CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2011-2012 GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 2, 2011
FOR BARGAINING UNIT MSPTA (T01)

		BIWEEKLY			ANNUAL			BIWEEKLY - DROP			ANNUAL - DROP			ANNUAL	
PLAN NAME/CODE	**Option [1]**	**Employee**	**State**	**Total**	**Employee**	**State**	**Total**	**Employee**	**State**	**Total**	**Employee**	**State**	**Total**	**Leave/LO**	**COBRA**
[HAEX] State Health Plan PPO	1	$ 27.47	$ 247.20	$ 274.67	$ 714.13	$ 6,427.21	$ 7,141.34	$ 16.95	$ 322.00	$ 338.94	$ 440.63	$ 8,371.93	$ 8,812.56	$ 7,141.34	$ 7,284.17
	2	$ 54.93	$ 494.40	$ 549.33	$ 1,428.26	$ 12,854.29	$ 14,282.55	$ 33.89	$ 643.99	$ 677.88	$ 881.25	$ 16,743.75	$ 17,625.00	$ 14,282.55	$ 14,568.20
	3	$ 48.34	$ 435.07	$ 483.41	$ 1,256.87	$ 11,311.81	$ 12,568.68	$ 21.35	$ 405.60	$ 426.95	$ 555.03	$ 10,545.57	$ 11,100.60	$ 12,568.68	$ 12,820.05
	4	$ 75.81	$ 682.27	$ 758.08	$ 1,971.00	$ 17,739.03	$ 19,710.03	$ 39.24	$ 745.49	$ 784.73	$ 1,020.15	$ 19,382.85	$ 20,403.00	$ 19,710.03	$ 20,104.23
Employee or Spouse with Medicare	5	$ -	$ 247.20	$ 247.20	$ -	$ 6,427.21	$ 6,427.21	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,427.21	$ 6,555.75
(State Pays 100%)	6	$ -	$ 494.40	$ 494.40	$ -	$ 12,854.29	$ 12,854.29	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,854.29	$ 13,111.38
	7	$ -	$ 435.07	$ 435.07	$ -	$ 11,311.81	$ 11,311.81	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,311.81	$ 11,538.05
	8	$ -	$ 682.27	$ 682.27	$ -	$ 17,739.03	$ 17,739.03	$ -	$ -	$ -	$ -	$ -	$ -	$ 17,739.03	$ 18,093.81
[H2F0] Catastrophic Health Plan [2]	1	$ -	$ 15.81	$ 15.81	$ -	$ 411.06	$ 411.06	$ -	$ -	$ -	$ -	$ -	$ -	$ 411.06	$ 419.28
	2	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ -	$ -	$ -	$ -	$ -	$ -	$ 822.12	$ 838.56
	3	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ -	$ -	$ -	$ -	$ -	$ -	$ 822.12	$ 838.56
	4	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ -	$ -	$ -	$ -	$ -	$ -	$ 822.12	$ 838.56
[H3ZN] Decline Health Ins.	(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)	(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)	(n/a)	(n/a)
[VBW0] State Vision Plan	1	$ -	$ 2.80	$ 2.80	$ -	$ 72.91	$ 72.91	$ 0.30	$ 2.64	$ 2.94	$ 7.68	$ 68.76	$ 76.44	$ 72.91	$ 74.37
	2	$ -	$ 4.93	$ 4.93	$ -	$ 128.09	$ 128.09	$ 0.48	$ 4.30	$ 4.79	$ 12.60	$ 111.84	$ 124.44	$ 128.09	$ 130.65
	3	$ -	$ 6.02	$ 6.02	$ -	$ 156.46	$ 156.46	$ 0.67	$ 6.02	$ 6.69	$ 17.40	$ 156.48	$ 173.88	$ 156.46	$ 159.59
