DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFIT DIVISION
FY 2006-2007 HMO INSURANCE PREMIUM RATES
(Effective October 8, 2006)

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		MONTHLY (CGIS)	
PLAN NAME/CODE	Option *2	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
HCEX BCN Mid-Michigan	1	$0.00	$ 192.45	$ 192.45	$0.00	$ 5,003.64	$ 5,003.64	$ 96.22	$ 96.22	$ 2,501.82	$ 2,501.82	$ 416.97	$ 425.31
	2	$0.00	$ 384.90	$ 384.90	$0.00	$ 10,007.52	$ 10,007.52	$ 192.45	$ 192.45	$ 5,003.76	$ 5,003.76	$ 833.96	$ 850.64
	3	$0.00	$ 338.71	$ 338.71	$0.00	$ 8,806.56	$ 8,806.56	$ 169.36	$ 169.36	$ 4,403.28	$ 4,403.28	$ 733.88	$ 748.56
	4	$0.00	$ 531.17	$ 531.17	$0.00	$ 13,810.32	$ 13,810.32	$ 265.58	$ 265.58	$ 6,905.16	$ 6,905.16	$ 1,150.86	$ 1,173.88
HCEX BCN Mid-Michigan	1	$0.00	$ 192.45	$ 192.45	$0.00	$ 5,003.64	$ 5,003.64	(n/a)	(n/a)	(n/a)	(n/a)	$ 416.97	$ 425.31
(T01 only)	2	$0.00	$ 384.90	$ 384.90	$0.00	$ 10,007.52	$ 10,007.52	(n/a)	(n/a)	(n/a)	(n/a)	$ 833.96	$ 850.64
	3	$0.00	$ 338.71	$ 338.71	$0.00	$ 8,806.56	$ 8,806.56	(n/a)	(n/a)	(n/a)	(n/a)	$ 733.88	$ 748.56
	4	$0.00	$ 531.17	$ 531.17	$0.00	$ 13,810.32	$ 13,810.32	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,150.86	$ 1,173.88
HD00 BCN of East Michigan	1	$0.00	$ 183.51	$ 183.51	$0.00	$ 4,771.32	$ 4,771.32	$ 91.76	$ 91.76	$ 2,385.66	$ 2,385.66	$ 397.61	$ 405.56
	2	$0.00	$ 367.02	$ 367.02	$0.00	$ 9,542.40	$ 9,542.40	$ 183.51	$ 183.51	$ 4,771.20	$ 4,771.20	$ 795.20	$ 811.10
	3	$0.00	$ 322.98	$ 322.98	$0.00	$ 8,397.36	$ 8,397.36	$ 161.49	$ 161.49	$ 4,198.68	$ 4,198.68	$ 699.78	$ 713.78
	4	$0.00	$ 506.48	$ 506.48	$0.00	$ 13,168.56	$ 13,168.56	$ 253.24	$ 253.24	$ 6,584.28	$ 6,584.28	$ 1,097.38	$ 1,119.33
HD00 BCN of East Michigan	1	$0.00	$ 183.51	$ 183.51	$0.00	$ 4,771.32	$ 4,771.32	(n/a)	(n/a)	(n/a)	(n/a)	$ 397.61	$ 405.56
(T01 only)	2	$0.00	$ 367.02	$ 367.02	$0.00	$ 9,542.40	$ 9,542.40	(n/a)	(n/a)	(n/a)	(n/a)	$ 795.20	$ 811.10
	3	$0.00	$ 322.98	$ 322.98	$0.00	$ 8,397.36	$ 8,397.36	(n/a)	(n/a)	(n/a)	(n/a)	$ 699.78	$ 713.78
	4	$0.00	$ 506.48	$ 506.48	$0.00	$ 13,168.56	$ 13,168.56	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,097.38	$ 1,119.33
HP00 BCN Great Lakes West	1	$0.00	$ 191.26	$ 191.26	$0.00	$ 4,972.68	$ 4,972.68	$ 95.63	$ 95.63	$ 2,486.34	$ 2,486.34	$ 414.39	$ 422.68
	2	$0.00	$ 382.50	$ 382.50	$0.00	$ 9,945.12	$ 9,945.12	$ 191.25	$ 191.25	$ 4,972.56	$ 4,972.56	$ 828.76	$ 845.34
	3	$0.00	$ 336.61	$ 336.61	$0.00	$ 8,751.84	$ 8,751.84	$ 168.30	$ 168.30	$ 4,375.92	$ 4,375.92	$ 729.32	$ 743.91
