**DEPARTMENT OF CIVIL SERVICE**
**EMPLOYEE BENEFITS DIVISION**
**FY 2005-2006 HMO INSURANCE PREMIUM RATES**
**(Effective October 9, 2005)**

| | | BIWEEKLY | | | ANNUAL | | | BIWEEKLY - PART TIME *1 | | ANNUAL - PART TIME *1 | | MONTHLY | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PLAN NAME/CODE | Option *2 | Employee | State | Total | Employee | State | Total | Employee | State | Employee | State | Leave/LO | COBRA |
| **HCEX BCN MidMichigan** | 1 | $ - | $ 178.54 | $ 178.54 | $ - | $ 4,642.08 | $ 4,642.08 | $ 89.27 | $ 89.27 | $ 2,321.04 | $ 2,321.04 | $ 386.84 | $ 394.58 |
| | 2 | $ - | $ 357.08 | $ 357.08 | $ - | $ 9,284.04 | $ 9,284.04 | $ 178.54 | $ 178.54 | $ 4,642.02 | $ 4,642.02 | $ 773.67 | $ 789.14 |
| | 3 | $ - | $ 314.23 | $ 314.23 | $ - | $ 8,170.08 | $ 8,170.08 | $ 157.12 | $ 157.12 | $ 4,085.04 | $ 4,085.04 | $ 680.84 | $ 694.46 |
| | 4 | $ - | $ 492.78 | $ 492.78 | $ - | $ 12,812.16 | $ 12,812.16 | $ 246.39 | $ 246.39 | $ 6,406.08 | $ 6,406.08 | $ 1,067.68 | $ 1,089.03 |
| **HCEX BCN MidMichigan** | 1 | $ - | $ 178.54 | $ 178.54 | $ - | $ 4,642.08 | $ 4,642.08 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| (T01 only) | 2 | $ - | $ 357.08 | $ 357.08 | $ - | $ 9,284.04 | $ 9,284.04 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 3 | $ - | $ 314.23 | $ 314.23 | $ - | $ 8,170.08 | $ 8,170.08 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 4 | $ - | $ 492.78 | $ 492.78 | $ - | $ 12,812.16 | $ 12,812.16 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **HD00 BCN of East Mich.** | 1 | $ - | $ 178.28 | $ 178.28 | $ - | $ 4,635.36 | $ 4,635.36 | $ 89.14 | $ 89.14 | $ 2,317.68 | $ 2,317.68 | $ 386.28 | $ 394.01 |
| | 2 | $ - | $ 356.57 | $ 356.57 | $ - | $ 9,270.72 | $ 9,270.72 | $ 178.28 | $ 178.28 | $ 4,635.36 | $ 4,635.36 | $ 772.56 | $ 788.01 |
| | 3 | $ - | $ 313.78 | $ 313.78 | $ - | $ 8,158.32 | $ 8,158.32 | $ 156.89 | $ 156.89 | $ 4,079.16 | $ 4,079.16 | $ 679.86 | $ 693.46 |
| | 4 | $ - | $ 492.06 | $ 492.06 | $ - | $ 12,793.68 | $ 12,793.68 | $ 246.03 | $ 246.03 | $ 6,396.84 | $ 6,396.84 | $ 1,066.14 | $ 1,087.46 |
| **HD00 BCN of East Mich.** | 1 | $ - | $ 178.28 | $ 178.28 | $ - | $ 4,635.36 | $ 4,635.36 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| (T01 only) | 2 | $ - | $ 356.57 | $ 356.57 | $ - | $ 9,270.72 | $ 9,270.72 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 3 | $ - | $ 313.78 | $ 313.78 | $ - | $ 8,158.32 | $ 8,158.32 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 4 | $ - | $ 492.06 | $ 492.06 | $ - | $ 12,793.68 | $ 12,793.68 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **HP00 BCN Great Lakes** | 1 | $ - | $ 178.44 | $ 178.44 | $ - | $ 4,639.44 | $ 4,639.44 | $ 89.22 | $ 89.22 | $ 2,319.72 | $ 2,319.72 | $ 386.62 | $ 394.35 |
| **West** | 2 | $ - | $ 356.88 | $ 356.88 | $ - | $ 9,278.88 | $ 9,278.88 | $ 178.44 | $ 178.44 | $ 4,639.44 | $ 4,639.44 | $ 773.24 | $ 788.70 |
