Michigan Department of Civil Service, Employee Benefits Division
FY 2003-2004 Bi-weekly Group Insurance Premium Rates
October 12, 2003

				Part time employees *1	
	Status *2	**Employee**	**State**	**Employee**	**State**
PLAN NAME/CODE	(a)	(b)	(c)	(d)	(e)
State Health Plan	1	$ 7.95	$ 151.12	$ 79.53	$ 79.53
Code YHA0	2	$ 15.91	$ 302.23	$ 159.07	$ 159.07
	3	$ 13.99	$ 265.76	$ 139.87	$ 139.87
	4	$ 21.94	$ 416.83	$ 219.38	$ 219.38
Employee or Spouse	5	-	$ 151.12	$ 75.56	$ 75.56
with Medicare	6	-	$ 302.24	$ 151.12	$ 151.12
	7	-	$ 265.74	$ 132.87	$ 132.87
	8	-	$ 416.83	$ 208.42	$ 208.42
State Health Plan	1	-	$ 159.07	(n/a)	(n/a)
(bargaining unit T01 only)	2	-	$ 318.14	(n/a)	(n/a)
	3	-	$ 279.74	(n/a)	(n/a)
	4	-	$ 438.77	(n/a)	(n/a)
Spon Dep. (new enrollments not available)	(65+)			(n/a)	(n/a)
Catastrophic Health Plan *3	1	-	$ 15.81	$ 7.91	$ 7.91
Code YH20	2	-	$ 31.62	$ 15.81	$ 15.81
	3	-	$ 31.62	$ 15.81	$ 15.81
	4	-	$ 31.62	$ 15.81	$ 15.81
Decline Health Cov. *4 Code YH4Z	(n/a)	(n/a)	(n/a)		(n/a)
State Vision Plan	1	-	$ 2.65	$ 1.32	$ 1.32
Code YVB0	2	-	$ 4.65	$ 2.32	$ 2.32
	3	-	$ 5.68	$ 2.84	$ 2.84
	4	-	$ 7.69	$ 3.85	$ 3.85
State Dental Plan	1	$ 0.83	$ 15.77	$ 8.30	$ 8.30
Code YDB0	2	$ 1.51	$ 28.78	$ 15.15	$ 15.15
	3	$ 1.84	$ 35.05	$ 18.45	$ 18.45
	4	$ 2.53	$ 48.01	$ 25.27	$ 25.27
Decline Dental Coverage *4	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
Preventive Dental Plan *5	1	-	$ 2.99	$ 1.50	$ 1.50
Code YDP0	2	-	$ 5.21	$ 2.61	$ 2.61
	3	-	$ 5.21	$ 2.61	$ 2.61
	4	-	$ 7.42	$ 3.71	$ 3.71
Midwestern Dental (DMO)	1	-	$ 15.99	$ 7.99	$ 7.99
Code YDM0	2	-	$ 15.99	$ 7.99	$ 7.99
	3	-	$ 15.99	$ 7.99	$ 7.99
	4	-	$ 15.99	$ 7.99	$ 7.99

Please note: Except where indicated, State pays 100% of health premiums for bargaining unit T-01.

*1 Part time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 & A31) whose regular work schedule is 40 hours or less per biweekly pay period (except bargaining unit T01) pay premiums according to column (d). Other part time employees pay according to column (b). Permanent Intermittent employees are not covered by this.

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

*3 Enrollees in the Catastrophic Health Plan will receive a $50 rebate with each paycheck beginning October 23, 2003.

*4 Employees who opt out of health or dental 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 or Preventive Dental Plan.

*5 Employees enrolled in the Preventive Dental Plan will receive a $100.00 lump sum payment on November 6, 2003.

Michigan Department of Civil Service, Employee Benefits Division
FY 2003-2004 Bi-weekly Group Insurance Premium Rates
October 12, 2003