	4	$ -	$ 8.16	$ 8.16	$ -	$ 212.03	$ 212.03	$ 0.86	$ 7.67	$ 8.53	$ 22.32	$ 199.44	$ 221.76	$ 212.03	$ 216.27
[V3ZN] Decline Vision Ins.	(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)	(n/a)	(n/a)
[DBEX] State Dental Plan	1	$ 1.08	$ 20.48	$ 21.56	$ 28.03	$ 532.52	$ 560.54	$ 2.02	$ 18.13	$ 20.15	$ 52.44	$ 471.36	$ 523.80	$ 560.54	$ 571.76
	2	$ 1.97	$ 37.38	$ 39.35	$ 51.15	$ 971.90	$ 1,023.05	$ 3.67	$ 33.04	$ 36.71	$ 95.40	$ 859.08	$ 954.48	$ 1,023.05	$ 1,043.51
	3	$ 2.40	$ 45.52	$ 47.92	$ 62.30	$ 1,183.61	$ 1,245.91	$ 4.49	$ 40.36	$ 44.85	$ 116.64	$ 1,049.28	$ 1,165.92	$ 1,245.91	$ 1,270.83
	4	$ 3.28	$ 62.36	$ 65.64	$ 85.33	$ 1,621.27	$ 1,706.60	$ 6.14	$ 55.27	$ 61.41	$ 159.72	$ 1,437.00	$ 1,596.72	$ 1,706.60	$ 1,740.73
[DP00] Preventive Dental Plan	1	$ -	$ 2.99	$ 2.99	$ -	$ 77.74	$ 77.74	$ -	$ -	$ -	$ -	$ -	$ -	$ 77.74	$ 79.29
	2	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ -	$ -	$ -	$ -	$ -	$ -	$ 135.46	$ 138.17
	3	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ -	$ -	$ -	$ -	$ -	$ -	$ 135.46	$ 138.17
	4	$ -	$ 7.42	$ 7.42	$ -	$ 192.92	$ 192.92	$ -	$ -	$ -	$ -	$ -	$ -	$ 192.92	$ 196.78
[DMEX] Midwestern Dental (DMO)	1	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ -	$ -	$ -	$ -	$ -	$ -	$ 415.80	$ 424.12
	2	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ -	$ -	$ -	$ -	$ -	$ -	$ 415.80	$ 424.12
	3	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ -	$ -	$ -	$ -	$ -	$ -	$ 415.80	$ 424.12
	4	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ -	$ -	$ -	$ -	$ -	$ -	$ 415.80	$ 424.12
[D3ZN] Decline Dental Ins.	(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)	(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)	(n/a)	(n/a)

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2011-2012 GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 2, 2011
FOR BARGAINING UNIT MSPTA (T01)

		BIWEEKLY			ANNUAL			BIWEEKLY - DROP			ANNUAL - DROP			ANNUAL	
PLAN NAME/CODE	**Option [1]**	**Employee**	**State**	**Total**	**Employee**	**State**	**Total**	**Employee**	**State**	**Total**	**Employee**	**State**	**Total**	**Leave/LO**	**COBRA**
[LUS/LUT/LRS] Employee															
Life Only	1	$ -	21¢/$1,000	21¢/$1,000	$ -	$5.46/$1,000	$5.46/$1,000	$ -	$ -	$ -	$ -	21¢/$1,000	21¢/$1,000	$5.46/$1,000	$ -
[LUEX/LREX] Employee Life															
Only (Fire/Crash Rescue															
