Department of Civil Service
Employee Benefits Division
FY 2006-2007 DROP GROUP INSURANCE PREMIUM RATES
(Effective October 8, 2006)

HEALTH PLANS				
		BIWEEKLY		
PLAN NAME/CODE	Option	Employee	State	Total
HAEX State Health Plan	1	$ 13.82	$ 269.58	$ 283.40
	2	$ 28.34	$ 538.45	$ 566.79
	3	$ 17.85	$ 339.12	$ 356.97
	4	$ 32.81	$ 623.33	$ 656.14
HCEX BCN Mid-Michigan	1	$ 69.95	$ 269.58	$ 339.53
	2	$ 140.60	$ 538.45	$ 679.05
	3	$ 88.68	$ 339.12	$ 427.80
	4	$ 164.37	$ 623.33	$ 787.70
HD00 BCN East Michigan	1	$ 36.31	$ 269.58	$ 305.89
	2	$ 73.33	$ 538.45	$ 611.78
	3	$ 46.29	$ 339.12	$ 385.41
	4	$ 86.33	$ 623.33	$ 709.66
HX00 BCN SE Michigan	1	$ 46.83	$ 269.58	$ 316.41
	2	$ 94.36	$ 538.45	$ 632.81
	3	$ 59.55	$ 339.12	$ 398.67
	4	$ 110.73	$ 623.33	$ 734.06
HP00 BCN Great Lakes West	1	$ 51.77	$ 269.58	$ 321.35
	2	$ 104.25	$ 538.45	$ 642.70
	3	$ 65.78	$ 339.12	$ 404.90
	4	$ 122.21	$ 623.33	$ 745.53
HZ00 Care Choices	1	$ 23.76	$ 269.58	$ 293.34
	2	$ 48.21	$ 538.45	$ 586.66
	3	$ 30.48	$ 339.12	$ 369.60
	4	$ 57.22	$ 623.33	$ 680.55
HI00 Health Alliance Plan	1	$ 55.66	$ 269.58	$ 325.24
	2	$ 112.03	$ 538.45	$ 650.48
	3	$ 70.68	$ 339.12	$ 409.80
	4	$ 131.23	$ 623.33	$ 754.56
HJ00 HealthPlus of Michigan	1	$ 48.68	$ 269.58	$ 318.26
	2	$ 98.07	$ 538.45	$ 636.52
	3	$ 61.88	$ 339.12	$ 401.01
	4	$ 115.04	$ 623.33	$ 738.36

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HEALTH PLANS				
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PLAN NAME/CODE	Option	Employee	State	Total
H5F0 M-Care	1	$0.00	$ 245.51	$ 245.51
	2	$0.00	$ 491.01	$ 491.01
	3	$0.00	$ 309.34	$ 309.34
	4	$0.00	$ 568.35	$ 568.35
HF00 Priority Health Plan	1	$ 28.41	$ 269.58	$ 297.99
	2	$ 56.91	$ 538.45	$ 595.36
	3	$ 35.95	$ 339.12	$ 375.07
	4	$ 67.29	$ 623.33	$ 690.61
HMEX Physicians Health	1	$ 107.92	$ 269.58	$ 377.50
Plan - Lansing	2	$ 216.54	$ 538.45	$ 754.99
	3	$ 136.38	$ 339.12	$ 475.50
	4	$ 250.69	$ 623.33	$ 874.02
HOEX Physicians Health	1	$ 116.16	$ 269.58	$ 385.74
Plan - Jackson	2	$ 233.01	$ 538.45	$ 771.46
	3	$ 146.74	$ 339.12	$ 485.86
	4	$ 269.75	$ 623.33	$ 893.08

STATE DENTAL PLAN				
		BIWEEKLY		
	Option	Employee	State	Total
Employee Only	1	$ 1.83	$ 16.44	$ 18.27
Employee & Spouse	2	$ 3.33	$ 29.97	$ 33.30
Employee & Child(ren)	3	$ 4.07	$ 36.61	$ 40.68
Employee, Spouse & Child(ren)	4	$ 5.57	$ 50.13	$ 55.70

STATE VISION PLAN				
		BIWEEKLY		
	Option	Employee	State	Total
Employee Only	1	$ 0.29	$ 2.65	$ 2.94
Employee & Spouse	2	$ 0.48	$ 4.30	$ 4.78
Employee & Child(ren)	3	$ 0.67	$ 6.02	$ 6.69
Employee, Spouse & Child(ren)	4	$ 0.86	$ 7.67	$ 8.53