CIVIL SERVICE COMMISION
EMPLOYEE BENEFITS DIVISION
FY 2015-2016 GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 11, 2015
FOR NERE and BARGAINING UNITS: UAW (W22, W41), MSEA (A02, A31), and SEIU 517M (E42, H21, L32)

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME [1]		ANNUAL - PART TIME [1]		MONTHLY	
PLAN NAME/CODE	**Option**	**Employee**	**State**	**Total**	**Employee**	**State**	**Total**	**Employee**	**State**	**Employee**	**State**	**Leave/LO**	**COBRA**
[HAEX] State Health Plan PPO	Employee Only	$ 62.74	$ 250.94	$ 313.68	$ 1,631.14	$ 6,524.54	$ 8,155.68	$ 156.84	$ 156.84	$ 4,077.84	$ 4,077.84	$ 679.64	$ 693.23
	Employee & Spouse	$ 125.48	$ 501.91	$ 627.39	$ 3,262.40	$ 13,049.61	$ 16,312.01	$ 313.69	$ 313.69	$ 8,156.00	$ 8,156.01	$ 1,359.33	$ 1,386.52
	Employee & Child (ren)	$ 110.42	$ 441.68	$ 552.10	$ 2,870.90	$ 11,483.59	$ 14,354.49	$ 276.05	$ 276.05	$ 7,177.24	$ 7,177.25	$ 1,196.21	$ 1,220.13
	Full Family	$ 173.16	$ 692.63	$ 865.79	$ 4,502.10	$ 18,008.40	$ 22,510.50	$ 432.89	$ 432.89	$ 11,255.25	$ 11,255.25	$ 1,875.88	$ 1,913.39
Employee or Spouse with Medicare	Employee Only	$ -	$ 250.94	$ 250.94	$ -	$ 6,524.54	$ 6,524.54	$ -	$ -	$ -	$ -	$ 543.71	$ 554.59
(State Pays 100%)	Employee & Spouse	$ -	$ 501.91	$ 501.91	$ -	$ 13,049.61	$ 13,049.61	$ -	$ -	$ -	$ -	$ 1,087.47	$ 1,109.22
	Employee & Child (ren)	$ -	$ 441.68	$ 441.68	$ -	$ 11,483.59	$ 11,483.59	$ -	$ -	$ -	$ -	$ 956.97	$ 976.11
	Full Family	$ -	$ 692.63	$ 692.63	$ -	$ 18,008.40	$ 18,008.40	$ -	$ -	$ -	$ -	$ 1,500.70	$ 1,530.71
[H2F0] Catastrophic Health Plan [2]	Employee Only	$ -	$ 15.81	$ 15.81	$ -	$ 411.06	$ 411.06	$ -	$ 7.91	$ -	$ 205.53	$ 34.26	$ 34.94
	Employee & Spouse	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ -	$ 15.81	$ -	$ 411.06	$ 68.51	$ 69.88
	Employee & Child (ren)	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ -	$ 15.81	$ -	$ 411.06	$ 68.51	$ 69.88
	Full Family	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ -	$ 15.81	$ -	$ 411.06	$ 68.51	$ 69.88
[H3ZN] Decline Health Insurance	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[H4ZN] "Opt Out" Health [3]	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[VBW0] State Vision Plan	Employee Only	$ -	$ 2.38	$ 2.38	$ -	$ 61.97	$ 61.97	$ 1.19	$ 1.19	$ 30.98	$ 30.99	$ 5.16	$ 5.27
	Employee & Spouse	$ -	$ 4.19	$ 4.19	$ -	$ 108.88	$ 108.88	$ 2.09	$ 2.09	$ 54.44	$ 54.44	$ 9.07	$ 9.26
	Employee & Child (ren)	$ -	$ 5.12	$ 5.12	$ -	$ 132.99	$ 132.99	$ 2.56	$ 2.56	$ 66.49	$ 66.50	$ 11.08	$ 11.30
	Full Family	$ -	$ 6.93	$ 6.93	$ -	$ 180.23	$ 180.23	$ 3.47	$ 3.47	$ 90.11	$ 90.12	$ 15.02	$ 15.32
[V3ZN] Decline Vision Insurance	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[DBEX] State Dental Plan	Employee Only	$ 1.05	$ 19.87	$ 20.92	$ 27.19	$ 516.53	$ 543.72	$ 10.46	$ 10.46	$ 271.86	$ 271.86	$ 45.31	$ 46.22
	Employee & Spouse	$ 1.91	$ 36.26	$ 38.17	$ 49.62	$ 942.74	$ 992.36	$ 19.08	$ 19.08	$ 496.18	$ 496.18	$ 82.70	$ 84.35
	Employee & Child (ren)	$ 2.32	$ 44.16	$ 46.48	$ 60.43	$ 1,148.10	$ 1,208.53	$ 23.24	$ 23.24	$ 604.26	$ 604.27	$ 100.71	$ 102.73
	Full Family	$ 3.18	$ 60.49	$ 63.67	$ 82.77	$ 1,572.63	$ 1,655.40	$ 31.83	$ 31.83	$ 827.70	$ 827.70	$ 137.95	$ 140.71
[DP00] Preventive Dental Plan	Employee Only	$ -	$ 2.99	$ 2.99	$ -	$ 77.74	$ 77.74	$ 1.50	$ 1.50	$ 38.87	$ 38.87	$ 6.48	$ 6.61
	Employee & Spouse	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 11.29	$ 11.51
	Employee & Child (ren)	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 11.29	$ 11.51
	Full Family	$ -	$ 7.42	$ 7.42	$ -	$ 192.92	$ 192.92	$ 3.71	$ 3.71	$ 96.46	$ 96.46	$ 16.08	$ 16.40
[DMEX] Midwestern Dental (DMO)	Employee Only	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
	Employee & Spouse	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
	Employee & Child (ren)	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
	Full Family	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
[D3ZN] Decline Dental Insurance	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
[D4ZN] "Opt Out" Dental [4]	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

