



Insurance Rates

For Defined Contribution Participants

Rates Effective October 1, 2009 through September 30, 2010

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 insurance subsidy is based on your total years of state service. Beginning with ten years of service, the state will contribute 30 percent toward your premiums; you pay the remainder. For each additional year of service, the insurance subsidy increases by 3 percent, with a maximum of 90 percent once you have 30 years of service.

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 Retirement Subsidy Table (below), find the percentage that applies to your years of service.

HEALTH INSURANCE SUBSIDY TABLE																					
Years of Service	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30+
Insurance Subsidy %	30	33	36	39	42	45	48	51	54	57	60	63	66	69	72	75	78	81	84	87	90

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.



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	\$ 638.59	\$ 191.58	\$ 447.01	\$ 210.73	\$ 427.86	\$ 651.36
Retiree & Spouse	1,277.17	383.15	894.02	421.47	855.70	1,302.71
Retiree & Child(ren)	804.39	241.32	563.07	265.45	538.94	820.48
Retiree, Spouse & Child(ren)	1,478.48	443.54	1,034.94	487.90	990.58	1,508.05
With Medicare						
Retiree Only	\$ 334.83	\$ 100.45	\$ 234.38	\$ 110.49	\$ 224.34	\$ 341.53
Retiree & Spouse	669.67	200.90	468.77	220.99	448.68	683.06
Retiree & Child(ren)	500.64	150.19	350.45	165.21	335.43	510.65
Retiree, Spouse and Child(ren)	871.00	261.30	609.70	287.43	583.57	888.42
One With Medicare and One Without Medicare						
Retiree or Spouse with Medicare	\$ 973.42	\$ 292.03	\$ 681.39	\$ 321.23	\$ 652.19	\$ 992.89
Retiree or Spouse with Medicare and Child(ren)	1,174.74	352.42	822.32	387.66	787.08	1,198.23
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	\$ 41.57	\$ 12.47	\$ 29.10	\$ 13.72	\$ 27.85	\$ 42.40
Retiree & Spouse	75.75	22.73	53.03	25.00	50.75	77.27
Retiree & Child(ren)	92.53	27.76	64.77	30.53	62.00	94.38
Retiree, Spouse & Child(ren)	126.72	38.02	88.70	41.82	84.90	129.25
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	\$ 956.53	\$ 286.96	\$ 669.57	\$ 315.65	\$ 640.88	\$ 975.66
Retiree & Spouse	1,913.06	573.92	1,339.14	631.31	1,281.75	1,951.32
Retiree & Child(ren)	1,205.23	361.57	843.66	397.73	807.50	1,229.33
Retiree, Spouse & Child(ren)	2,219.14	665.74	1,553.40	732.32	1,486.82	2,263.52
With Medicare						
Service Area: Clinton, Eaton, Ingham, and Jackson Counties.						
Retiree Only	\$ 345.58	\$ 103.67	\$ 241.91	\$ 114.04	\$ 231.54	\$ 352.49
Retiree & Spouse	691.16	207.35	483.81	228.08	463.08	704.98
Retiree & Child(ren)	606.27	181.88	424.39	200.07	406.20	618.40
Retiree, Spouse and Child(ren)	951.86	285.56	666.30	314.11	637.75	970.90
One With Medicare and One Without Medicare						
Service Area: Clinton, Eaton, Ingham, and Jackson Counties.						
Retiree or Spouse with Medicare	\$ 1,348.23	\$ 404.47	\$ 943.76	\$ 444.92	\$ 903.31	\$ 1,375.19
Retiree or Spouse with Medicare and Child(ren)	1,608.92	482.68	1,126.24	530.94	1,077.98	1,641.10

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	\$ 885.36	\$ 265.61	\$ 619.75	\$ 292.17	\$ 593.19	\$ 903.07
Retiree & Spouse	1,770.72	531.22	1,239.50	584.34	1,186.38	1,806.13
Retiree & Child(ren)	1,115.55	334.67	780.89	368.13	747.42	1,137.86
Retiree, Spouse & Child(ren)	2,054.03	616.21	1,437.82	677.83	1,376.20	2,095.11
With Medicare						
Service Area: Bay, Genesee, Gratiot, Lapeer, Midland, Shiawassee, and Tuscola Counties.						
Retiree Only	\$ 362.71	\$ 108.81	\$ 253.90	\$ 119.69	\$ 243.02	\$ 369.96
Retiree & Spouse	725.42	217.63	507.79	239.39	486.03	739.93
Retiree & Child(ren)	592.90	177.87	415.03	195.66	397.24	604.76
Retiree, Spouse and Child(ren)	955.61	286.68	668.93	315.35	640.26	974.72
One With Medicare and One Without Medicare						
Service Area: Bay, Genesee, Gratiot, Lapeer, Midland, Shiawassee, and Tuscola Counties.						
Retiree or Spouse with Medicare	\$ 1,248.07	\$ 374.42	\$ 873.65	\$ 411.86	\$ 836.21	\$ 1,273.03
Retiree or Spouse with Medicare and Child(ren)	1,478.26	443.48	1,034.78	487.83	990.43	1,507.83

