



Department of Technology,
Management & Budget

Insurance Rates

For Defined Contribution Participants

Rates Effective October 1, 2011 through September 30, 2012

If you are a state employee in the *Defined Contribution plan* (first hired on or after March 1, 1997), and you are *vested* (you have the equivalent of 10 years full-time state service), the state will pay a percentage of your monthly health, dental, and vision insurance premiums when you terminate employment and reach eligibility age.

The state subsidy can be used with any state sponsored insurance plan. However, the amount the state will pay will not be more than it will pay under the Blue Cross Blue Shield Michigan PPO. Keep this in mind if you choose a plan with higher premiums.

Note: If you transferred from the Defined Benefit plan to the Defined Contribution plan, do not use this rate sheet. Refer to the insurance rates published online by the Employee Benefits Division.

Calculating the Amount You Pay

Step 1. Determine your years of service. If you're not sure, you can find your total hours in DCDS under Employee Info, Leave Balances, Hours Type, DEFC40 or go to the MI HR Self Service website under Personal Information, Leave Balances, DEF CONTRIB SERV HOURS 40. Divide your total hours by 2,080. Drop any fraction of a year to arrive at your years of service.

The following pages provide subsidy rates if you have 10 or 11 years of service. However, if you have more than 11 years of service, continue on to calculate your payments.

Step 2. Determine your insurance subsidy percentage. In the table below, find the percentage that applies to your years of service. The table shows the amounts you may be eligible for if you terminate employment in 2012. The graded subsidy is currently set at 30 percent with 10 years of service with an additional 3 percent credited for each year of service thereafter up to the maximum subsidy in place for active employees. The subsidy is determined by the Michigan Civil Service Commission, and it is subject to change even after you have retired.

2012 HEALTH INSURANCE SUBSIDY AMOUNTS							
Years of Service	10	11	12	13	14	15	16
Insurance Subsidy %	30	33	36	39	42	45	48

Step 3. Determine the state share. Find your plan of choice on the attached charts. Multiply the Monthly Total that applies to you by your Insurance Subsidy percentage to determine the State Share.

$$\text{Monthly Total (x) Insurance Subsidy \% = State Share}$$

Compare this amount to the BCBSM PPO state share and use the lesser amount

Step 4. Determine the Amount You Pay. Subtract the State Share from the Monthly Total to determine the Amount You Pay per month.

$$\text{Monthly Total (-) State Share = Amount You Pay}$$

Continued health insurance coverage

COBRA protects your dependents after eligibility stops. If one of your dependents loses insurance eligibility, he or she may be able to pay for continued coverage for a limited time. A federal law known as Consolidated Omnibus Budget Reconciliation Act, or COBRA, allows your dependent spouse or child the option of paying for continued health insurance coverage for up to 36 months after a qualifying event. Your dependents will be notified of their options regarding COBRA.

COBRA rates are included in this document. COBRA rates are not subsidized and include administrative fees.