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		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME [1]		ANNUAL - PART TIME [1]		MONTHLY	
PLAN NAME/CODE	**Option**	**Employee**	**State**	**Total**	**Employee**	**State**	**Total**	**Employee**	**State**	**Employee**	**State**	**Leave/LO**	**COBRA**
[LUS/LUT/LRS] Employee Life Only	Employee Only	$ -	24¢/$1,000	24¢/$1,000	$ -	$6.24/$1,000	$6.24/$1,000			$ -	24¢/$1,000	52¢/$1,000	$ -
[LUEX/LREX] Employee Life Only (Fire/Crash Rescue Officers--51-01 only)	Employee Only	$ -	26¢/$1,000	26¢/$1,000	$ -	$6.76/$1,000	$6.76/$1,000			$ -	26¢/$1,000	56¢/$1,000	$ -
[DL01] Dependent Life Options	Sp $ 1,500 &/or Ch $ 1,000	$ 0.20	$ -	$ 0.20	$ 5.20	$ -	$ 5.20	$ 0.20	$ -	$ 5.20	$ -	$ 0.43	$ -
	Sp $ 5,000 &/or Ch $ 2,500	$ 0.60	$ -	$ 0.60	$ 15.60	$ -	$ 15.60	$ 0.60	$ -	$ 15.60	$ -	$ 1.30	$ -
	Sp $10,000 &/or Ch $ 5,000	$ 1.20	$ -	$ 1.20	$ 31.20	$ -	$ 31.20	$ 1.20	$ -	$ 31.20	$ -	$ 2.60	$ -
	Sp $25,000 &/or Ch $10,000	$ 4.00	$ -	$ 4.00	$ 104.00	$ -	$ 104.00	$ 4.00	$ -	$ 104.00	$ -	$ 8.67	$ -
	Child(ren) Only $10,000	$ 0.75	$ -	$ 0.75	$ 19.50	$ -	$ 19.50	$ 0.75	$ -	$ 19.50	$ -	$ 1.63	$ -
[HBCN] Blue Care Network	Employee Only	$ 40.50	$ 229.50	$ 270.00	$ 1,053.02	$ 5,967.10	$ 7,020.12	$ 135.00	$ 135.00	$ 3,510.06	$ 3,510.06	$ 585.01	$ 596.71
	Employee & Spouse	$ 81.00	$ 459.01	$ 540.01	$ 2,106.04	$ 11,934.20	$ 14,040.24	$ 270.00	$ 270.00	$ 7,020.12	$ 7,020.12	$ 1,170.02	$ 1,193.42
	Employee & Child (ren)	$ 71.28	$ 403.92	$ 475.20	$ 1,853.30	$ 10,502.02	$ 12,355.32	$ 237.60	$ 237.60	$ 6,177.66	$ 6,177.66	$ 1,029.61	$ 1,050.20
	Full Family	$ 111.78	$ 633.43	$ 745.21	$ 2,906.32	$ 16,469.12	$ 19,375.44	$ 372.60	$ 372.60	$ 9,687.72	$ 9,687.72	$ 1,614.62	$ 1,646.91
[HI00] Health Alliance Plan	Employee Only	$ 38.53	$ 218.32	$ 256.85	$ 1,001.68	$ 5,676.20	$ 6,677.88	$ 128.42	$ 128.42	$ 3,338.94	$ 3,338.94	$ 556.49	$ 567.62
	Employee & Spouse	$ 77.38	$ 438.51	$ 515.89	$ 2,011.99	$ 11,401.25	$ 13,413.24	$ 257.95	$ 257.95	$ 6,706.62	$ 6,706.62	$ 1,117.77	$ 1,140.13
	Employee & Child (ren)	$ 68.06	$ 385.66	$ 453.72	$ 1,769.51	$ 10,027.21	$ 11,796.72	$ 226.86	$ 226.86	$ 5,898.36	$ 5,898.36	$ 983.06	$ 1,002.72
	Full Family	$ 106.92	$ 605.86	$ 712.78	$ 2,779.81	$ 15,752.27	$ 18,532.08	$ 356.39	$ 356.39	$ 9,266.04	$ 9,266.04	$ 1,544.34	$ 1,575.23
[HJ00] HealthPlus of Michigan	Employee Only	$ 40.76	$ 230.97	$ 271.73	$ 1,059.73	$ 6,005.15	$ 7,064.88	$ 135.86	$ 135.86	$ 3,532.44	$ 3,532.44	$ 588.74	$ 600.52
	Employee & Spouse	$ 81.52	$ 461.93	$ 543.45	$ 2,119.46	$ 12,010.30	$ 14,129.76	$ 271.73	$ 271.73	$ 7,064.88	$ 7,064.88	$ 1,177.48	$ 1,201.03
