1,331.93
W	Retiree, Spouse & Child(ren)	\$ 874.16	\$ 1,530.22	\$ 2,404.38	\$ 2,452.47

Priority South					
		Retiree	State	MONTHLY	Retiree
		Share	Share	TOTAL	COBRA
Rates for Retirees without Medicare. See enclosed postal code list for eligibility. This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.					
G	Retiree Only	\$ 376.50	\$ 660.94	\$ 1,037.44	\$ 1,058.19
L	Retiree & Spouse	\$ 750.89	\$ 1,321.87	\$ 2,072.76	\$ 2,114.22
R	Retiree & Child(ren)	\$ 473.27	\$ 832.54	\$ 1,305.81	\$ 1,331.93
W	Retiree, Spouse & Child(ren)	\$ 874.16	\$ 1,530.22	\$ 2,404.38	\$ 2,452.47