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	\$ 828.15	\$ 248.45	\$ 579.71	\$ 273.29	\$ 554.86	\$ 844.71
Retiree & Spouse	1,656.30	496.89	1,159.41	546.58	1,109.72	1,689.43
Retiree & Child(ren)	1,043.47	313.04	730.43	344.35	699.12	1,064.34
Retiree, Spouse & Child(ren)	1,921.30	576.39	1,344.91	634.03	1,287.27	1,959.73
With Medicare						
Service Area: Saginaw County.						
Retiree Only	\$ 362.71	\$ 108.81	\$ 253.90	\$ 119.69	\$ 243.02	\$ 369.96
Retiree & Spouse	725.42	217.63	507.79	239.39	486.03	739.93
Retiree & Child(ren)	578.03	173.41	404.62	190.75	387.28	589.59
Retiree, Spouse and Child(ren)	940.74	282.22	658.52	310.44	630.30	959.55
One With Medicare and One Without Medicare						
Service Area: Saginaw County.						
Retiree or Spouse with Medicare	\$ 1,190.86	\$ 357.26	\$ 833.60	\$ 392.98	\$ 797.88	\$ 1,214.68
Retiree or Spouse with Medicare and Child(ren)	1,406.18	421.85	984.33	464.04	942.14	1,434.30

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	\$ 956.33	\$ 286.90	\$ 669.43	\$ 315.59	\$ 640.74	\$ 975.46
Retiree & Spouse	1,912.66	573.80	1,338.86	631.18	1,281.48	1,950.91
Retiree & Child(ren)	1,204.98	361.49	843.49	397.64	807.34	1,229.08
Retiree, Spouse & Child(ren)	2,218.69	665.61	1,553.08	732.17	1,486.52	2,263.06
With Medicare						
Service Area: Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.						
Retiree Only	\$ 369.28	\$ 110.78	\$ 258.50	\$ 121.86	\$ 247.42	\$ 376.67
Retiree & Spouse	738.56	221.57	516.99	243.72	494.84	753.33
Retiree & Child(ren)	617.93	185.38	432.55	203.92	414.01	630.29
Retiree, Spouse and Child(ren)	987.21	296.16	691.05	325.78	661.43	1,006.95
One With Medicare and One Without Medicare						
Service Area: Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.						
Retiree or Spouse with Medicare	\$ 1,325.61	\$ 397.68	\$ 927.93	\$ 437.45	\$ 888.16	\$ 1,352.12
Retiree or Spouse with Medicare and Child(ren)	1,574.26	472.28	1,101.98	519.51	1,054.75	1,605.75

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	\$ 870.32	\$ 261.10	\$ 609.22	\$ 287.21	\$ 583.11	\$ 887.73
Retiree & Spouse	1,740.64	522.19	1,218.45	574.41	1,166.23	1,775.45
Retiree & Child(ren)	1,096.60	328.98	767.62	361.88	734.72	1,118.53
Retiree, Spouse & Child(ren)	2,019.14	605.74	1,413.40	666.32	1,352.82	2,059.52
With Medicare						
Service Area: Allegan, Barry, Calhoun, Ionia, Kalamazoo, Kent, Montcalm, Muskegon, Newaygo, and Ottawa Counties.						
Retiree Only	\$ 360.00	\$ 108.00	\$ 252.00	\$ 118.80	\$ 241.20	\$ 367.20
Retiree & Spouse	720.00	216.00	504.00	237.60	482.40	734.40
Retiree & Child(ren)	586.28	175.88	410.40	193.47	392.81	598.01
Retiree, Spouse and Child(ren)	946.28	283.88	662.40	312.27	634.01	965.21
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	\$ 1,230.32	\$ 369.10	\$ 861.22	\$ 406.01	\$ 824.31	\$ 1,254.93
Retiree or Spouse with Medicare and Child(ren)	1,456.60	436.98	1,019.62	480.68	975.92	1,485.73
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	\$ 850.50	\$ 255.15	\$ 595.35	\$ 280.67	\$ 569.84	\$ 867.51
Retiree & Spouse	1,701.00	510.30	1,190.70	561.33	1,139.67	1,735.02
Retiree & Child(ren)	1,071.65	321.50	750.16	353.64	718.01	1,093.08
Retiree, Spouse & Child(ren)	1,973.16	591.95	1,381.21	651.14	1,322.02	2,012.62
With Medicare						
Service Area: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.						
Retiree Only	\$ 353.68	\$ 106.10	\$ 247.58	\$ 116.71	\$ 236.97	\$ 360.75
Retiree & Spouse	707.36	212.21	495.15	233.43	473.93	721.51
Retiree & Child(ren)	574.83	172.45	402.38	189.69	385.14	586.33
Retiree, Spouse and Child(ren)	979.52	293.86	685.66	323.24	656.28	999.11
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	\$ 1,204.18	\$ 361.25	\$ 842.93	\$ 397.38	\$ 806.80	\$ 1,228.26
Retiree or Spouse with Medicare and Child(ren)	1,476.34	442.90	1,033.44	487.19	989.15	1,505.87

