**Department of Civil Service**
**Employee Benefits Division**
**FY 2005-2006 DROP GROUP INSURANCE PREMIUM RATES**
**(Effective October 9, 2005)**

| 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 | $ 339.13 | $ 356.98 |
| | 4 | $ 32.81 | $ 623.33 | $ 656.14 |
| | | | | |
| HCEX BCN MidMichigan | 1 | $ 46.72 | $ 269.58 | $ 316.30 |
| | 2 | $ 94.15 | $ 538.45 | $ 632.60 |
| | 3 | $ 59.09 | $ 339.13 | $ 398.22 |
| | 4 | $ 108.90 | $ 623.33 | $ 732.23 |
| | | | | |
| HD00 BCN of East Michigan | 1 | $ 48.19 | $ 269.58 | $ 317.77 |
| | 2 | $ 97.10 | $ 538.45 | $ 635.55 |
| | 3 | $ 60.95 | $ 339.13 | $ 400.08 |
| | 4 | $ 112.32 | $ 623.33 | $ 735.65 |
| | | | | |
| HF00 Priority Health Plan | 1 | $ 28.41 | $ 269.58 | $ 297.99 |
| | 2 | $ 56.91 | $ 538.45 | $ 595.36 |
| | 3 | $ 35.95 | $ 339.13 | $ 375.08 |
| | 4 | $ 67.29 | $ 623.33 | $ 690.62 |
| | | | | |
| HI00 Health Alliance Plan | 1 | $ 21.08 | $ 269.58 | $ 290.66 |
| | 2 | $ 42.88 | $ 538.45 | $ 581.33 |
| | 3 | $ 27.11 | $ 339.13 | $ 366.24 |
| | 4 | $ 51.01 | $ 623.33 | $ 674.34 |
| | | | | |
| HJ00 HealthPlus of Michigan | 1 | $ 33.53 | $ 269.58 | $ 303.11 |
| | 2 | $ 67.77 | $ 538.45 | $ 606.22 |
| | 3 | $ 42.79 | $ 339.13 | $ 381.92 |
| | 4 | $ 79.88 | $ 623.33 | $ 703.21 |
| | | | | |
| HMEX Physicians Health | 1 | $ 56.17 | $ 269.58 | $ 325.75 |
| Plan - Lansing | 2 | $ 113.07 | $ 538.45 | $ 651.52 |
| | 3 | $ 71.20 | $ 339.13 | $ 410.33 |
| | 4 | $ 130.90 | $ 623.33 | $ 754.23 |
| | | | | |
| HOEX Physicians Health | 1 | $ 45.67 | $ 269.58 | $ 315.25 |
| Plan - Jackson | 2 | $ 92.04 | $ 538.45 | $ 630.49 |
| | 3 | $ 57.95 | $ 339.13 | $ 397.08 |
| | 4 | $ 106.55 | $ 623.33 | $ 729.88 |

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| HEALTH PLANS | | | | |
|---|---|---|---|---|
| | | BIWEEKLY | | |
| PLAN NAME/CODE | Option | Employee | State | Total |
| **HP00 BCN Great Lakes West** | 1 | $ 28.00 | $ 269.58 | $ 297.58 |
| | 2 | $ 56.71 | $ 538.45 | $ 595.16 |
| | 3 | $ 35.82 | $ 339.13 | $ 374.95 |
| | 4 | $ 67.06 | $ 623.33 | $ 690.39 |
| | | | | |
| **HX00 BCN of SE Michigan** | 1 | $ 46.94 | $ 269.58 | $ 316.52 |
| | 2 | $ 94.60 | $ 538.45 | $ 633.05 |
| | 3 | $ 59.38 | $ 339.13 | $ 398.51 |
| | 4 | $ 109.43 | $ 623.33 | $ 732.76 |
| | | | | |
| **HZ00 Care Choices** | 1 | $ 19.02 | $ 269.58 | $ 288.60 |
| | 2 | $ 38.75 | $ 538.45 | $ 577.20 |
| | 3 | $ 24.40 | $ 339.13 | $ 363.53 |
| | 4 | $ 44.87 | $ 623.33 | $ 668.20 |
| | | | | |
| **H5F0 M-Care HMO** | 1 | $ - | $ 237.88 | $ 237.88 |
| | 2 | $ - | $ 475.75 | $ 475.75 |
| | 3 | $ - | $ 299.72 | $ 299.72 |
| | 4 | $ - | $ 550.68 | $ 550.68 |

| 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 |