	4	$0.00	$ 527.86	$ 527.86	$0.00	$ 13,724.40	$ 13,724.40	$ 263.93	$ 263.93	$ 6,862.20	$ 6,862.20	$ 1,143.70	$ 1,166.57
HP00 BCN Great Lakes West	1	$0.00	$ 191.26	$ 191.26	$0.00	$ 4,972.68	$ 4,972.68	(n/a)	(n/a)	(n/a)	(n/a)	$ 414.39	$ 422.68
(T01 only)	2	$0.00	$ 382.50	$ 382.50	$0.00	$ 9,945.12	$ 9,945.12	(n/a)	(n/a)	(n/a)	(n/a)	$ 828.76	$ 845.34
	3	$0.00	$ 336.61	$ 336.61	$0.00	$ 8,751.84	$ 8,751.84	(n/a)	(n/a)	(n/a)	(n/a)	$ 729.32	$ 743.91
	4	$0.00	$ 527.86	$ 527.86	$0.00	$ 13,724.40	$ 13,724.40	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,143.70	$ 1,166.57
HX00 BCN of SE Michigan	1	$0.00	$ 184.11	$ 184.11	$0.00	$ 4,786.92	$ 4,786.92	$ 92.06	$ 92.06	$ 2,393.46	$ 2,393.46	$ 398.91	$ 406.89
	2	$0.00	$ 368.23	$ 368.23	$0.00	$ 9,573.96	$ 9,573.96	$ 184.11	$ 184.11	$ 4,786.98	$ 4,786.98	$ 797.83	$ 813.79
	3	$0.00	$ 324.04	$ 324.04	$0.00	$ 8,424.96	$ 8,424.96	$ 162.02	$ 162.02	$ 4,212.48	$ 4,212.48	$ 702.08	$ 716.12
	4	$0.00	$ 508.15	$ 508.15	$0.00	$ 13,211.88	$ 13,211.88	$ 254.07	$ 254.07	$ 6,605.94	$ 6,605.94	$ 1,100.99	$ 1,123.01
HX00 BCN of SE Michigan	1	$0.00	$ 184.11	$ 184.11	$0.00	$ 4,786.92	$ 4,786.92	(n/a)	(n/a)	(n/a)	(n/a)	$ 398.91	$ 406.89
(T01 only)	2	$0.00	$ 368.23	$ 368.23	$0.00	$ 9,573.96	$ 9,573.96	(n/a)	(n/a)	(n/a)	(n/a)	$ 797.83	$ 813.79
	3	$0.00	$ 324.04	$ 324.04	$0.00	$ 8,424.96	$ 8,424.96	(n/a)	(n/a)	(n/a)	(n/a)	$ 702.08	$ 716.12
	4	$0.00	$ 508.15	$ 508.15	$0.00	$ 13,211.88	$ 13,211.88	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,100.99	$ 1,123.01
HZ00 Care Choices	1	$0.00	$ 204.76	$ 204.76	$0.00	$ 5,323.68	$ 5,323.68	$ 102.38	$ 102.38	$ 2,661.84	$ 2,661.84	$ 443.64	$ 452.51
This HMO is not authorized to accept employees in bargaining units	2	$0.00	$ 409.51	$ 409.51	$0.00	$ 10,647.36	$ 10,647.36	$ 204.76	$ 204.76	$ 5,323.68	$ 5,323.68	$ 887.28	$ 905.03
W22 and W41 (UAW) in some zip codes as new members. However,	3	$0.00	$ 360.37	$ 360.37	$0.00	$ 9,369.72	$ 9,369.72	$ 180.19	$ 180.19	$ 4,684.86	$ 4,684.86	$ 780.81	$ 796.43
employees who are already enrolled may remain enrolled.	4	$0.00	$ 565.13	$ 565.13	$0.00	$ 14,693.40	$ 14,693.40	$ 282.57	$ 282.57	$ 7,346.70	$ 7,346.70	$ 1,224.45	$ 1,248.94
HZ00 Care Choices	1	$0.00	$ 204.76	$ 204.76	$0.00	$ 5,323.68	$ 5,323.68	(n/a)	(n/a)	(n/a)	(n/a)	$ 443.64	$ 452.51
(T01 only)	2	$0.00	$ 409.51	$ 409.51	$0.00	$ 10,647.36	$ 10,647.36	(n/a)	(n/a)	(n/a)	(n/a)	$ 887.28	$ 905.03
	3	$0.00	$ 360.37	$ 360.37	$0.00	$ 9,369.72	$ 9,369.72	(n/a)	(n/a)	(n/a)	(n/a)	$ 780.81	$ 796.43