Officers--51-01 only) *6	1	$ -	26¢/$1,000	26¢/$1,000	$ -	$6.76/$1,000	$6.76/$1,000	$ -	$ -	$ -	$ -	26¢/$1,000	26¢/$1,000	$6.76/$1,000	$ -
[DL01] Dependent Life Options				(plus)			(plus)								
Sp $ 1,500 &/or Ch $ 1,000	1	$ 0.20	$ -	$ 0.20	$ 5.20	$ -	$ 5.20	$ 0.20	$ -	$ 0.20	$ 5.20	$ -	$ 5.20	$ 5.20	$ -
Sp $ 5,000 &/or Ch $ 2,500	2	$ 0.60	$ -	$ 0.60	$ 15.60	$ -	$ 15.60	$ 0.60	$ -	$ 0.60	$ 15.60	$ -	$ 15.60	$ 15.60	$ -
Sp $10,000 &/or Ch $ 5,000	3	$ 1.20	$ -	$ 1.20	$ 31.20	$ -	$ 31.20	$ 1.20	$ -	$ 1.20	$ 31.20	$ -	$ 31.20	$ 31.20	$ -
Sp $25,000 &/or Ch $10,000	4	$ 4.00	$ -	$ 4.00	$ 104.00	$ -	$ 104.00	$ 4.00	$ -	$ 4.00	$ 104.00	$ -	$ 104.00	$ 104.00	$ -
Child(ren) Only $10,000	5	$ 0.75	$ -	$ 0.75	$ 19.50	$ -	$ 19.50	$ 0.75	$ -	$ 0.75	$ 19.50	$ -	$ 19.50	$ 19.50	$ -
[HCEX] BCN Mid-Michigan	1	$ 19.34	$ 247.20	$ 266.54	$ 502.79	$ 6,427.21	$ 6,930.00	$ 226.91	$ 322.00	$ 548.91	$ 5,899.67	$ 8,371.93	$ 14,271.60	$ 6,930.00	$ 7,068.60
	2	$ 38.68	$ 494.40	$ 533.08	$ 1,005.71	$ 12,854.29	$ 13,860.00	$ 453.82	$ 643.99	$ 1,097.81	$ 11,799.33	$ 16,743.75	$ 28,543.08	$ 13,860.00	$ 14,137.20
	3	$ 34.04	$ 435.07	$ 469.11	$ 884.99	$ 11,311.81	$ 12,196.80	$ 286.02	$ 405.60	$ 691.62	$ 7,436.55	$ 10,545.57	$ 17,982.12	$ 12,196.80	$ 12,440.74
	4	$ 53.38	$ 682.27	$ 735.65	$ 1,387.77	$ 17,739.03	$ 19,126.80	$ 527.97	$ 745.49	$ 1,273.46	$ 13,727.19	$ 19,382.85	$ 33,110.04	$ 19,126.80	$ 19,509.34
[HD00] BCN East Michigan	1	$ 19.10	$ 247.20	$ 266.30	$ 496.55	$ 6,427.21	$ 6,923.76	$ 180.01	$ 322.00	$ 502.01	$ 4,680.23	$ 8,371.93	$ 13,052.16	$ 6,923.76	$ 7,062.24
	2	$ 38.20	$ 494.40	$ 532.60	$ 993.23	$ 12,854.29	$ 13,847.52	$ 360.02	$ 643.99	$ 1,004.01	$ 9,360.57	$ 16,743.75	$ 26,104.32	$ 13,847.52	$ 14,124.47
	3	$ 33.62	$ 435.07	$ 468.69	$ 874.07	$ 11,311.81	$ 12,185.88	$ 226.93	$ 405.60	$ 632.53	$ 5,900.19	$ 10,545.57	$ 16,445.76	$ 12,185.88	$ 12,429.60
	4	$ 52.72	$ 682.27	$ 734.99	$ 1,370.61	$ 17,739.03	$ 19,109.64	$ 419.16	$ 745.49	$ 1,164.66	$ 10,898.19	$ 19,382.85	$ 30,281.04	$ 19,109.64	$ 19,491.83
[HP00] BCN Great Lakes West	1	$ 26.80	$ 247.20	$ 274.00	$ 696.83	$ 6,427.21	$ 7,124.04	$ 166.12	$ 322.00	$ 488.11	$ 4,319.03	$ 8,371.93	$ 12,690.96	$ 7,124.04	$ 7,266.52
	2	$ 53.61	$ 494.40	$ 548.01	$ 1,393.91	$ 12,854.29	$ 14,248.20	$ 332.23	$ 643.99	$ 976.22	$ 8,638.05	$ 16,743.75	$ 25,381.80	$ 14,248.20	$ 14,533.16
	3	$ 47.18	$ 435.07	$ 482.25	$ 1,226.63	$ 11,311.81	$ 12,538.44	$ 209.42	$ 405.60	$ 615.02	$ 5,445.03	$ 10,545.57	$ 15,990.60	$ 12,538.44	$ 12,789.21