| | 3 | $ - | $ 314.05 | $ 314.05 | $ - | $ 8,165.40 | $ 8,165.40 | $ 157.03 | $ 157.03 | $ 4,082.70 | $ 4,082.70 | $ 680.45 | $ 694.06 |
| | 4 | $ - | $ 492.49 | $ 492.49 | $ - | $ 12,804.72 | $ 12,804.72 | $ 246.24 | $ 246.24 | $ 6,402.36 | $ 6,402.36 | $ 1,067.06 | $ 1,088.40 |
| **HP00 BCN Great Lakes** | 1 | $ - | $ 178.44 | $ 178.44 | $ - | $ 4,639.44 | $ 4,639.44 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **West** | 2 | $ - | $ 356.88 | $ 356.88 | $ - | $ 9,278.88 | $ 9,278.88 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| (T01 only) | 3 | $ - | $ 314.05 | $ 314.05 | $ - | $ 8,165.40 | $ 8,165.40 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 4 | $ - | $ 492.49 | $ 492.49 | $ - | $ 12,804.72 | $ 12,804.72 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **HX00 BCN of SE Michigan** | 1 | $ - | $ 174.02 | $ 174.02 | $ - | $ 4,524.48 | $ 4,524.48 | $ 87.01 | $ 87.01 | $ 2,262.24 | $ 2,262.24 | $ 377.04 | $ 384.58 |
| | 2 | $ - | $ 348.05 | $ 348.05 | $ - | $ 9,049.20 | $ 9,049.20 | $ 174.02 | $ 174.02 | $ 4,524.60 | $ 4,524.60 | $ 754.10 | $ 769.18 |
| | 3 | $ - | $ 306.28 | $ 306.28 | $ - | $ 7,963.20 | $ 7,963.20 | $ 153.14 | $ 153.14 | $ 3,981.60 | $ 3,981.60 | $ 663.60 | $ 676.87 |
| | 4 | $ - | $ 480.30 | $ 480.30 | $ - | $ 12,487.68 | $ 12,487.68 | $ 240.15 | $ 240.15 | $ 6,243.84 | $ 6,243.84 | $ 1,040.64 | $ 1,061.45 |
| **HX00 BCN of SE Michigan** | 1 | $ - | $ 174.02 | $ 174.02 | $ - | $ 4,524.48 | $ 4,524.48 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| (T01 only) | 2 | $ - | $ 348.05 | $ 348.05 | $ - | $ 9,049.20 | $ 9,049.20 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 3 | $ - | $ 306.28 | $ 306.28 | $ - | $ 7,963.20 | $ 7,963.20 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 4 | $ - | $ 480.30 | $ 480.30 | $ - | $ 12,487.68 | $ 12,487.68 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **HZ00 Care Choices** | 1 | $ - | $ 178.90 | $ 178.90 | $ - | $ 4,651.32 | $ 4,651.32 | $ 89.45 | $ 89.45 | $ 2,325.66 | $ 2,325.66 | $ 387.61 | $ 395.36 |
| | 2 | $ - | $ 357.80 | $ 357.80 | $ - | $ 9,302.76 | $ 9,302.76 | $ 178.90 | $ 178.90 | $ 4,651.38 | $ 4,651.38 | $ 775.23 | $ 790.73 |
| | 3 | $ - | $ 314.86 | $ 314.86 | $ - | $ 8,186.28 | $ 8,186.28 | $ 157.43 | $ 157.43 | $ 4,093.14 | $ 4,093.14 | $ 682.19 | $ 695.83 |
| | 4 | $ - | $ 493.76 | $ 493.76 | $ - | $ 12,837.72 | $ 12,837.72 | $ 246.88 | $ 246.88 | $ 6,418.86 | $ 6,418.86 | $ 1,069.81 | $ 1,091.21 |
| **HZ00 Care Choices** | 1 | $ - | $ 178.90 | $ 178.90 | $ - | $ 4,651.32 | $ 4,651.32 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| (T01 only) | 2 | $ - | $ 357.80 | $ 357.80 | $ - | $ 9,302.76 | $ 9,302.76 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 3 | $ - | $ 314.86 | $ 314.86 | $ - | $ 8,186.28 | $ 8,186.28 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 4 | $ - | $ 493.76 | $ 493.76 | $ - | $ 12,837.72 | $ 12,837.72 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |

| PLAN NAME/CODE | Option *2 | BIWEEKLY | | | ANNUAL | | | BIWEEKLY - PART TIME *1 | | ANNUAL - PART TIME *1 | | MONTHLY | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Employee | State | Total | Employee | State | Total | Employee | State | Employee | State | Leave/LO | COBRA |
| **HN00 Grand Valley Health *3** | 1 | $ - | $ 169.74 | $ 169.74 | $ - | $ 4,413.36 | $ 4,413.36 | $ 84.87 | $ 84.87 | $ 2,206.68 | $ 2,206.68 | $ 367.78 | $ 375.14 |
| | 2 | $ - | $ 339.49 | $ 339.49 | $ - | $ 8,826.72 | $ 8,826.72 | $ 169.74 | $ 169.74 | $ 4,413.36 | $ 4,413.36 | $ 735.56 | $ 750.27 |
| | 3 | $ - | $ 298.75 | $ 298.75 | $ - | $ 7,767.48 | $ 7,767.48 | $ 149.37 | $ 149.37 | $ 3,883.74 | $ 3,883.74 | $ 647.29 | $ 660.24 |
| | 4 | $ - | $ 468.49 | $ 468.49 | $ - | $ 12,180.84 | $ 12,180.84 | $ 234.25 | $ 234.25 | $ 6,090.42 | $ 6,090.42 | $ 1,015.07 | $ 1,035.37 |
| **HI00 Health Alliance Plan** | 1 | $ - | $ 167.67 | $ 167.67 | $ - | $ 4,359.36 | $ 4,359.36 | $ 83.83 | $ 83.83 | $ 2,179.68 | $ 2,179.68 | $ 363.28 | $ 370.55 |
| | 2 | $ - | $ 335.34 | $ 335.34 | $ - | $ 8,718.84 | $ 8,718.84 | $ 167.67 | $ 167.67 | $ 4,359.42 | $ 4,359.42 | $ 726.57 | $ 741.10 |
| | 3 | $ - | $ 295.10 | $ 295.10 | $ - | $ 7,672.56 | $ 7,672.56 | $ 147.55 | $ 147.55 | $ 3,836.28 | $ 3,836.28 | $ 639.38 | $ 652.17 |
| | 4 | $ - | $ 462.77 | $ 462.77 | $ - | $ 12,032.04 | $ 12,032.04 | $ 231.39 | $ 231.39 | $ 6,016.02 | $ 6,016.02 | $ 1,002.67 | $ 1,022.72 |
| **HI00 Health Alliance Plan** | 1 | $ - | $ 167.67 | $ 167.67 | $ - | $ 4,359.36 | $ 4,359.36 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| (T01 only) | 2 | $ - | $ 335.34 | $ 335.34 | $ - | $ 8,718.84 | $ 8,718.84 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 3 | $ - | $ 295.10 | $ 295.10 | $ - | $ 7,672.56 | $ 7,672.56 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 4 | $ - | $ 462.77 | $ 462.77 | $ - | $ 12,032.04 | $ 12,032.04 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **HJ00 HealthPlus of Mich.** | 1 | $ - | $ 185.44 | $ 185.44 | $ - | $ 4,821.48 | $ 4,821.48 | $ 92.72 | $ 92.72 | $ 2,410.74 | $ 2,410.74 | $ 401.79 | $ 409.83 |
| | 2 | $ - | $ 370.88 | $ 370.88 | $ - | $ 9,642.96 | $ 9,642.96 | $ 185.44 | $ 185.44 | $ 4,821.48 | $ 4,821.48 | $ 803.58 | $ 819.65 |
| | 3 | $ - | $ 326.38 | $ 326.38 | $ - | $ 8,485.80 | $ 8,485.80 | $ 163.19 | $ 163.19 | $ 4,242.90 | $ 4,242.90 | $ 707.15 | $ 721.29 |
| | 4 | $ - | $ 511.82 | $ 511.82 | $ - | $ 13,307.28 | $ 13,307.28 | $ 255.91 | $ 255.91 | $ 6,653.64 | $ 6,653.64 | $ 1,108.94 | $ 1,131.12 |
| **HJ00 HealthPlus of Mich.** | 1 | $ - | $ 185.44 | $ 185.44 | $ - | $ 4,821.48 | $ 4,821.48 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| (T01 only) | 2 | $ - | $ 370.88 | $ 370.88 | $ - | $ 9,642.96 | $ 9,642.96 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 3 | $ - | $ 326.38 | $ 326.38 | $ - | $ 8,485.80 | $ 8,485.80 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 4 | $ - | $ 511.82 | $ 511.82 | $ - | $ 13,307.28 | $ 13,307.28 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **H5F0 M-Care HMO** | 1 | $ - | $ 170.81 | $ 170.81 | $ - | $ 4,440.96 | $ 4,440.96 | $ 85.40 | $ 85.40 | $ 2,220.48 | $ 2,220.48 | $ 370.08 | $ 377.48 |