	4	$0.00	$ 565.13	$ 565.13	$0.00	$ 14,693.40	$ 14,693.40	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,224.45	$ 1,248.94

DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFIT DIVISION
FY 2006-2007 HMO INSURANCE PREMIUM RATES
(Effective October 8, 2006)

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		MONTHLY (CGIS)	
PLAN NAME/CODE	Option *2	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
HN00 Grand Valley Health Plan	1	$0.00	$ 189.82	$ 189.82	$0.00	$ 4,935.36	$ 4,935.36	$ 94.91	$ 94.91	$ 2,467.68	$ 2,467.68	$ 411.28	$ 419.51
This HMO is not authorized to accept employees in bargaining units	2	$0.00	$ 379.64	$ 379.64	$0.00	$ 9,870.72	$ 9,870.72	$ 189.82	$ 189.82	$ 4,935.36	$ 4,935.36	$ 822.56	$ 839.01
W22 and W41 (UAW) as new members. However, employees who	3	$0.00	$ 334.08	$ 334.08	$0.00	$ 8,686.20	$ 8,686.20	$ 167.04	$ 167.04	$ 4,343.10	$ 4,343.10	$ 723.85	$ 738.33
are already enrolled may remain enrolled.	4	$0.00	$ 523.91	$ 523.91	$0.00	$ 13,621.56	$ 13,621.56	$ 261.95	$ 261.95	$ 6,810.78	$ 6,810.78	$ 1,135.13	$ 1,157.83
HN00 Grand Valley Health Plan	1	$0.00	$ 189.82	$ 189.82	$0.00	$ 4,935.36	$ 4,935.36	(n/a)	(n/a)	(n/a)	(n/a)	$ 411.28	$ 419.51
(T01 only)	2	$0.00	$ 379.64	$ 379.64	$0.00	$ 9,870.72	$ 9,870.72	(n/a)	(n/a)	(n/a)	(n/a)	$ 822.56	$ 839.01
	3	$0.00	$ 334.08	$ 334.08	$0.00	$ 8,686.20	$ 8,686.20	(n/a)	(n/a)	(n/a)	(n/a)	$ 723.85	$ 738.33
	4	$0.00	$ 523.91	$ 523.91	$0.00	$ 13,621.56	$ 13,621.56	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,135.13	$ 1,157.83
HI00 Health Alliance Plan	1	$0.00	$ 182.70	$ 182.70	$0.00	$ 4,750.32	$ 4,750.32	$ 91.35	$ 91.35	$ 2,375.16	$ 2,375.16	$ 395.86	$ 403.78
	2	$0.00	$ 366.98	$ 366.98	$0.00	$ 9,541.56	$ 9,541.56	$ 183.49	$ 183.49	$ 4,770.78	$ 4,770.78	$ 795.13	$ 811.03
	3	$0.00	$ 322.76	$ 322.76	$0.00	$ 8,391.72	$ 8,391.72	$ 161.38	$ 161.38	$ 4,195.86	$ 4,195.86	$ 699.31	$ 713.30
	4	$0.00	$ 507.04	$ 507.04	$0.00	$ 13,182.96	$ 13,182.96	$ 253.52	$ 253.52	$ 6,591.48	$ 6,591.48	$ 1,098.58	$ 1,120.55
HI00 Health Alliance Plan	1	$0.00	$ 182.70	$ 182.70	$0.00	$ 4,750.32	$ 4,750.32	(n/a)	(n/a)	(n/a)	(n/a)	$ 395.86	$ 403.78
(T01 only)	2	$0.00	$ 366.98	$ 366.98	$0.00	$ 9,541.56	$ 9,541.56	(n/a)	(n/a)	(n/a)	(n/a)	$ 795.13	$ 811.03
	3	$0.00	$ 322.76	$ 322.76	$0.00	$ 8,391.72	$ 8,391.72	(n/a)	(n/a)	(n/a)	(n/a)	$ 699.31	$ 713.30
	4	$0.00	$ 507.04	$ 507.04	$0.00	$ 13,182.96	$ 13,182.96	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,098.58	$ 1,120.55
HJ00 HealthPlus of Michigan	1	$0.00	$ 197.68	$ 197.68	$0.00	$ 5,139.60	$ 5,139.60	$ 98.84	$ 98.84	$ 2,569.80	$ 2,569.80	$ 428.30	$ 436.87