	4	$ 73.98	$ 682.27	$ 756.25	$ 1,923.45	$ 17,739.03	$ 19,662.48	$ 386.92	$ 745.49	$ 1,132.42	$ 10,059.99	$ 19,382.85	$ 29,442.84	$ 19,662.48	$ 20,055.73
[HX00] BCN SE Michigan	1	$ 15.67	$ 247.20	$ 262.87	$ 407.51	$ 6,427.21	$ 6,834.72	$ 216.06	$ 322.00	$ 538.06	$ 5,617.67	$ 8,371.93	$ 13,989.60	$ 6,834.72	$ 6,971.41
	2	$ 31.35	$ 494.40	$ 525.75	$ 815.15	$ 12,854.29	$ 13,669.44	$ 432.13	$ 643.99	$ 1,076.12	$ 11,235.33	$ 16,743.75	$ 27,979.08	$ 13,669.44	$ 13,942.83
	3	$ 27.59	$ 435.07	$ 462.66	$ 717.35	$ 11,311.81	$ 12,029.16	$ 272.36	$ 405.60	$ 677.95	$ 7,081.23	$ 10,545.57	$ 17,626.80	$ 12,029.16	$ 12,269.74
	4	$ 43.26	$ 682.27	$ 725.53	$ 1,124.85	$ 17,739.03	$ 18,863.88	$ 502.81	$ 745.49	$ 1,248.30	$ 13,072.95	$ 19,382.85	$ 32,455.80	$ 18,863.88	$ 19,241.16
[HCOP] COPS Trust Health Plan	1	$ -	$ 246.98	$ 246.98	$ -	$ 6,421.48	$ 6,421.48	$ -	$ 246.98	$ 246.98	$ -	$ 6,421.48	$ 6,421.48	$ 6,421.48	$ 6,549.91
	2	$ -	$ 494.00	$ 494.00	$ -	$ 12,844.00	$ 12,844.00	$ -	$ 494.00	$ 494.00	$ -	$ 12,844.00	$ 12,844.00	$ 12,844.00	$ 13,100.88
	3	$ -	$ 434.71	$ 434.71	$ -	$ 11,302.46	$ 11,302.46	$ -	$ 434.71	$ 434.71	$ -	$ 11,302.46	$ 11,302.46	$ 11,302.46	$ 11,528.51
	4	$ -	$ 681.72	$ 681.72	$ -	$ 17,724.72	$ 17,724.72	$ -	$ 681.72	$ 681.72	$ -	$ 17,724.72	$ 17,724.72	$ 17,724.72	$ 18,079.21
[HN00] Grand Valley Health	1	$ 12.63	$ 240.03	$ 252.66	$ 328.46	$ 6,240.70	$ 6,569.16	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,569.16	$ 6,700.54
	2	$ 25.27	$ 480.05	$ 505.32	$ 656.92	$ 12,481.40	$ 13,138.32	$ -	$ -	$ -	$ -	$ -	$ -	$ 13,138.32	$ 13,401.09
	3	$ 22.23	$ 422.45	$ 444.68	$ 578.09	$ 10,983.67	$ 11,561.76	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,561.76	$ 11,793.00
	4	$ 34.87	$ 662.48	$ 697.35	$ 906.55	$ 17,224.37	$ 18,130.92	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,130.92	$ 18,493.54

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		BIWEEKLY			ANNUAL			BIWEEKLY - DROP			ANNUAL - DROP			ANNUAL	
PLAN NAME/CODE	Option [1]	Employee	State	Total	Employee	State	Total	Employee	State	Total	Employee	State	Total	Leave/LO	COBRA
[HI00] Health Alliance Plan	1	$ 12.07	$ 229.24	$ 241.31	$ 313.69	$ 5,960.15	$ 6,273.84	$ 111.17	$ 322.00	$ 433.17	$ 2,890.43	$ 8,371.93	$ 11,262.36	$ 6,273.84	$ 6,399.32
	2	$ 24.23	$ 460.45	$ 484.68	$ 630.08	$ 11,971.60	$ 12,601.68	$ 222.35	$ 643.99	$ 866.34	$ 5,780.97	$ 16,743.75	$ 22,524.72	$ 12,601.68	$ 12,853.71