www.michigan.gov/orsstatedc



P.O. Box 30171
Lansing, MI 48909-7671



(517) 322-5103 (Local)
(800) 381-5111

Blue Cross Blue Shield Michigan PPO

	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Without Medicare						
Retiree Only	\$ 734.38	\$ 220.31	\$ 514.07	\$ 242.35	\$ 492.03	\$ 749.07
Retiree & Spouse	1,468.75	440.63	1,028.13	484.69	984.06	1,498.13
Retiree & Child(ren)	925.05	277.52	647.54	305.27	619.78	943.55
Retiree, Spouse & Child(ren)	1,700.25	510.08	1,190.18	561.08	1,139.17	1,734.26
With Medicare						
Retiree Only	\$ 385.05	\$ 115.52	\$ 269.54	\$ 127.07	\$ 257.98	\$ 392.75
Retiree & Spouse	770.12	231.04	539.08	254.14	515.98	785.52
Retiree & Child(ren)	575.74	172.72	403.02	189.99	385.75	587.25
Retiree, Spouse and Child(ren)	1,001.65	300.50	701.16	330.54	671.11	1,021.68
One With Medicare and One Without Medicare						
Retiree or Spouse with Medicare	\$ 1,119.43	\$ 335.83	\$ 783.60	\$ 369.41	\$ 750.02	\$ 1,141.82
Retiree or Spouse with Medicare and Child(ren)	1,350.95	405.29	945.67	445.81	905.14	1,377.97
Retiree's State Dental Plan						
	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Retiree Only	\$ 43.65	\$ 13.10	\$ 30.56	\$ 14.40	\$ 29.25	\$ 44.52
Retiree & Spouse	79.54	23.86	55.68	26.25	53.29	81.13
Retiree & Child(ren)	97.16	29.15	68.01	32.06	65.10	99.10
Retiree, Spouse & Child(ren)	133.06	39.92	93.14	43.91	89.15	135.72
Retiree's State Vision Plan						
	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Retiree Only	\$ 6.37	\$ 1.91	\$ 4.46	\$ 2.10	\$ 4.27	\$ 6.50
Retiree & Spouse	10.36	3.11	7.25	3.42	6.94	10.57
Retiree & Child(ren)	14.49	4.35	10.14	4.78	9.71	14.78
Retiree, Spouse & Child(ren)	18.48	5.54	12.94	6.10	12.38	18.85

Blue Care Network Mid-Michigan

	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Without Medicare						
HMO Postal Code List available on the Employee Benefits Civil Service website.						
Retiree Only	\$ 1,189.30	\$ 220.31	\$ 968.99	\$ 242.35	\$ 946.95	\$ 1,213.09
Retiree & Spouse	2,378.59	440.63	1,937.97	484.69	1,893.90	2,426.16
Retiree & Child(ren)	1,498.51	277.52	1,221.00	305.27	1,193.24	1,528.48
Retiree, Spouse & Child(ren)	2,759.17	510.08	2,249.10	561.08	2,198.09	2,814.35
With Medicare						
Service Area: Clinton, Eaton, Ingham, and Jackson Counties.						
Retiree Only	\$ 432.98	\$ 115.52	\$ 317.47	\$ 127.07	\$ 305.91	\$ 441.64
Retiree & Spouse	865.96	231.04	634.92	254.14	611.82	883.28
Retiree & Child(ren)	742.19	172.72	569.47	189.99	552.20	757.03
Retiree, Spouse and Child(ren)	1,175.17	300.50	874.68	330.54	844.63	1,198.67
One With Medicare and One Without Medicare						
Service Area: Clinton, Eaton, Ingham, and Jackson Counties.						
Retiree or Spouse with Medicare	\$ 1,622.28	\$ 335.83	\$ 1,286.45	\$ 369.41	\$ 1,252.87	\$ 1,654.73
Retiree or Spouse with Medicare and Child(ren)	1,931.49	405.29	1,526.21	445.81	1,485.68	1,970.12

Blue Care Network East Michigan – Flint

	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Without Medicare						
HMO Postal Code List available on the Employee Benefits Civil Service website.						
Retiree Only	\$ 1087.68	\$ 220.31	\$ 867.37	\$ 242.35	\$ 845.33	\$ 1109.43
Retiree & Spouse	2175.36	440.63	1,734.74	484.69	1,690.67	2218.87
Retiree & Child(ren)	1370.48	277.52	1,092.97	305.27	1,065.21	1397.89
Retiree, Spouse & Child(ren)	2523.42	510.08	2,013.35	561.08	1,962.34	2573.89
With Medicare						
Service Area: Bay, Genesee, Gratiot, Lapeer, Midland, Shiawassee, and Tuscola Counties.						
Retiree Only	\$ 450.51	\$ 115.52	\$ 335.00	\$ 127.07	\$ 323.44	\$ 459.52
Retiree & Spouse	901.02	231.04	669.98	254.14	646.88	919.04
Retiree & Child(ren)	733.31	172.72	560.59	189.99	543.32	747.98
Retiree, Spouse and Child(ren)	1183.82	300.50	883.33	330.54	853.28	1207.50
One With Medicare and One Without Medicare						
Service Area: Bay, Genesee, Gratiot, Lapeer, Midland, Shiawassee, and Tuscola Counties.						
Retiree or Spouse with Medicare	\$ 1538.19	\$ 335.83	\$ 1,202.36	\$ 369.41	\$ 1,168.78	\$ 1568.95
Retiree or Spouse with Medicare and Child(ren)	1820.99	405.29	1,415.71	445.81	1,375.18	1857.41