This HMO is not authorized to accept employees in bargaining units	2	$0.00	$ 395.35	$ 395.35	$0.00	$ 10,279.20	$ 10,279.20	$ 197.68	$ 197.68	$ 5,139.60	$ 5,139.60	$ 856.60	$ 873.73
W22 and W41 (UAW) in some zip codes as new members.	3	$0.00	$ 347.91	$ 347.91	$0.00	$ 9,045.72	$ 9,045.72	$ 173.96	$ 173.96	$ 4,522.86	$ 4,522.86	$ 753.81	$ 768.89
	4	$0.00	$ 545.59	$ 545.59	$0.00	$ 14,185.32	$ 14,185.32	$ 272.79	$ 272.79	$ 7,092.66	$ 7,092.66	$ 1,182.11	$ 1,205.75
HJ00 HealthPlus of Michigan	1	$0.00	$ 197.68	$ 197.68	$0.00	$ 5,139.60	$ 5,139.60	(n/a)	(n/a)	(n/a)	(n/a)	$ 428.30	$ 436.87
(T01 only)	2	$0.00	$ 395.35	$ 395.35	$0.00	$ 10,279.20	$ 10,279.20	(n/a)	(n/a)	(n/a)	(n/a)	$ 856.60	$ 873.73
	3	$0.00	$ 347.91	$ 347.91	$0.00	$ 9,045.72	$ 9,045.72	(n/a)	(n/a)	(n/a)	(n/a)	$ 753.81	$ 768.89
	4	$0.00	$ 545.59	$ 545.59	$0.00	$ 14,185.32	$ 14,185.32	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,182.11	$ 1,205.75
H5F0 M-Care	1	$0.00	$ 186.25	$ 186.25	$0.00	$ 4,842.48	$ 4,842.48	$ 93.12	$ 93.12	$ 2,421.24	$ 2,421.24	$ 403.54	$ 411.61
	2	$0.00	$ 372.50	$ 372.50	$0.00	$ 9,685.08	$ 9,685.08	$ 186.25	$ 186.25	$ 4,842.54	$ 4,842.54	$ 807.09	$ 823.23
	3	$0.00	$ 327.80	$ 327.80	$0.00	$ 8,522.76	$ 8,522.76	$ 163.90	$ 163.90	$ 4,261.38	$ 4,261.38	$ 710.23	$ 724.43
	4	$0.00	$ 514.05	$ 514.05	$0.00	$ 13,365.36	$ 13,365.36	$ 257.03	$ 257.03	$ 6,682.68	$ 6,682.68	$ 1,113.78	$ 1,136.06
H5F0 M-Care	1	$0.00	$ 186.25	$ 186.25	$0.00	$ 4,842.48	$ 4,842.48	(n/a)	(n/a)	(n/a)	(n/a)	$ 403.54	$ 411.61
(T01 only)	2	$0.00	$ 372.50	$ 372.50	$0.00	$ 9,685.08	$ 9,685.08	(n/a)	(n/a)	(n/a)	(n/a)	$ 807.09	$ 823.23
	3	$0.00	$ 327.80	$ 327.80	$0.00	$ 8,522.76	$ 8,522.76	(n/a)	(n/a)	(n/a)	(n/a)	$ 710.23	$ 724.43
	4	$0.00	$ 514.05	$ 514.05	$0.00	$ 13,365.36	$ 13,365.36	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,113.78	$ 1,136.06
McLaren Health Plan	1	$0.00	$ 182.32	$ 182.32	$0.00	$ 4,740.24	$ 4,740.24	$ 91.16	$ 91.16	$ 2,370.12	$ 2,370.12	$ 395.02	$ 402.92
This HMO is not authorized to accept employees in bargaining units	2	$0.00	$ 364.63	$ 364.63	$0.00	$ 9,480.48	$ 9,480.48	$ 182.32	$ 182.32	$ 4,740.24	$ 4,740.24	$ 790.04	$ 805.84
W22 and W41 (UAW) in some zip codes as new members.	3	$0.00	$ 320.88	$ 320.88	$0.00	$ 8,342.88	$ 8,342.88	$ 160.44	$ 160.44	$ 4,171.44	$ 4,171.44	$ 695.24	$ 709.14
	4	$0.00	$ 503.20	$ 503.20	$0.00	$ 13,083.12	$ 13,083.12	$ 251.60	$ 251.60	$ 6,541.56	$ 6,541.56	$ 1,090.26	$ 1,112.07