| | 2 | $ - | $ 341.62 | $ 341.62 | $ - | $ 8,882.04 | $ 8,882.04 | $ 170.81 | $ 170.81 | $ 4,441.02 | $ 4,441.02 | $ 740.17 | $ 754.97 |
| | 3 | $ - | $ 300.62 | $ 300.62 | $ - | $ 7,816.08 | $ 7,816.08 | $ 150.31 | $ 150.31 | $ 3,908.04 | $ 3,908.04 | $ 651.34 | $ 664.37 |
| | 4 | $ - | $ 471.43 | $ 471.43 | $ - | $ 12,257.16 | $ 12,257.16 | $ 235.71 | $ 235.71 | $ 6,128.58 | $ 6,128.58 | $ 1,021.43 | $ 1,041.86 |
| **H5F0 M-Care HMO** | 1 | $ - | $ 170.81 | $ 170.81 | $ - | $ 4,440.96 | $ 4,440.96 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| (T01 only) | 2 | $ - | $ 341.62 | $ 341.62 | $ - | $ 8,882.04 | $ 8,882.04 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 3 | $ - | $ 300.62 | $ 300.62 | $ - | $ 7,816.08 | $ 7,816.08 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 4 | $ - | $ 471.43 | $ 471.43 | $ - | $ 12,257.16 | $ 12,257.16 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **HMEX Physicians Health** | 1 | $ - | $ 185.40 | $ 185.40 | $ - | $ 4,820.28 | $ 4,820.28 | $ 92.70 | $ 92.70 | $ 2,410.14 | $ 2,410.14 | $ 401.69 | $ 409.72 |
| **Plan Lansing** | 2 | $ - | $ 369.33 | $ 369.33 | $ - | $ 9,602.52 | $ 9,602.52 | $ 184.66 | $ 184.66 | $ 4,801.26 | $ 4,801.26 | $ 800.21 | $ 816.21 |
| | 3 | $ - | $ 324.68 | $ 324.68 | $ - | $ 8,441.76 | $ 8,441.76 | $ 162.34 | $ 162.34 | $ 4,220.88 | $ 4,220.88 | $ 703.48 | $ 717.55 |
| | 4 | $ - | $ 509.41 | $ 509.41 | $ - | $ 13,244.76 | $ 13,244.76 | $ 254.71 | $ 254.71 | $ 6,622.38 | $ 6,622.38 | $ 1,103.73 | $ 1,125.80 |
| **HMEX Physicians Health** | 1 | $ - | $ 185.40 | $ 185.40 | $ - | $ 4,820.28 | $ 4,820.28 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **Plan Lansing** | 2 | $ - | $ 369.33 | $ 369.33 | $ - | $ 9,602.52 | $ 9,602.52 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| (T01 only) | 3 | $ - | $ 324.68 | $ 324.68 | $ - | $ 8,441.76 | $ 8,441.76 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 4 | $ - | $ 509.41 | $ 509.41 | $ - | $ 13,244.76 | $ 13,244.76 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **HOEX Physicians Health** | 1 | $ - | $ 183.18 | $ 183.18 | $ - | $ 4,762.56 | $ 4,762.56 | $ 91.59 | $ 91.59 | $ 2,381.28 | $ 2,381.28 | $ 396.88 | $ 404.82 |
| **Plan Jackson *4** | 2 | $ - | $ 366.34 | $ 366.34 | $ - | $ 9,524.88 | $ 9,524.88 | $ 183.17 | $ 183.17 | $ 4,762.44 | $ 4,762.44 | $ 793.74 | $ 809.61 |
| | 3 | $ - | $ 322.38 | $ 322.38 | $ - | $ 8,381.88 | $ 8,381.88 | $ 161.19 | $ 161.19 | $ 4,190.94 | $ 4,190.94 | $ 698.49 | $ 712.46 |
| | 4 | $ - | $ 505.56 | $ 505.56 | $ - | $ 13,144.44 | $ 13,144.44 | $ 252.78 | $ 252.78 | $ 6,572.22 | $ 6,572.22 | $ 1,095.37 | $ 1,117.28 |