	Employee & Child (ren)	$ 71.74	$ 406.50	$ 478.24	$ 1,865.12	$ 10,569.04	$ 12,434.16	$ 239.12	$ 239.12	$ 6,217.08	$ 6,217.08	$ 1,036.18	$ 1,056.90
	Full Family	$ 112.49	$ 637.47	$ 749.96	$ 2,924.86	$ 16,574.18	$ 19,499.04	$ 374.98	$ 374.98	$ 9,749.52	$ 9,749.52	$ 1,624.92	$ 1,657.42
[HMCL] McLaren Health Plan	Employee Only	$ 34.07	$ 193.06	$ 227.13	$ 885.80	$ 5,019.52	$ 5,905.32	$ 113.56	$ 113.56	$ 2,952.66	$ 2,952.66	$ 492.11	$ 501.95
	Employee & Spouse	$ 68.14	$ 386.12	$ 454.26	$ 1,771.60	$ 10,039.04	$ 11,810.64	$ 227.13	$ 227.13	$ 5,905.32	$ 5,905.32	$ 984.22	$ 1,003.90
	Employee & Child (ren)	$ 59.96	$ 339.78	$ 399.74	$ 1,559.00	$ 8,834.32	$ 10,393.32	$ 199.87	$ 199.87	$ 5,196.66	$ 5,196.66	$ 866.11	$ 883.43
	Full Family	$ 94.03	$ 532.84	$ 626.87	$ 2,444.80	$ 13,853.84	$ 16,298.64	$ 313.44	$ 313.44	$ 8,149.32	$ 8,149.32	$ 1,358.22	$ 1,385.38
[HMEX] Physicians Health Plan	Employee Only	$ 41.72	$ 236.42	$ 278.14	$ 1,084.73	$ 6,146.83	$ 7,231.56	$ 139.07	$ 139.07	$ 3,615.78	$ 3,615.78	$ 602.63	$ 614.68
	Employee & Spouse	$ 83.44	$ 472.83	$ 556.27	$ 2,169.47	$ 12,293.65	$ 14,463.12	$ 278.14	$ 278.14	$ 7,231.56	$ 7,231.56	$ 1,205.26	$ 1,229.37
	Employee & Child (ren)	$ 73.43	$ 416.09	$ 489.52	$ 1,909.12	$ 10,818.32	$ 12,727.44	$ 244.76	$ 244.76	$ 6,363.72	$ 6,363.72	$ 1,060.62	$ 1,081.83
	Full Family	$ 115.15	$ 652.51	$ 767.66	$ 2,993.85	$ 16,965.15	$ 19,959.00	$ 383.83	$ 383.83	$ 9,979.50	$ 9,979.50	$ 1,663.25	$ 1,696.52
[HPRI] Priority Health Plan	Employee Only	$ 44.01	$ 249.37	$ 293.38	$ 1,144.19	$ 6,483.73	$ 7,627.92	$ 146.69	$ 146.69	$ 3,813.96	$ 3,813.96	$ 635.66	$ 648.37
	Employee & Spouse	$ 88.01	$ 498.75	$ 586.76	$ 2,288.38	$ 12,967.46	$ 15,255.84	$ 293.38	$ 293.38	$ 7,627.92	$ 7,627.92	$ 1,271.32	$ 1,296.75
	Employee & Child (ren)	$ 77.45	$ 438.90	$ 516.35	$ 2,013.77	$ 11,411.35	$ 13,425.12	$ 258.18	$ 258.18	$ 6,712.56	$ 6,712.56	$ 1,118.76	$ 1,141.14
	Full Family	$ 121.46	$ 688.27	$ 809.73	$ 3,157.96	$ 17,895.08	$ 21,053.04	$ 404.87	$ 404.87	$ 10,526.52	$ 10,526.52	$ 1,754.42	$ 1,789.51

[1] Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period.

[2] Employees in the Catastrophic Health Plan will receive a $50 rebate with each paycheck beginning the first pay period after effective date of coverage.

[3] Employees who opt out of Health 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 Plan.

[4] Employees who opt out of dental coverage (because they have “primary” coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.