

# 2008–2009 Insurance Open Enrollment

## State of Michigan – Civil Service Commission

### Annual Open Enrollment Begins August 11, 2008

The Open Enrollment period for State-Sponsored Group Insurance plans will be conducted from **August 11 through August 29, 2008**.

The annual Open Enrollment period is your opportunity to review your current enrollments and make any necessary changes. Changes can only be made during open enrollment or within 31 days of a life event.

Eligible employees can enroll or change their current enrollments in health, dental, vision, life insurance, and/or long-term disability plans. **Employees should also carefully review their current enrollments to ensure their dependents meet the eligibility criteria listed on page 5.** The effective date for new and changed enrollments will be October 5, 2008.

### Effective Dates

<b>State Health Plan PPO Benefit Changes</b>	<b>10/1/2008</b>
<b>Insurance Enrollment Changes</b>	<b>10/5/2008</b>
<b>Health Insurance Premium Changes</b>	<b>10/5/2008</b>

Please review the details of the benefit changes to the group insurance plans on Page 2 and the new insurance rates on Pages 7-9.

### Enrollment Assistance - MI HR Service Center

If you have open enrollment questions, do not have access to the internet, or need assistance, please contact the MI HR Service Center. Customer Service Representatives are available 7:00 a.m. to 6:00 p.m., Monday through Friday.

Toll free: (877) 766-6447  
Lansing area: (517) 335-0529  
TDD (for the hearing impaired): (517) 241-8046  
Fax: (517) 241-5892  
<http://www.michigan.gov/selfserv>



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## FY 2008-2009 HEALTH INSURANCE PREMIUM CHANGES

### State Health Plan PPO

Effective 10/5/08 the employer’s contribution for the State Health Plan Blue Cross Blue Shield PPO premiums will be 90% of the total premium.

### Health Maintenance Organization (HMO)

Effective 10/5/08 the employer’s contribution for all HMO premiums will be 95% of the total premium up to the amount paid for the same coverage code under the State Health Plan PPO.

## STATE HEALTH PLAN PPO CHANGES

Effective 10/1/08, in-network office visits such as physician office, office consultation, chiropractic spinal manipulation, urgent care, and hearing care will be subject to a \$15 co-pay.

### Office Visit Co-pay

Effective 10/1/08 a new \$50 emergency room co-pay will be required if the member is not admitted to the hospital.

### Emergency Room Co-pay

Effective 1/1/09 the in-network deductible will be \$300 per individual and \$600 per family. The out-of-network deductible will be \$600 per individual and \$1,200 per family.

### Annual Deductible

## STATE HEALTH PLAN PPO PRESCRIPTION DRUG PLAN CHANGES

### Three-Tier Plan

Effective 10/1/08 co-pays at a retail pharmacy for a one-month supply will be \$10 for generic, \$20 for a preferred brand, and \$40 for a non-preferred brand name drug. The co-pay at mail order for a three-month supply will be \$20 for generic, \$40 for a preferred brand, and \$80 for a non-preferred brand name drug.

Effective 10/1/08 the three-tier plan will add the drug programs of Generics Preferred<sup>1</sup>, Step Therapy<sup>2</sup> and Drug Quantity Management<sup>3</sup>.

<sup>1</sup> **Generics Preferred Program:** Under the Generics Preferred Program, if a generic drug is available and the prescription is written as DAW (dispense as written), your doctor will have to provide medical justification supporting the brand name drug. If there is no justification why you cannot take the generic, you can still receive the brand name drug but will pay the applicable brand name co-pay and the cost difference between the generic and the brand-name prescription.

<sup>2</sup> **Step Therapy:** In Step Therapy, the covered drugs you take are organized into a series of “steps” with your doctor approving and writing your prescriptions throughout the process. The program usually starts with generic drugs in the “first step,” while more expensive brand-name drugs are usually covered in the “second step” of treatment. If you have previously used a “first step” prescription drug and the drug has proven to be ineffective, a “second step” prescription drug may be used.

<sup>3</sup> **Drug Quantity Management:** Drug Quantity Management is a trend-management program that manages drug cost by aligning the dispensed quantity of prescription medication with FDA-approved dosage guidelines.