Blue Care Network East Michigan – Saginaw

	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Without Medicare						
HMO Postal Code List available on the Employee Benefits Civil Service website.						
Retiree Only	\$ 996.08	\$ 220.31	\$ 775.77	\$ 242.35	\$ 753.73	\$ 1016.00
Retiree & Spouse	1992.16	440.63	1,551.54	484.69	1,507.47	2032.00
Retiree & Child(ren)	1255.06	277.52	977.55	305.27	949.79	1280.16
Retiree, Spouse & Child(ren)	2310.91	510.08	1,800.84	561.08	1,749.83	2357.13
With Medicare						
Service Area: Saginaw County.						
Retiree Only	\$ 450.51	\$ 115.52	\$ 335.00	\$ 127.07	\$ 323.44	\$ 459.52
Retiree & Spouse	901.02	231.04	669.98	254.14	646.88	919.04
Retiree & Child(ren)	709.49	172.72	536.77	189.99	519.50	723.68
Retiree, Spouse and Child(ren)	1160.00	300.50	859.51	330.54	829.46	1183.20
One With Medicare and One Without Medicare						
Service Area: Saginaw County.						
Retiree or Spouse with Medicare	\$ 1446.59	\$ 335.83	\$ 1,110.76	\$ 369.41	\$ 1,077.18	\$ 1475.52
Retiree or Spouse with Medicare and Child(ren)	1705.57	405.29	1,300.29	445.81	1,259.76	1739.68

Blue Care Network Southeast Michigan

	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Without Medicare						
HMO Postal Code List available on the Employee Benefits Civil Service website.						
Retiree Only	\$ 1165.80	\$ 220.31	\$ 945.49	\$ 242.35	\$ 923.45	\$ 1189.12
Retiree & Spouse	2331.59	440.63	1,890.97	484.69	1,846.90	2378.22
Retiree & Child(ren)	1468.90	277.52	1,191.39	305.27	1,163.63	1498.28
Retiree, Spouse & Child(ren)	2704.65	510.08	2,194.58	561.08	2,143.57	2758.74
With Medicare						
Service Area: Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.						
Retiree Only	\$ 486.35	\$ 115.52	\$ 370.84	\$ 127.07	\$ 359.28	\$ 496.08
Retiree & Spouse	972.70	231.04	741.66	254.14	718.56	992.15
Retiree & Child(ren)	789.45	172.72	616.73	189.99	599.46	805.24
Retiree, Spouse and Child(ren)	1275.80	300.50	975.31	330.54	945.26	1301.32
One With Medicare and One Without Medicare						
Service Area: Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.						
Retiree or Spouse with Medicare	\$ 1652.15	\$ 335.83	\$ 1,316.32	\$ 369.41	\$ 1,282.74	\$ 1685.19
Retiree or Spouse with Medicare and Child(ren)	1955.25	405.29	1,549.97	445.81	1,509.44	1994.36