	3	$ 21.31	$ 404.96	$ 426.27	$ 554.16	$ 10,529.04	$ 11,083.20	$ 140.20	$ 405.60	$ 545.80	$ 3,645.27	$ 10,545.57	$ 14,190.84	$ 11,083.20	$ 11,304.86
	4	$ 33.48	$ 636.17	$ 669.65	$ 870.55	$ 16,540.37	$ 17,410.92	$ 259.46	$ 745.49	$ 1,004.95	$ 6,745.83	$ 19,382.85	$ 26,128.68	$ 17,410.92	$ 17,759.14
[HJ00] HealthPlus of Michigan	1	$ 12.79	$ 242.95	$ 255.74	$ 332.45	$ 6,316.63	$ 6,649.08	$ 178.83	$ 322.00	$ 500.82	$ 4,649.51	$ 8,371.93	$ 13,021.44	$ 6,649.08	$ 6,782.06
	2	$ 25.57	$ 485.89	$ 511.46	$ 664.90	$ 12,633.14	$ 13,298.04	$ 357.66	$ 643.99	$ 1,001.65	$ 9,299.13	$ 16,743.75	$ 26,042.88	$ 13,298.04	$ 13,564.00
	3	$ 22.50	$ 427.58	$ 450.08	$ 585.11	$ 11,117.17	$ 11,702.28	$ 225.44	$ 405.60	$ 631.04	$ 5,861.46	$ 10,545.57	$ 16,407.03	$ 11,702.28	$ 11,936.33
	4	$ 35.29	$ 670.53	$ 705.82	$ 917.57	$ 17,433.79	$ 18,351.36	$ 416.42	$ 745.49	$ 1,161.91	$ 10,826.87	$ 19,382.85	$ 30,209.72	$ 18,351.36	$ 18,718.39
[HMCL] McLaren Health Plan	1	$ 11.02	$ 209.29	$ 220.31	$ 286.40	$ 5,441.56	$ 5,727.96	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,727.96	$ 5,842.52
	2	$ 22.03	$ 418.58	$ 440.61	$ 572.79	$ 10,883.01	$ 11,455.80	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,455.80	$ 11,684.92
	3	$ 19.39	$ 368.33	$ 387.72	$ 504.02	$ 9,576.46	$ 10,080.48	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,080.48	$ 10,282.09
	4	$ 30.40	$ 577.63	$ 608.03	$ 790.45	$ 15,018.47	$ 15,808.92	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,808.92	$ 16,125.10
[HMEX] Physicians Health Plan	1	$ 12.98	$ 246.56	$ 259.54	$ 337.39	$ 6,410.45	$ 6,747.84	$ 135.80	$ 322.00	$ 457.80	$ 3,530.81	$ 8,371.93	$ 11,902.74	$ 6,747.84	$ 6,882.80
	2	$ 25.95	$ 493.11	$ 519.06	$ 674.78	$ 12,820.78	$ 13,495.56	$ 271.60	$ 643.99	$ 915.59	$ 7,061.61	$ 16,743.75	$ 23,805.36	$ 13,495.56	$ 13,765.47
	3	$ 22.84	$ 433.93	$ 456.77	$ 593.80	$ 11,282.24	$ 11,876.04	$ 171.05	$ 405.60	$ 576.65	$ 4,447.22	$ 10,545.57	$ 14,992.79	$ 11,876.04	$ 12,113.56
	4	$ 35.82	$ 680.49	$ 716.31	$ 931.19	$ 17,692.69	$ 18,623.88	$ 314.44	$ 745.49	$ 1,059.94	$ 8,175.51	$ 19,382.85	$ 27,558.36	$ 18,623.88	$ 18,996.36
[HF00] Priority Health Plan - West	1	$ 13.88	$ 247.20	$ 261.08	$ 360.95	$ 6,427.21	$ 6,788.16	$ 156.82	$ 322.00	$ 478.82	$ 4,077.35	$ 8,371.93	$ 12,449.28	$ 6,788.16	$ 6,923.92
	2	$ 27.77	$ 494.40	$ 522.17	$ 722.03	$ 12,854.29	$ 13,576.32	$ 312.67	$ 643.99	$ 956.66	$ 8,129.37	$ 16,743.75	$ 24,873.12	$ 13,576.32	$ 13,847.85