**Express Scripts will be mailing more information on these programs. For additional questions, call Express Scripts at 1-800-505-2324.**

## Open Enrollment Information Available On-Line

Open enrollment can be completed quickly and at your convenience on the Employee Benefits Website at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs). Click on “Employee Benefits” then “Open Enrollment Information”.

You can also view open enrollment information that is tailored specifically for you and your employment situation by logging into your MI HR Information account at “[www.michigan.gov/selfserv](http://www.michigan.gov/selfserv)”. Click “MI HR Information”.

MI HR Information provides easy access to insurance rates, benefit comparison charts, benefit booklets, beneficiary forms, health provider websites, mailing addresses, phone numbers, and more.

*Remember!*  
*Make sure to review your*  
*10/16/08 payroll*  
*statement to verify open*  
*enrollment changes.*

The HIPAA Notice of Privacy Practices for the benefits plans is available on the Civil Service Commission Website at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs) at the Employee Benefits link. You may also contact the Employee Benefits Division at (800) 505-5011 or (517) 373-7977.

## Open Enrollment Timeline

- 8/11/08:** Open enrollment for State-sponsored group insurances begins.
- Review current benefits in your Self-Service account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv).
  - Review plan rates on Pages 7-9 and the HMO Postal Code List available on the Employee Benefits Website at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs). Click on “Employee Benefits” then “Open Enrollment Information”. If you will be changing health plans, check to see that your doctors are participating providers.
  - Review current dependent coverage to be sure enrolled dependents meet eligibility criteria listed on Page 5.
  - Make changes to coverages or dependents.
  - Print and retain confirmation statement.
- 8/29/08:** Open enrollment ends, all changes must be entered by midnight.
- 10/1/08:** New benefit changes for the State Health Plan PPO take effect.
- If adding new dependent(s), dependent’s proof of eligibility documentation is due to MI HR Service Center. Dependents will be removed if documentation is not received.
- 10/5/08:** FY 2008-2009 benefit year begins. New rates and enrollment changes made during open enrollment take effect.
- 10/16/08:** Review payroll earnings statement by logging into your self-service account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv) to verify changes.

## COMPLETING OPEN ENROLLMENT IN MI HR SELF-SERVICE

All Open Enrollment changes must be entered in your MI HR Self-Service account. Log in at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv). Click the “Self-Service” link. At the Welcome Page, click the “Open Enrollment” link on the left. Follow steps 1-5 below to complete your enrollment.

Access to your account is available seven days a week via the Internet/intranet, except during regular scheduled maintenance. The maintenance schedule is available to view on the MI HR Gateway page at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv). Click on “System Availability”. If you have lost or forgotten your MI HR Self-Service password, you can reset it at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv) by selecting the “Password Help” link, or e-mail [Self-Serv-Support@michigan.gov](mailto:Self-Serv-Support@michigan.gov).

If you do not have access to a computer, contact the MI HR Service Center at (877) 766-6447 or (517) 335-5029 to enroll by telephone, Monday through Friday, from 7:00 a.m. to 6:00 p.m.

### Step 1: Review Your Current Benefits

Click the “Review Current Benefits” link from the left menu. If you do not need to add/remove a dependent and want to keep your current benefits, you can click on the link at the bottom of this page that says, “Would you like to keep these benefits?” This allows you to print a form of your current benefits. If you would like to make benefit changes, you can click on the link “Would you like to make changes?” Clicking on this link will take you to the Welcome Screen where you can begin the open enrollment process.

### Step 2: Review Plan Rates & Your FY 2008-2009 Benefit Options

Review plan rates outlined in this brochure, your benefit options, and the HMO Postal Code List at the Employee Benefits Website or click “Review Benefit Options” from the left menu. Please note there are changes to the employee contribution for all health plans as well as benefit changes for the State Health Plan PPO for FY 2008-2009.

### Step 3: Review/Add Dependents

If you do not have any dependents (spouse or children), skip to Step 4.