Blue Care Network West Michigan – Great Lakes

	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Without Medicare						
HMO Postal Code List available on the Employee Benefits Civil Service website.						
Retiree Only	\$ 1057.58	\$ 220.31	\$ 837.27	\$ 242.35	\$ 815.23	\$ 1078.73
Retiree & Spouse	2115.15	440.63	1,674.53	484.69	1,630.46	2157.45
Retiree & Child(ren)	1332.55	277.52	1,055.04	305.27	1,027.28	1359.20
Retiree, Spouse & Child(ren)	2453.57	510.08	1,943.50	561.08	1,892.49	2502.64
With Medicare						
Service Area: Allegan, Barry, Calhoun, Ionia, Kalamazoo, Kent, Montcalm, Muskegon, Newaygo, and Ottawa Counties.						
Retiree Only	\$ 407.08	\$ 115.52	\$ 291.57	\$ 127.07	\$ 280.01	\$ 415.22
Retiree & Spouse	814.16	231.04	583.12	254.14	560.02	830.44
Retiree & Child(ren)	682.05	172.72	509.33	189.99	492.06	695.69
Retiree, Spouse and Child(ren)	1089.13	300.50	788.64	330.54	758.59	1110.91
One With Medicare and One Without Medicare						
Service Area: Allegan, Barry, Calhoun, Ionia, Kalamazoo, Kent, Montcalm, Muskegon, Newaygo, and Ottawa Counties.						
Retiree or Spouse with Medicare	\$ 1464.66	\$ 335.83	\$ 1,128.83	\$ 369.41	\$ 1,095.25	\$ 1493.95
Retiree or Spouse with Medicare and Child(ren)	1739.63	405.29	1,334.35	445.81	1,293.82	1774.42
Health Alliance Plan						
	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Without Medicare						
HMO Postal Code List available on the Employee Benefits Civil Service website.						
Retiree Only	\$ 938.53	\$ 220.31	\$ 718.22	\$ 242.35	\$ 696.18	\$ 957.30
Retiree & Spouse	1877.06	440.63	1,436.44	484.69	1,392.37	1914.60
Retiree & Child(ren)	1182.57	277.52	905.06	305.27	877.30	1206.22
Retiree, Spouse & Child(ren)	2177.39	510.08	1,667.32	561.08	1,616.31	2220.94
With Medicare						
Service Area: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.						
Retiree Only	\$ 390.30	\$ 115.52	\$ 274.79	\$ 127.07	\$ 263.23	\$ 398.11
Retiree & Spouse	780.60	231.04	549.56	254.14	526.46	796.21
Retiree & Child(ren)	634.34	172.72	461.62	189.99	444.35	647.03
Retiree, Spouse and Child(ren)	1080.93	300.50	780.44	330.54	750.39	1102.55
One With Medicare and One Without Medicare						
Service Area: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.						
Retiree or Spouse with Medicare	\$ 1328.83	\$ 335.83	\$ 993.00	\$ 369.41	\$ 959.42	\$ 1355.41
Retiree or Spouse with Medicare and Child(ren)	1629.16	405.29	1,223.88	445.81	1,183.35	1661.74

Health Plus

	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Without Medicare						
HMO Postal Code List available on the Employee Benefits Civil Service website.						
Retiree Only	\$ 1085.12	\$ 220.31	\$ 864.81	\$ 242.35	\$ 842.77	\$ 1106.82
Retiree & Spouse	2170.24	440.63	1,729.62	484.69	1,685.55	2213.64
Retiree & Child(ren)	1367.25	277.52	1,089.74	305.27	1,061.99	1394.60
Retiree, Spouse & Child(ren)	2517.48	510.08	2,007.40	561.08	1,956.39	2567.83
With Medicare						
Service Area: Arenac, Bay, Genesee, Lapeer, Oakland, Saginaw, Shiawassee, St. Clair, and Tuscola Counties.						
Retiree Only	\$ 410.65	\$ 115.52	\$ 295.14	\$ 127.07	\$ 283.58	\$ 418.86
Retiree & Spouse	821.30	231.04	590.26	254.14	567.16	837.73
Retiree & Child(ren)	904.54	172.72	731.82	189.99	714.55	922.63
Retiree, Spouse and Child(ren)	1315.19	300.50	1,014.70	330.54	984.65	1341.49
One With Medicare and One Without Medicare						
Service Area: Arenac, Bay, Genesee, Lapeer, Oakland, Saginaw, Shiawassee, St. Clair, and Tuscola Counties.						
Retiree or Spouse with Medicare	\$ 1495.78	\$ 335.83	\$ 1,159.95	\$ 369.41	\$ 1,126.37	\$ 1525.70
Retiree or Spouse with Medicare and Child(ren)	1705.93	405.29	1,300.65	445.81	1,260.12	1740.05

PHP – Lansing

	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Without Medicare						
HMO Postal Code List available on the Employee Benefits Civil Service website.						
Retiree Only	\$ 991.90	\$ 220.31	\$ 771.58	\$ 242.35	\$ 749.55	\$ 1,011.73
Retiree & Spouse	1,983.78	440.63	1,543.15	484.69	1,499.09	2,023.46
Retiree & Child(ren)	1,249.40	277.52	971.88	305.27	944.13	1,274.39
Retiree, Spouse & Child(ren)	2,296.53	510.08	1,786.46	561.08	1,735.45	2,342.46
Note: If you are age 65 or older, will become Medicare eligible, or have a dependent who is Medicare eligible, you cannot enroll in this HMO. See postal code list for eligibility.						