PLAN NAME/CODE	Status *2 (a)	Employee (b)	State (c)	Part time employees *1 Employee (d)	Part time employees *1 State (e)
BCN MidMichigan	1	$ 12.66	$ 151.12	$ 81.89	$ 81.89
(all bargaining units except T01)	2	$ 25.31	$ 302.23	$ 163.77	$ 163.77
Code YHC0	3	$ 22.48	$ 265.76	$ 144.12	$ 144.12
	4	$ 35.18	$ 416.83	$ 226.01	$ 226.01
BCN MidMichigan	1	$ 4.70	$ 159.07	(n/a)	(n/a)
(bargaining unit T01 only)	2	$ 9.41	$ 318.14	(n/a)	(n/a)
Code YHC0	3	$ 8.50	$ 279.74	(n/a)	(n/a)
	4	$ 13.25	$ 438.77	(n/a)	(n/a)
BCN of East Michigan	1	-	$ 148.94	$ 74.47	$ 74.47
Code YHD0	2	-	$ 297.88	$ 148.94	$ 148.94
	3	-	$ 262.13	$ 131.07	$ 131.07
	4	-	$ 411.07	$ 205.53	$ 205.53
BCN Great Lakes West	1	$ 51.71	$ 151.12	$ 101.41	$ 101.41
(all bargaining units except T01)	2	$ 103.41	$ 302.23	$ 202.82	$ 202.82
Code YHP0	3	$ 91.21	$ 265.76	$ 178.48	$ 178.48
	4	$ 142.96	$ 416.83	$ 279.90	$ 279.90
BCN Great Lakes West	1	$ 43.75	$ 159.07	(n/a)	(n/a)
(bargaining unit T01 only)	2	$ 87.51	$ 318.14	(n/a)	(n/a)
Code YHP0	3	$ 77.22	$ 279.74	(n/a)	(n/a)
	4	$ 121.02	$ 438.77	(n/a)	(n/a)
Blue Care Network of SE Mich.	1	-	$ 143.01	$ 71.51	$ 71.51
Code YHX0	2	-	$ 286.02	$ 143.01	$ 143.01
	3	-	$ 251.70	$ 125.85	$ 125.85
	4	-	$ 394.71	$ 197.36	$ 197.36
Care Choices of Ann Arbor	1	-	$ 142.09	$ 71.04	$ 71.04
Code YHZ0	2	-	$ 284.18	$ 142.09	$ 142.09
	3	-	$ 250.08	$ 125.04	$ 125.04
	4	-	$ 392.17	$ 196.08	$ 196.08
Grand Valley Health Plan *3	1	-	$ 137.62	$ 68.81	$ 68.81
Code YHN0	2	-	$ 275.23	$ 137.62	$ 137.62
	3	-	$ 242.21	$ 121.10	$ 121.10
	4	-	$ 379.82	$ 189.91	$ 189.91
Health Alliance Plan	1	-	$ 141.84	$ 70.92	$ 70.92
Code YHI0	2	-	$ 283.67	$ 141.84	$ 141.84
	3	-	$ 249.63	$ 124.82	$ 124.82
	4	-	$ 391.47	$ 195.73	$ 195.73
HealthPlus of Michigan	1	-	$ 150.48	$ 75.24	$ 75.24
Code YHJ0	2	-	$ 300.96	$ 150.48	$ 150.48
	3	-	$ 264.84	$ 132.42	$ 132.42
	4	-	$ 415.32	$ 207.66	$ 207.66

Please note: Except where indicated, State pays 100% of health premiums for bargaining unit T01.

*1 See footnote #1 on the bottom of page 1.

*2 Health, dental and vision status 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.