To view and/or add dependent information, click the “Review/Add Dependents” link from the left menu. New dependents can be added through your MI HR Self-Service account. Once the new dependent information has been added, proceed to Step 4 for the enrollment process. If you add new dependents to your insurance coverage, you must send proof of dependent eligibility (see Page 6) to the MI HR Service Center by October 1, 2008 for the enrollment to be valid. If a dependent no longer meets the definition of an eligible dependent (see Page 5), they must be removed from your insurance coverage.

Adding or removing dependents could require a coverage option change. Coverage option changes can be made during the benefit selection process by clicking on “Change the Coverage” in your MI HR Self-Service account.

### Step 4: Make Your Benefit Selections

If you are adding or removing dependents from your insurance coverage, you must make all necessary changes to dependent information *before* making your benefit selections (see Step 3). Click the “Make Benefit Selections” link from the left menu.

To conclude the enrollment process, you will be prompted to print a confirmation statement. You must select either “Yes” or “No” and receive the “Your enrollment has been successful” message to save your changes. Changes will not be recorded if you exit the system before receiving this message. Please note that this will be the only confirmation statement you will receive. The effective date for new enrollments and enrollment changes will be October 5, 2008.

### Step 5: Mail or Fax Documents to the MI HR Service Center

If you add new dependents to your insurance coverage, you must mail or fax the appropriate proof of eligibility documentation to the MI HR Service Center by October 1, 2008, for the enrollment to be valid. See Page 6 for a list of valid documents or click the “Submit Documentation” link from the left menu. Please note that documents will not be returned to you, so please submit copies of your documents.

## Dependent Eligibility Guidelines

Eligible dependents include your spouse and any of your unmarried children until the day before they turn 19. In addition to being unmarried, children must meet the following conditions to be considered eligible:

- Your child by birth, legal adoption, or legal guardianship.
- In the case of legal adoption, a child is eligible for coverage as of the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child in anticipation.
- Step-child for whom you have physical custody (i.e., the step-child lives with you at least 50% of the time as stated in a current divorce decree) and for whom you provide at least 50% of their support.
- Foster child placed in your home by a state agency or the court.
- Your children from the age of 19 until the age of 25 who are enrolled in an accredited educational institution and for whom you provide at least 50% of their support.

### Dependent Life Insurance

Eligible dependents are unmarried children between the ages of 14 days and 23 years for whom you provide at least 50% of their support. These dependents are not required to be enrolled in school. Your spouse is also eligible if he or she is not a state employee or state retiree.

If you and your spouse are both covered by State Health Plans (retiree or active, including State-sponsored HMO options) you may:

- Maintain separate coverage through your individual plans.
- Enroll in one plan, with one of you as a dependent.

If you choose to maintain separate coverage, your child or children can only be listed on one plan, not both. This applies even if you are divorced.

### Dual Eligibility

### Canceling Dependent Coverage

To cancel your dependent coverage when they no longer meet the definition of an eligible dependent, you must immediately notify the MI HR Service Center. Ex-spouses are not eligible and must be removed from coverage.

You cannot claim a dependent on your coverage if he or she is:

- In the Armed Forces. Individuals who are called to active military duty are eligible for coverage under TRICARE, effective with the date of active duty orders.
- Already covered on another State of Michigan health plan. No person can be covered on more than one State of Michigan health plan. If you choose to maintain separate coverage, your children can only be listed on one plan, not both. This applies even if you are divorced.

### Dependent Exclusions

### Continuing Coverage for Incapacitated Children

Incapacitated children are those who are unable to earn a living because of mental retardation or physical disability and must depend on their parents for support and maintenance. If your enrolled dependent is deemed an incapacitated child, the coverage for this child will continue beyond age 19 as long as:

- he or she became incapacitated before age 19,
- documentation verifying the child's condition was provided to the insurance carrier prior to the child becoming 19,
- the child continues to be incapacitated, and
- your coverage does not terminate for any other reason.

If you have any questions regarding eligibility of your dependents, please contact the MI HR Service Center at:  
(877) 766-6447 or (517) 335-0529

## Required Documentation for Dependents

The documents listed below can be used to prove dependent eligibility for insurance coverage. Documentation must be mailed or faxed to the MI HR Service Center by October 1, 2008. Please note that documents will not be returned to you, so please submit copies of your documents.