Priority South

	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Without Medicare						
HMO Postal Code List available on the Employee Benefits Civil Service website.						
Retiree Only	\$ 1,037.44	\$ 220.31	\$ 817.13	\$ 242.35	\$ 795.09	\$ 1,058.19
Retiree & Spouse	2,072.76	440.63	1,632.14	484.69	1,588.07	2,114.22
Retiree & Child(ren)	1,305.81	277.52	1,028.30	305.27	1,000.54	1,331.93
Retiree, Spouse & Child(ren)	2,404.38	510.08	1,894.31	561.08	1,843.30	2,452.47
Note: If you are age 65 or older, will become Medicare eligible, or have a dependent who is Medicare eligible, you cannot enroll in this HMO. See postal code list for eligibility.						

Priority West

	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Without Medicare						
HMO Postal Code List available on the Employee Benefits Civil Service website.						
Retiree Only	\$ 1,037.44	\$ 220.31	\$ 817.13	\$ 242.35	\$ 795.09	\$ 1,058.19
Retiree & Spouse	2,072.76	440.63	1,632.14	484.69	1,588.07	2,114.22
Retiree & Child(ren)	1,305.81	277.52	1,028.30	305.27	1,000.54	1,331.93
Retiree, Spouse & Child(ren)	2,404.38	510.08	1,894.31	561.08	1,843.30	2,452.47
With Medicare						
Service Area: Allegan, Antrim, Benzie, Crawford, Grand Traverse, Kalkaska, Kent, Leelanau, Manistee, Montcalm, Muskegon, Oceana, Osceola, and Ottawa Counties.						
Retiree Only	\$ 627.37	\$ 115.52	\$ 511.86	\$ 127.07	\$ 500.30	\$ 639.92
Retiree & Spouse	1,254.74	231.04	1,023.70	254.14	1,000.60	1,279.83
Retiree & Child(ren)	1,113.16	172.72	940.44	189.99	923.17	1,135.42
Retiree, Spouse and Child(ren)	1,740.53	300.50	1,440.04	330.54	1,409.99	1,775.34
One With Medicare and One Without Medicare						
Service Area: Allegan, Antrim, Benzie, Crawford, Grand Traverse, Kalkaska, Kent, Leelanau, Manistee, Montcalm, Muskegon, Oceana, Osceola, and Ottawa Counties.						
Retiree or Spouse with Medicare	\$ 1,376.96	\$ 335.83	\$ 1,041.13	\$ 369.41	\$ 1,007.55	v 1,404.50
Retiree or Spouse with Medicare and Child(ren)	1,862.75	405.29	1,457.47	445.81	1,416.94	1,900.01

Priority East

	Monthly Total	10 Years of Service		11 Years of Service		COBRA
		State Share	You Pay	State Share	You Pay	
Without Medicare						
HMO Postal Code List available on the Employee Benefits Civil Service website.						
Retiree Only	\$ 1,037.44	\$ 220.31	\$ 817.13	\$ 242.35	\$ 795.09	\$ 1,058.19
Retiree & Spouse	2,072.76	440.63	1,632.14	484.69	1,588.07	2,114.22
Retiree & Child(ren)	1,305.81	277.52	1,028.30	305.27	1,000.54	1,331.93
Retiree, Spouse & Child(ren)	2,404.38	510.08	1,576.59	561.08	1,843.30	2,452.47
Note: If you are age 65 or older, will become Medicare eligible, or have a dependent who is Medicare eligible, you cannot enroll in this HMO. See postal code list for eligibility.						