McLaren Health Plan	1	$0.00	$ 182.32	$ 182.32	$0.00	$ 4,740.24	$ 4,740.24	(n/a)	(n/a)	(n/a)	(n/a)	$ 395.02	$ 402.92
(T01 only)	2	$0.00	$ 364.63	$ 364.63	$0.00	$ 9,480.48	$ 9,480.48	(n/a)	(n/a)	(n/a)	(n/a)	$ 790.04	$ 805.84
	3	$0.00	$ 320.88	$ 320.88	$0.00	$ 8,342.88	$ 8,342.88	(n/a)	(n/a)	(n/a)	(n/a)	$ 695.24	$ 709.14
	4	$0.00	$ 503.20	$ 503.20	$0.00	$ 13,083.12	$ 13,083.12	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,090.26	$ 1,112.07

DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFIT DIVISION
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(Effective October 8, 2006)

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		MONTHLY (CGIS)	
PLAN NAME/CODE	**Option *2**	**Employee**	**State**	**Total**	**Employee**	**State**	**Total**	**Employee**	**State**	**Employee**	**State**	**Leave/LO**	**COBRA**
HMEX Physicians Health Plan Lansing	1	$0.00	$ 214.84	$ 214.84	$0.00	$ 5,585.88	$ 5,585.88	$ 107.42	$ 107.42	$ 2,792.94	$ 2,792.94	$ 465.49	$ 474.80
	2	$0.00	$ 427.99	$ 427.99	$0.00	$ 11,127.72	$ 11,127.72	$ 213.99	$ 213.99	$ 5,563.86	$ 5,563.86	$ 927.31	$ 945.86
	3	$0.00	$ 376.26	$ 376.26	$0.00	$ 9,782.64	$ 9,782.64	$ 188.13	$ 188.13	$ 4,891.32	$ 4,891.32	$ 815.22	$ 831.52
	4	$0.00	$ 590.33	$ 590.33	$0.00	$ 15,348.48	$ 15,348.48	$ 295.16	$ 295.16	$ 7,674.24	$ 7,674.24	$ 1,279.04	$ 1,304.62
HMEX Physicians Health Plan Lansing	1	$0.00	$ 214.84	$ 214.84	$0.00	$ 5,585.88	$ 5,585.88	(n/a)	(n/a)	(n/a)	(n/a)	$ 465.49	$ 474.80
(T01 only)	2	$0.00	$ 427.99	$ 427.99	$0.00	$ 11,127.72	$ 11,127.72	(n/a)	(n/a)	(n/a)	(n/a)	$ 927.31	$ 945.86
	3	$0.00	$ 376.26	$ 376.26	$0.00	$ 9,782.64	$ 9,782.64	(n/a)	(n/a)	(n/a)	(n/a)	$ 815.22	$ 831.52
	4	$0.00	$ 590.33	$ 590.33	$0.00	$ 15,348.48	$ 15,348.48	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,279.04	$ 1,304.62
HOEX Physicians Health Plan Jackson	1	$ 5.51	$ 215.42	$ 220.93	$ 143.26	$ 5,600.88	$ 5,744.14	$ 110.46	$ 110.46	$ 2,872.07	$ 2,872.07	$ 478.68	$ 488.25
	2	$ 11.01	$ 430.84	$ 441.85	$ 286.26	$ 11,201.76	$ 11,488.02	$ 220.92	$ 220.92	$ 5,744.01	$ 5,744.01	$ 957.34	$ 976.48
	3	$ 9.69	$ 379.14	$ 388.83	$ 251.94	$ 9,857.52	$ 10,109.46	$ 194.41	$ 194.41	$ 5,054.73	$ 5,054.73	$ 842.46	$ 859.30
	4	$ 15.20	$ 594.55	$ 609.75	$ 395.20	$ 15,458.40	$ 15,853.60	$ 304.88	$ 304.88	$ 7,926.80	$ 7,926.80	$ 1,321.13	$ 1,347.56
HOEX Physicians Health Plan Jackson	1	$0.00	$ 220.93	$ 220.93	$0.00	$ 5,744.14	$ 5,744.14	(n/a)	(n/a)	(n/a)	(n/a)	$ 478.68	$ 488.25
(T01 only)	2	$0.00	$ 441.85	$ 441.85	$0.00	$ 11,488.02	$ 11,488.02	(n/a)	(n/a)	(n/a)	(n/a)	$ 957.34	$ 976.48