### A. Required Documentation for Children Ages Birth Until 19

Specific Circumstance	Required Documentation
Biological child	Copy of an official birth certificate (not hospital birth certificate).
Legally adopted or pending adoption	Copy of adoption papers or sworn statement with the date of placement.
Employee has legal guardianship	Copy of guardianship papers.
Employee's dependent child has a baby	Copy of an official birth certificate (not hospital birth certificate).
Employee has foster child	Court document placing the child in the employee's home for foster care.
Employee has step-child	A copy of the first and last pages of the most current divorce decree of the employee's spouse, stamped by court, and any language verifying physical custody; and a copy of official birth certificate (not hospital birth certificate).

### B. Required Documentation for Children Ages 19 Until 25

Specific Circumstance	Required Documentation
Employee has a dependent who is unmarried, dependent on the employee for at least 50% of his/her support, and is a student who regularly attends an accredited school.	The required documentation outlined in Section A, <b>and</b> a completed Verification of Dependent Eligibility for State Sponsored Insurance Plans (CS-1771) form*, <b>and</b> school registration or other records proving school attendance. (School verification is not required for dependent life insurance.)  * Forms are available at <a href="http://www.michigan.gov/mdcs">www.michigan.gov/mdcs</a>
In the case of children of divorced spouses or step-children, the child must be an unmarried student who regularly attends an accredited school and is dependent on the employee for at least 50% of his/her support.	The required documentation outlined in Section A, <b>and</b> a completed Verification of Dependent Eligibility for State Sponsored Insurance Plans (CS-1771) form*, <b>and</b> a copy of school registration or other records proving school attendance. (School verification is not required for dependent life insurance.)  * Forms are available at <a href="http://www.michigan.gov/mdcs">www.michigan.gov/mdcs</a>

### C. Required Documentation for Other Circumstances

Specific Circumstance	Required Documentation
Spouse	Copy of marriage certificate.
Removing ex-spouse, dependent/step-child(ren) due to a divorce	Copy of the first and last page of the divorce decree stamped by the court.
Incapacitated dependent child	No documentation is required for children who have already been approved. Please note on the dependent coverage statement.
Deleting dependent coverage due to death	Copy of death certificate.
Dependent life insurance coverage only	Copy of official birth certificate (not hospital birth certificate).

**Civil Service Commission, Employee Benefits Division**  
**FY 2008-2009 GROUP INSURANCE PREMIUM RATES**  
**(Effective October 5, 2008)**

\*Note: When choosing an HMO plan, be sure to review the HMO Postal Code List available on the Employee Benefits Website at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs). Click "Employee Benefits", then "Open Enrollment".