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	\$ 974.17	\$ 292.25	\$ 681.92	\$ 321.48	\$ 652.69	\$ 993.65
Retiree & Spouse	1,948.34	584.50	1,363.84	642.95	1,305.39	1,987.31
Retiree & Child(ren)	1,227.45	368.24	859.22	405.06	822.39	1,252.00
Retiree, Spouse & Child(ren)	2,260.07	678.02	1,582.05	745.82	1,514.25	2,305.27
With Medicare						
Service Area: Arenac, Bay, Genesee, Lapeer, Oakland, Saginaw, Shiawassee, St. Clair, and Tuscola Counties.						
Retiree Only	\$ 352.22	\$ 105.67	\$ 246.55	\$ 116.23	\$ 235.99	\$ 359.26
Retiree & Spouse	704.43	211.33	493.10	232.46	471.97	718.52
Retiree & Child(ren)	775.84	232.75	543.09	256.03	519.81	791.36
Retiree, Spouse and Child(ren)	1,128.05	338.42	789.64	372.26	755.79	1,150.61
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	\$ 1,326.39	\$ 397.92	\$ 928.47	\$ 437.71	\$ 888.68	\$ 1,352.92
Retiree or Spouse with Medicare and Child(ren)	1,536.54	460.96	1,075.58	507.06	1,029.48	1,567.27

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	\$ 921.93	\$ 276.58	\$ 645.35	\$ 304.24	\$ 617.69	\$ 940.37
Retiree & Spouse	1,843.85	553.16	1,290.70	608.47	1,235.38	1,880.73
Retiree & Child(ren)	1,161.27	348.38	812.89	383.22	778.05	1,184.50
Retiree, Spouse & Child(ren)	2,134.54	640.36	1,494.18	704.40	1,430.14	2,177.23

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	\$ 841.28	\$ 252.38	\$ 588.90	\$ 277.62	\$ 563.66	\$ 858.11
Retiree & Spouse	1,680.84	504.25	1,176.59	554.68	1,126.16	1,714.46
Retiree & Child(ren)	1,058.91	317.67	741.24	349.44	709.47	1,080.09
Retiree, Spouse & Child(ren)	1,949.76	584.93	1,364.83	643.42	1,306.34	1,988.76

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	\$ 841.28	\$ 252.38	\$ 588.90	\$ 277.62	\$ 563.66	\$ 858.11
Retiree & Spouse	1,680.84	504.25	1,176.59	554.68	1,126.16	1,714.46
Retiree & Child(ren)	1,058.91	317.67	741.24	349.44	709.47	1,080.09
Retiree, Spouse & Child(ren)	1,949.76	584.93	1,364.83	643.42	1,306.34	1,988.76
With Medicare						
Service Area: Allegan, Antrim, Benzie, Crawford, Grand Traverse, Kalkaska, Kent, Leelanau, Manistee, Montcalm, Muskegon, Oceana, Osceola, and Ottawa Counties.						
Retiree Only	\$ 570.94	\$ 171.28	\$ 399.66	\$ 188.41	\$ 382.53	\$ 582.36
Retiree & Spouse	1,141.88	342.56	799.32	376.82	765.06	1,164.72
Retiree & Child(ren)	1,001.72	300.52	701.20	330.57	671.15	1,021.75
Retiree, Spouse and Child(ren)	1,572.66	471.80	1,100.86	518.98	1,053.68	1,604.11
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	\$ 1,252.76	\$ 375.83	\$ 876.93	\$ 413.41	\$ 839.35	\$ 1,277.82
Retiree or Spouse with Medicare and Child(ren)	1,683.54	505.06	1,178.48	555.57	1,127.97	1,717.21

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	\$ 841.28	\$ 252.38	\$ 588.90	\$ 277.62	\$ 563.66	\$ 858.11
Retiree & Spouse	1,680.84	504.25	1,176.59	554.68	1,126.16	1,714.46
Retiree & Child(ren)	1,058.91	317.67	741.24	349.44	709.47	1,080.09
Retiree, Spouse & Child(ren)	1,949.76	584.93	1,364.83	643.42	1,306.34	1,988.76

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.