	3	$0.00	$ 388.83	$ 388.83	$0.00	$ 10,109.46	$ 10,109.46	(n/a)	(n/a)	(n/a)	(n/a)	$ 842.46	$ 859.30
	4	$0.00	$ 609.75	$ 609.75	$0.00	$ 15,853.60	$ 15,853.60	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,321.13	$ 1,347.56
HF00 Priority Health Plan	1	$0.00	$ 190.99	$ 190.99	$0.00	$ 4,965.84	$ 4,965.84	$ 95.50	$ 95.50	$ 2,482.92	$ 2,482.92	$ 413.82	$ 422.10
	2	$0.00	$ 382.00	$ 382.00	$0.00	$ 9,931.92	$ 9,931.92	$ 191.00	$ 191.00	$ 4,965.96	$ 4,965.96	$ 827.66	$ 844.21
	3	$0.00	$ 336.14	$ 336.14	$0.00	$ 8,739.72	$ 8,739.72	$ 168.07	$ 168.07	$ 4,369.86	$ 4,369.86	$ 728.31	$ 742.88
	4	$0.00	$ 527.17	$ 527.17	$0.00	$ 13,706.40	$ 13,706.40	$ 263.58	$ 263.58	$ 6,853.20	$ 6,853.20	$ 1,142.20	$ 1,165.04
HF00 Priority Health Plan	1	$0.00	$ 190.99	$ 190.99	$0.00	$ 4,965.84	$ 4,965.84	(n/a)	(n/a)	(n/a)	(n/a)	$ 413.82	$ 422.10
(T01 only)	2	$0.00	$ 382.00	$ 382.00	$0.00	$ 9,931.92	$ 9,931.92	(n/a)	(n/a)	(n/a)	(n/a)	$ 827.66	$ 844.21
	3	$0.00	$ 336.14	$ 336.14	$0.00	$ 8,739.72	$ 8,739.72	(n/a)	(n/a)	(n/a)	(n/a)	$ 728.31	$ 742.88
	4	$0.00	$ 527.17	$ 527.17	$0.00	$ 13,706.40	$ 13,706.40	(n/a)	(n/a)	(n/a)	(n/a)	$ 1,142.20	$ 1,165.04
HL00 Total Health Care	1	$0.00	$ 126.37	$ 126.37	$0.00	$ 3,285.60	$ 3,285.60	$ 63.18	$ 63.18	$ 1,642.80	$ 1,642.80	$ 273.80	$ 279.28
This HMO is not authorized to accept employees in bargaining units	2	$0.00	$ 290.65	$ 290.65	$0.00	$ 7,556.88	$ 7,556.88	$ 145.32	$ 145.32	$ 3,778.44	$ 3,778.44	$ 629.74	$ 642.33
W22 and W41 (UAW) as new members. However, employees who	3	$0.00	$ 240.10	$ 240.10	$0.00	$ 6,242.64	$ 6,242.64	$ 120.05	$ 120.05	$ 3,121.32	$ 3,121.32	$ 520.22	$ 530.62
are already enrolled may remain enrolled.	4	$0.00	$ 341.20	$ 341.20	$0.00	$ 8,871.12	$ 8,871.12	$ 170.60	$ 170.60	$ 4,435.56	$ 4,435.56	$ 739.26	$ 754.05
HL00 Total Health Care	1	$0.00	$ 126.37	$ 126.37	$0.00	$ 3,285.60	$ 3,285.60	(n/a)	(n/a)	(n/a)	(n/a)	$ 273.80	$ 279.28
(T01 only)	2	$0.00	$ 290.65	$ 290.65	$0.00	$ 7,556.88	$ 7,556.88	(n/a)	(n/a)	(n/a)	(n/a)	$ 629.74	$ 642.33
	3	$0.00	$ 240.10	$ 240.10	$0.00	$ 6,242.64	$ 6,242.64	(n/a)	(n/a)	(n/a)	(n/a)	$ 520.22	$ 530.62
	4	$0.00	$ 341.20	$ 341.20	$0.00	$ 8,871.12	$ 8,871.12	(n/a)	(n/a)	(n/a)	(n/a)	$ 739.26	$ 754.05

*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.
*2 Health, dental and vision option codes are: 1= Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family, 5 = Employee Only with Medicare, 6 = Employee & Spouse with Medicare, 7 = Employee with Medicare and Child(ren), 8 = Full Family with Medicare.