PLAN NAME/CODE	Option *2	BIWEEKLY		BIWEEKLY *1	
		Employee	State	Part-time employees	
		(b)	(c)	Employee	State
(a)	(b)	(c)	(d)	(e)	
<b>HEALTH PLANS</b>					
<b>State Health Plan PPO</b>	1	\$ 23.81	\$ 214.28	\$ 119.05	\$ 119.05
	2	\$ 47.62	\$ 428.57	\$ 238.09	\$ 238.09
	3	\$ 41.90	\$ 377.14	\$ 209.52	\$ 209.52
	4	\$ 65.71	\$ 591.42	\$ 328.57	\$ 328.57
Employee or Spouse with Medicare (State pays 100%)					
<b>Catastrophic Health Plan (State pays 100%)</b>	1	\$ 0	\$ 15.81	\$ 7.91	\$ 7.91
Employees in the Catastrophic Health Plan will receive a	2	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
\$50 rebate with each paycheck beginning October 16, 2008.	3	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
	4	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
<b>Decline Health Insurance Coverage *3</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
<b>Blue Care Network, Mid-Michigan</b>	1	\$ 14.92	\$ 214.28	\$ 114.60	\$ 114.60
	2	\$ 29.85	\$ 428.57	\$ 229.21	\$ 229.21
	3	\$ 26.27	\$ 377.14	\$ 201.70	\$ 201.70
	4	\$ 41.19	\$ 591.42	\$ 316.31	\$ 316.31
<b>Blue Care Network, East Michigan</b>	1	\$ 11.14	\$ 211.69	\$ 111.41	\$ 111.41
	2	\$ 22.28	\$ 423.37	\$ 222.82	\$ 222.82
	3	\$ 19.61	\$ 372.57	\$ 196.09	\$ 196.09
	4	\$ 30.75	\$ 584.25	\$ 307.50	\$ 307.50
<b>Blue Care Network, Great Lakes West</b>	1	\$ 12.27	\$ 214.28	\$ 113.28	\$ 113.28
	2	\$ 24.53	\$ 428.57	\$ 226.55	\$ 226.55
	3	\$ 21.59	\$ 377.14	\$ 199.37	\$ 199.37
	4	\$ 33.85	\$ 591.42	\$ 312.64	\$ 312.64
<b>Blue Care Network, Southeast Michigan</b>	1	\$ 11.14	\$ 211.62	\$ 111.38	\$ 111.38
	2	\$ 22.28	\$ 423.25	\$ 222.76	\$ 222.76
	3	\$ 19.60	\$ 372.46	\$ 196.03	\$ 196.03
	4	\$ 30.74	\$ 584.08	\$ 307.41	\$ 307.41
<b>Grand Valley Health Plan</b>	1	\$ 10.54	\$ 200.32	\$ 105.43	\$ 105.43
This HMO is not authorized to accept employees in bargaining units	2	\$ 21.09	\$ 400.64	\$ 210.86	\$ 210.86
W22 and W41 (UAW) as new members. However, employees who	3	\$ 18.56	\$ 352.56	\$ 185.56	\$ 185.56
are already enrolled may remain enrolled.	4	\$ 29.10	\$ 552.88	\$ 290.99	\$ 290.99
<b>Health Alliance Plan</b>	1	\$ 10.63	\$ 201.91	\$ 106.27	\$ 106.27
	2	\$ 21.35	\$ 405.56	\$ 213.45	\$ 213.45
	3	\$ 18.77	\$ 356.69	\$ 187.73	\$ 187.73
	4	\$ 29.49	\$ 560.34	\$ 294.91	\$ 294.91
<b>HealthPlus of Michigan</b>	1	\$ 11.21	\$ 213.00	\$ 112.10	\$ 112.10
This HMO is not authorized to accept employees in bargaining units	2	\$ 22.42	\$ 425.99	\$ 224.21	\$ 224.21
W22 and W41 (UAW) in some zip codes as new members.	3	\$ 19.73	\$ 374.87	\$ 197.30	\$ 197.30
	4	\$ 30.94	\$ 587.87	\$ 309.40	\$ 309.40

\*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 pay premiums according to column (d).

\*2 Health option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

\*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.

**Civil Service Commission, Employee Benefits Division  
FY 2008-2009 GROUP INSURANCE PREMIUM RATES  
(Effective October 5, 2008)**