	3	$ 24.44	$ 435.07	$ 459.51	$ 635.39	$ 11,311.81	$ 11,947.20	$ 197.08	$ 405.60	$ 602.68	$ 5,124.15	$ 10,545.57	$ 15,669.72	$ 11,947.20	$ 12,186.14
	4	$ 38.32	$ 682.27	$ 720.59	$ 996.33	$ 17,739.03	$ 18,735.36	$ 364.22	$ 745.49	$ 1,109.71	$ 9,469.71	$ 19,382.85	$ 28,852.56	$ 18,735.36	$ 19,110.07
[HF01] Priority Health Plan - East	1	$ 13.88	$ 247.20	$ 261.08	$ 360.95	$ 6,427.21	$ 6,788.16	$ 156.82	$ 322.00	$ 478.82	$ 4,077.35	$ 8,371.93	$ 12,449.28	$ 6,788.16	$ 6,923.92
	2	$ 27.77	$ 494.40	$ 522.17	$ 722.03	$ 12,854.29	$ 13,576.32	$ 312.67	$ 643.99	$ 956.66	$ 8,129.37	$ 16,743.75	$ 24,873.12	$ 13,576.32	$ 13,847.85
	3	$ 24.44	$ 435.07	$ 459.51	$ 635.39	$ 11,311.81	$ 11,947.20	$ 197.08	$ 405.60	$ 602.68	$ 5,124.15	$ 10,545.57	$ 15,669.72	$ 11,947.20	$ 12,186.14
	4	$ 38.32	$ 682.27	$ 720.59	$ 996.33	$ 17,739.03	$ 18,735.36	$ 364.22	$ 745.49	$ 1,109.71	$ 9,469.71	$ 19,382.85	$ 28,852.56	$ 18,735.36	$ 19,110.07
[HF02] Priority Health Plan - South	1	$ 13.88	$ 247.20	$ 261.08	$ 360.95	$ 6,427.21	$ 6,788.16	$ 156.82	$ 322.00	$ 478.82	$ 4,077.35	$ 8,371.93	$ 12,449.28	$ 6,788.16	$ 6,923.92
	2	$ 27.77	$ 494.40	$ 522.17	$ 722.03	$ 12,854.29	$ 13,576.32	$ 312.67	$ 643.99	$ 956.66	$ 8,129.37	$ 16,743.75	$ 24,873.12	$ 13,576.32	$ 13,847.85
	3	$ 24.44	$ 435.07	$ 459.51	$ 635.39	$ 11,311.81	$ 11,947.20	$ 197.08	$ 405.60	$ 602.68	$ 5,124.15	$ 10,545.57	$ 15,669.72	$ 11,947.20	$ 12,186.14
	4	$ 38.32	$ 682.27	$ 720.59	$ 996.33	$ 17,739.03	$ 18,735.36	$ 364.22	$ 745.49	$ 1,109.71	$ 9,469.71	$ 19,382.85	$ 28,852.56	$ 18,735.36	$ 19,110.07
[HL00] Total Health Care	1	$ 8.96	$ 170.19	$ 179.15	$ 232.89	$ 4,424.91	$ 4,657.80	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,657.80	$ 4,750.96
	2	$ 20.60	$ 391.44	$ 412.04	$ 535.65	$ 10,177.35	$ 10,713.00	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,713.00	$ 10,927.26
	3	$ 17.02	$ 323.33	$ 340.35	$ 442.46	$ 8,406.70	$ 8,849.16	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,849.16	$ 9,026.14
	4	$ 24.19	$ 459.51	$ 483.70	$ 628.81	$ 11,947.31	$ 12,576.12	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,576.12	$ 12,827.64

[1] Health option codes are 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family
[2] Employees in the Catastrophic Health Plan will receive a $50 rebate with each paycheck beginning October 13, 2011.
[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.