October 12, 2003

PLAN NAME/CODE	Status *2 (a)	Employee (b)	State (c)	Part time employees *1 Employee (d)	Part time employees *1 State (e)
M-Care HMO	1	$ 2.25	$ 151.12	$ 76.68	$ 76.68
Code YH50	2	$ 4.52	$ 302.23	$ 153.37	$ 153.37
	3	$ 4.16	$ 265.76	$ 134.96	$ 134.96
	4	$ 6.45	$ 416.83	$ 211.64	$ 211.64
M-Care HMO	1	-	$ 153.36	(n/a)	(n/a)
(bargaining unit T01 only)	2	-	$ 306.75	(n/a)	(n/a)
Code YH50	3	-	$ 269.92	(n/a)	(n/a)
	4	-	$ 423.28	(n/a)	(n/a)
OmniCare HMO Plan	1	-	$ 136.40	$ 68.20	$ 68.20
Code YHH1	2	-	$ 239.58	$ 119.79	$ 119.79
	3	-	$ 239.85	$ 119.92	$ 119.92
	4	-	$ 376.24	$ 188.12	$ 188.12
Physicians Health Plan (Lansing)	1	$ 12.26	$ 151.12	$ 81.69	$ 81.69
(all bargaining units except T01)	2	$ 23.24	$ 302.23	$ 162.73	$ 162.73
Code YHM0	3	$ 20.37	$ 265.76	$ 143.06	$ 143.06
	4	$ 32.09	$ 416.83	$ 224.46	$ 224.46
Physicians Health Plan (Lansing)	1	$ 4.31	$ 159.07	(n/a)	(n/a)
(bargaining unit T01 only)	2	$ 7.33	$ 318.14	(n/a)	(n/a)
Code YHM0	3	$ 6.38	$ 279.74	(n/a)	(n/a)
	4	$ 10.15	$ 438.77	(n/a)	(n/a)
Physicians Health Plan (Jackson) *3	1	$ 3.12	$ 151.12	$ 77.12	$ 77.12
(all bargaining units except T01)	2	$ 6.39	$ 302.23	$ 154.31	$ 154.31
Code YHO1	3	$ 5.77	$ 265.76	$ 135.76	$ 135.76
	4	$ 9.11	$ 416.83	$ 212.97	$ 212.97
Physicians Health Plan (Jackson)	1	-	$ 154.23	(n/a)	(n/a)
(bargaining unit T01 only)	2	-	$ 308.63	(n/a)	(n/a)
	3	-	$ 271.52	(n/a)	(n/a)
	4	-	$ 425.94	(n/a)	(n/a)
Priority Health Plan	1	-	$ 148.20	$ 74.10	$ 74.10
Code YHF0	2	-	$ 296.42	$ 148.21	$ 148.21
	3	-	$ 260.89	$ 130.45	$ 130.45
	4	-	$ 409.11	$ 204.55	$ 204.55
Total Health Care *4	1	-	$ 108.41	$ 54.21	$ 54.21
Code YHL0	2	-	$ 216.82	$ 108.41	$ 108.41
	3	-	$ 190.80	$ 95.40	$ 95.40
	4	-	$ 299.95	$ 149.98	$ 149.98
The Wellness Plan *4	1	-	$ 149.12	$ 74.56	$ 74.56
Code YHK0	2	-	$ 298.25	$ 149.12	$ 149.12
	3	-	$ 262.46	$ 131.23	$ 131.23
	4	-	$ 411.58	$ 205.79	$ 205.79

Please note: Except where indicated, State pays 100% of health premiums for bargaining unit T01.

*1 See footnote #1 on the bottom of page 1.

*2 Health, dental and vision status 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 C12 as new members. However, employees who are already enrolled may remain enrolled.

*4 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.

Michigan Department of Civil Service, Employee Benefits Division
FY 2003-2004 Bi-weekly Group Insurance Premium Rates
October 12, 2003

				Part time employees *1	
	Status *2	**Employee**	**State**	**Employee**	**State**
PLAN NAME/CODE	(a)	(b)	(c)	(d)	(e)
Employee Life Only, 2 x salary					
Codes YLAO, YLEO,	(n/a)	-	$0.21/$1,000	-	$0.21/$1,000
Code YLE0 (Fire/Crash Officers)	(n/a)	-	$0.26/$1,000	-	$0.26/$1,000
Employee Life Only, 1 x salary *3					
Code YLR0	(n/a)	-	$0.21/$1,000	-	$0.21/$1,000
Code YLR0 (Fire/Crash Officers)	(n/a)	-	$0.26/$1,000	-	$0.26/$1,000
Dependents Life Options					
Sp $1,500 &/Or Ch $1,000	1	$ 0.20	-	$ 0.20	-
Sp $5,000 &/or Ch $2,500	2	$ 0.60	-	$ 0.60	-
Sp $10,000 &/or Ch $5,000	3	$ 1.20	-	$ 1.20	-
Sp $25,000 &/or Ch $10,000	4	$ 4.00	-	$ 4.00	-
Child(ren) Only $10,000	5	$ 0.75	-	$ 0.75	-

Please note: Except where indicated, State pays 100% of health premiums for bargaining unit T01.

*1 See footnote #1 on the bottom of page 1.

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

*3 Employees enrolled in the Reduced Benefit Life Insurance Plan will receive a bi-weekly rebate beginning Oct. 23, 2003.

Office of the State Employer
Employee Health Management
FY 2003-2004 Bi-weekly Long Term Disability Premium Rates
Rates per $100 of Earnings*
October 12, 2003

	Status	**Employee**	**State**
PLAN CODE/DESCRIPTION	(a)	(b)	(c)
YIA0: Less than 184 hours sick leave	Plan I	$ 2.13	$ 1.04
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.58	$ 1.04
YIA2: 528 hours or more sick leave	Plan IIB	-	$ 1.04
YIA3: Reached Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.79	$ 1.04

Calculation of Employee Contribution:
Bi-Weekly contribution = Hourly Rate times 2088, divided by 26, divided by 100, times Employee Rate per Plan (I, IIA, IIB or IIC)

Employees interested in enrolling in LTD should contact their Human Resources office for enrollment information.
If you have any questions about LTD, please contact Employee Health Management at (517) 241-9090.

* Benefits are subject to maximums as defined in the LTD Plan Booklet.