PLAN NAME/CODE	Option *2	BIWEEKLY		BIWEEKLY *1	
		Employee	State	Part-time employees	
		(b)	(c)	Employee	State
	(a)			(d)	(e)
<b>McLaren Health Plan</b>	1	\$ 9.80	\$ 186.22	\$ 98.01	\$ 98.01
This HMO is not authorized to accept employees in bargaining units	2	\$ 19.60	\$ 372.44	\$ 196.02	\$ 196.02
W22 and W41 (UAW) as new members.	3	\$ 17.25	\$ 327.75	\$ 172.50	\$ 172.50
	4	\$ 27.05	\$ 513.96	\$ 270.51	\$ 270.51
<b>Physicians Health Plan of Mid-Michigan (Lansing)</b>	1	\$ 16.68	\$ 214.28	\$ 115.48	\$ 115.48
	2	\$ 31.53	\$ 428.57	\$ 230.05	\$ 230.05
	3	\$ 27.35	\$ 377.14	\$ 202.24	\$ 202.24
	4	\$ 43.20	\$ 591.42	\$ 317.31	\$ 317.31
<b>Priority Health Plan, West</b>	1	\$ 10.97	\$ 208.48	\$ 109.73	\$ 109.73
	2	\$ 21.95	\$ 416.96	\$ 219.45	\$ 219.45
	3	\$ 19.31	\$ 366.91	\$ 193.11	\$ 193.11
	4	\$ 30.29	\$ 575.42	\$ 302.85	\$ 302.85
<b>Priority Health Plan, East</b>	1	\$ 20.76	\$ 214.28	\$ 117.52	\$ 117.52
This HMO is not authorized to accept employees in bargaining units	2	\$ 41.54	\$ 428.57	\$ 235.05	\$ 235.05
W22 and W41 (UAW) in some zip codes as new members.	3	\$ 36.54	\$ 377.14	\$ 206.84	\$ 206.84
	4	\$ 57.34	\$ 591.42	\$ 324.38	\$ 324.38
<b>Priority Health Plan, South</b>	1	\$ 20.76	\$ 214.28	\$ 117.52	\$ 117.52
	2	\$ 41.54	\$ 428.57	\$ 235.05	\$ 235.05
	3	\$ 36.54	\$ 377.14	\$ 206.84	\$ 206.84
	4	\$ 57.34	\$ 591.42	\$ 324.38	\$ 324.38
<b>Total Health Care</b>	1	\$ 7.26	\$ 137.89	\$ 72.57	\$ 72.57
This HMO is not authorized to accept employees in bargaining units	2	\$ 16.69	\$ 317.14	\$ 166.92	\$ 166.92
W22 and W41 (UAW) as new members. However, employees who	3	\$ 13.79	\$ 261.99	\$ 137.89	\$ 137.89
are already enrolled may remain enrolled.	4	\$ 19.59	\$ 372.30	\$ 195.95	\$ 195.95
<b>VISION PLANS</b>					
<b>State Vision Plan (State pays 100%)</b>	1	\$ 0	\$ 2.80	\$ 1.40	\$ 1.40
	2	\$ 0	\$ 4.93	\$ 2.46	\$ 2.46
	3	\$ 0	\$ 6.02	\$ 3.01	\$ 3.01
	4	\$ 0	\$ 8.16	\$ 4.08	\$ 4.08
<b>Decline Vision Insurance</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
<b>DENTAL PLANS</b>					
<b>State Dental Plan</b>	1	\$ 1.08	\$ 20.48	\$ 10.78	\$ 10.78
	2	\$ 1.97	\$ 37.38	\$ 19.67	\$ 19.67
	3	\$ 2.40	\$ 45.52	\$ 23.96	\$ 23.96
	4	\$ 3.28	\$ 62.36	\$ 32.82	\$ 32.82
<b>Preventive Dental Plan (State pays 100%)</b>	1	\$ 0	\$ 2.99	\$ 1.50	\$ 1.50
Employees in the Preventive Dental plan will receive	2	\$ 0	\$ 5.21	\$ 2.61	\$ 2.61
a \$100.00 lump sum payment on October 30, 2008.	3	\$ 0	\$ 5.21	\$ 2.61	\$ 2.61
	4	\$ 0	\$ 7.42	\$ 3.71	\$ 3.71
<b>Midwestern Dental Plan (DMO) (State pays 100%)</b>	1	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	2	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	3	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	4	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
<b>Decline Dental Insurance *3</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

\*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 pay premiums according to column (d).

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

\*3 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.

**Civil Service Commission, Employee Benefits Division**  
**FY 2008-2009 GROUP INSURANCE PREMIUM RATES**  
**(Effective October 5, 2008)**

PLAN NAME/CODE	BIWEEKLY		BIWEEKLY *1		
	Option	Employee	State	Part-time employees	
	(a)	(b)	(c)	Employee (d) State (e)	
<b>LIFE INSURANCE PLANS</b>					
<b>Dependent Life Options</b>					
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$ .20	0	\$ .20	0
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$ .60	0	\$ .60	0
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$ 1.20	0	\$ 1.20	0
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$ 4.00	0	\$ 4.00	0
Child(ren) Only \$10,000	L	\$ .75	0	\$ .75	0
<b>Employee Life Options</b>					
The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.					
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 16, 2008.					

\*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 pay premiums according to column (d).