| **HOEX Physicians Health** | 1 | $ - | $ 183.18 | $ 183.18 | $ - | $ 4,762.56 | $ 4,762.56 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **Plan Jackson** | 2 | $ - | $ 366.34 | $ 366.34 | $ - | $ 9,524.88 | $ 9,524.88 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| (T01 only) | 3 | $ - | $ 322.38 | $ 322.38 | $ - | $ 8,381.88 | $ 8,381.88 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 4 | $ - | $ 505.56 | $ 505.56 | $ - | $ 13,144.44 | $ 13,144.44 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |

| PLAN NAME/CODE | Option *2 | BIWEEKLY | | | ANNUAL | | | BIWEEKLY - PART TIME *1 | | ANNUAL - PART TIME *1 | | MONTHLY | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Employee | State | Total | Employee | State | Total | Employee | State | Employee | State | Leave/LO | COBRA |
| **HF00 Priority Health Plan** | 1 | $ - | $ 177.73 | $ 177.73 | $ - | $ 4,621.08 | $ 4,621.08 | $ 88.87 | $ 88.87 | $ 2,310.54 | $ 2,310.54 | $ 385.09 | $ 392.79 |
| | 2 | $ - | $ 355.48 | $ 355.48 | $ - | $ 9,242.40 | $ 9,242.40 | $ 177.74 | $ 177.74 | $ 4,621.20 | $ 4,621.20 | $ 770.20 | $ 785.60 |
| | 3 | $ - | $ 312.81 | $ 312.81 | $ - | $ 8,133.00 | $ 8,133.00 | $ 156.40 | $ 156.40 | $ 4,066.50 | $ 4,066.50 | $ 677.75 | $ 691.31 |
| | 4 | $ - | $ 490.57 | $ 490.57 | $ - | $ 12,754.80 | $ 12,754.80 | $ 245.28 | $ 245.28 | $ 6,377.40 | $ 6,377.40 | $ 1,062.90 | $ 1,084.16 |
| **HF00 Priority Health Plan** | 1 | $ - | $ 177.73 | $ 177.73 | $ - | $ 4,621.08 | $ 4,621.08 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| (T01 only) | 2 | $ - | $ 355.48 | $ 355.48 | $ - | $ 9,242.40 | $ 9,242.40 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 3 | $ - | $ 312.81 | $ 312.81 | $ - | $ 8,133.00 | $ 8,133.00 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| | 4 | $ - | $ 490.57 | $ 490.57 | $ - | $ 12,754.80 | $ 12,754.80 | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **HL00 Total Health Care *3** | 1 | $ - | $ 123.76 | $ 123.76 | $ - | $ 3,217.80 | $ 3,217.80 | $ 61.88 | $ 61.88 | $ 1,608.90 | $ 1,608.90 | $ 268.15 | $ 273.51 |
| | 2 | $ - | $ 247.52 | $ 247.52 | $ - | $ 6,435.60 | $ 6,435.60 | $ 123.76 | $ 123.76 | $ 3,217.80 | $ 3,217.80 | $ 536.30 | $ 547.03 |
| | 3 | $ - | $ 217.82 | $ 217.82 | $ - | $ 5,663.28 | $ 5,663.28 | $ 108.91 | $ 108.91 | $ 2,831.64 | $ 2,831.64 | $ 471.94 | $ 481.38 |
| | 4 | $ - | $ 341.58 | $ 341.58 | $ - | $ 8,881.08 | $ 8,881.08 | $ 170.79 | $ 170.79 | $ 4,440.54 | $ 4,440.54 | $ 740.09 | $ 754.89 |

*1 Part-time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).
*2 Health, dental and vision option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.
*3 This HMO is not authorized to accept employees in bargaining units W22 and W41 as new members. However, employees who are already enrolled may remain enrolled.
*4 This HMO is not authorized to accept employees in bargaining unit C12 as new members. However, employees who are already enrolled may remain enrolled.