**Office of the State Employer, Employee Health Management**  
**FY 2008-2009 BIWEEKLY LONG TERM DISABILITY PREMIUM RATES**  
**Rates per \$100 of Earnings\***  
**(Effective October 5, 2008)**

PLAN NAME/CODE	Status (a)	Employee (b)	State (c)
<b>All employees except those represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$ 2.08	\$ .92
YIA1: 184-527 hours sick leave	Plan IIA	\$ .53	\$ .92
YIA2: 528 hours or more sick leave	Plan IIB	\$ 0	\$ .92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$ 1.74	\$ .92
<b>Employees represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$ 2.13	\$ .92
YIA1: 184-527 hours sick leave	Plan IIA	\$ .58	\$ .92
YIA2: 528 hours or more sick leave	Plan IIB	\$ 0	\$ .92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$ 1.79	\$ .92
<b>Calculation of Employee Contribution:</b> Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

\*Benefits are subject to maximums in the LTD booklet.

## State Sponsored Group Insurance Plan Current Benefit Administrators

<p><b>STATE HEALTH PLAN PPO</b> BCBSM State of Michigan Service Center (800) 843-4876 <a href="http://www.bcbsm.com">www.bcbsm.com</a></p>	<p><b>STATE CATASTROPHIC HEALTH PLAN</b> BCBSM State of Michigan Service Center (800) 843-4876 <a href="http://www.bcbsm.com">www.bcbsm.com</a></p>
<p><b>MANAGED PHARMACY/MAIL SERVICE PRESCRIPTION DRUG PROGRAM</b> Express Scripts (800) 505-2324 <a href="http://www.express-scripts.com">www.express-scripts.com</a></p>	<p><b>STATE VISION PLAN</b> BCBSM State of Michigan Service Center (800) 843-4876 <a href="http://www.bcbsm.com">www.bcbsm.com</a></p>
<p><b>MENTAL HEALTH/ SUBSTANCE ABUSE SERVICES</b> Magellan Behavioral of Michigan (866) 503-3158 <a href="http://www.magellanassist.com">www.magellanassist.com</a></p>	<p><b>STATE DENTAL PLAN and PREVENTIVE DENTAL PLAN</b> Delta Dental Plan of Michigan (800) 524-0150 <a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a></p>
<p><b>STATE LONG TERM DISABILITY (LTD) PLAN</b> Citizens Management, Inc. (800) 324-9901</p>	<p><b>DENTAL MAINTENANCE ORGANIZATION (DMO)</b> Midwestern Dental Plans, Inc. (800) 544-6374 <a href="http://www.midwesterndental.com">www.midwesterndental.com</a></p>

## Health Maintenance Organizations (HMOs)

<p><b>Blue Care Network, East Blue Care Network, Great Lakes West Blue Care Network, Mid-Michigan Blue Care Network, Southeast</b> (800) 662-6667 <a href="http://www.mibcn.com">www.mibcn.com</a></p>	<p><b>McLaren Health Plan</b> (888) 327-0671 <a href="http://www.mclarenhealthplan.org">www.mclarenhealthplan.org</a></p>
<p>The open enrollment hotline is (800) 470-9633. (Available only during open enrollment period.)</p>	<p><b>Physicians Health Plan of Mid-Michigan (Lansing)</b> (517) 364-8500 or (800) 832-9186 <a href="http://www.phpmm.org">www.phpmm.org</a></p>
<p><b>Grand Valley Health Plan</b> (616) 949-2410 <a href="http://www.gvhp.com">www.gvhp.com</a></p>	<p><b>Priority Health, West Priority Health, East Priority Health, South</b> (800) 446-5674 <a href="http://www.priority-health.com">www.priority-health.com</a></p>
<p><b>Health Alliance Plan</b> (800) 422-4641 <a href="http://www.hap.org">www.hap.org</a></p>	<p><b>Total Health Care</b> (313) 871-2000 or (800) 826-2862 <a href="http://www.totalhealthcareonline.com">www.totalhealthcareonline.com</a></p>
<p><b>HealthPlus of Michigan (Flint) (800) 332-9161 (Saginaw) (800) 942-8816</b> <a href="http://www.healthplus.com">www.healthplus.com</a></p>	