CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
CONTINUED GROUP INSURANCE SYSTEM (CGIS) PREMIUM RATES EFFECTIVE OCTOBER 1, 2011
FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010
FOR BARGAINING UNITS: NERE (Y00, Y23, Y50, Y51, Y52, Y98 & Y99), UAW (W22, W41), SEIU 517M (E42, H21, L32)

			MONTHLY PREMIUM	
			Leave/Layoff (100%)	COBRA (102%)
HAEX	**State Health Plan PPO**			
	Applicant Only		$ 529.71	$ 540.30
	Applicant & Spouse		$ 1,059.46	$ 1,080.65
	Applicant & Children		$ 932.32	$ 950.97
	Full Family		$ 1,462.06	$ 1,491.30
	Applicant Only w/Medicare		$ 423.77	$ 432.24
	Applicant & Spouse w/Medicare		$ 847.57	$ 864.52
	Applicant w/Medicare & Children		$ 745.86	$ 760.78
	Full Family w/Medicare		$ 1,169.64	$ 1,193.04
H2F0	**Catastrophic Health**			
	Applicant Only		$ 34.26	$ 34.93
	Applicant & Spouse		$ 68.51	$ 69.88
	Applicant & Children		$ 68.51	$ 69.88
	Full Family		$ 68.51	$ 69.88
VBWO	**State Vision Plan**			
	Applicant Only		$ 6.08	$ 6.20
	Applicant & Spouse		$ 10.67	$ 10.90
	Applicant & Children		$ 13.04	$ 13.30
	Full Family		$ 17.67	$ 18.02
DBEX	**State Dental Plan**			
	Applicant Only		$ 46.71	$ 47.66
	Applicant & Spouse		$ 85.25	$ 86.96
	Applicant & Children		$ 103.83	$ 105.89
	Full Family		$ 142.22	$ 145.06
DP00	**Preventive Dental Plan**			
	Applicant Only		$ 6.48	$ 6.61
	Applicant & Spouse		$ 11.29	$ 11.50
	Applicant & Children		$ 11.29	$ 11.50
	Full Family		$ 16.08	$ 16.40
DMEX	**Midwest Dental (DMO)**			
	Applicant Only		$ 34.65	$ 35.34
	Applicant & Spouse		$ 34.65	$ 35.34
	Applicant & Children		$ 34.65	$ 35.34
	Full Family		$ 34.65	$ 35.34
LUEX/LREX Emp. Life Only (Fire & Rescue Employees Only)			56¢/$1,000	(n/a)
LUEX/LAEX/LREX Employee Life (Only)		Plan E	46¢/$1,000	(n/a)
Dependent Life Options				
Sp $ 1,500 &/or Ch $ 1,000		Plan F	$ 0.43	(n/a)
Sp $ 5,000 &/or Ch $ 2,500		Plan G	$ 1.30	(n/a)
Sp $10,000 &/or Ch $ 5,000		Plan H	$ 2.60	(n/a)
Sp $25,000 &/or Ch $10,000		Plan K	$ 8.67	(n/a)
Child(ren) Only $10,000		Plan L	$ 1.63	(n/a)

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HCEX	**BCN Mid Michigan**		
	Applicant Only	$ 512.90	$ 523.16
	Applicant & Spouse	$ 1,025.80	$ 1,046.32
	Applicant & Children	$ 902.71	$ 920.76
	Full Family	$ 1,415.61	$ 1,443.92
HD00	**BCN of East Michigan**		
	Applicant Only	$ 513.11	$ 523.37
	Applicant & Spouse	$ 1,026.23	$ 1,046.75
	Applicant & Children	$ 903.08	$ 921.14
	Full Family	$ 1,416.20	$ 1,444.52
HP00	**BCN Great Lakes West**		
	Applicant Only	$ 526.03	$ 536.55
	Applicant & Spouse	$ 1,052.04	$ 1,073.08
	Applicant & Children	$ 925.80	$ 944.32
	Full Family	$ 1,451.82	$ 1,480.86
HX00	**BCN of SE Michigan**		
	Applicant Only	$ 507.75	$ 517.91
	Applicant & Spouse	$ 1,015.49	$ 1,035.80
	Applicant & Children	$ 893.64	$ 911.51
	Full Family	$ 1,401.38	$ 1,429.41
HN00	**Grand Valley Health Plan**		
	Applicant Only	$ 496.41	$ 506.34
	Applicant & Spouse	$ 992.82	$ 1,012.68
	Applicant & Children	$ 873.68	$ 891.15
	Full Family	$ 1,370.09	$ 1,397.49
HI00	**Health Alliance Plan**		
	Applicant Only	$ 446.96	$ 455.90
	Applicant & Spouse	$ 897.77	$ 915.73
	Applicant & Children	$ 789.58	$ 805.37
	Full Family	$ 1,240.58	$ 1,265.39
HJ00	**Health Plus of Michigan**		
	Applicant Only	$ 507.57	$ 517.72
	Applicant & Spouse	$ 1,015.12	$ 1,035.42
	Applicant & Children	$ 893.30	$ 911.17
	Full Family	$ 1,400.87	$ 1,428.89
HMCL	**McLaren Health Plan**		
	Applicant Only	$ 396.58	$ 404.51
	Applicant & Spouse	$ 793.17	$ 809.03
	Applicant & Children	$ 698.05	$ 712.01
	Full Family	$ 1,094.59	$ 1,116.48

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		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HMEX	**Physicians Health Plan**		
	Applicant Only	$ 412.61	$ 420.86
	Applicant & Spouse	$ 825.23	$ 841.73
	Applicant & Children	$ 726.20	$ 740.72
	Full Family	$ 1,138.82	$ 1,161.60
HF00	**Priority Health Plan - West**		
	Applicant Only	$ 469.54	$ 478.93
	Applicant & Spouse	$ 939.05	$ 957.83
	Applicant & Children	$ 826.37	$ 842.90
	Full Family	$ 1,295.91	$ 1,321.83
HF01	**Priority Health Plan - East**		
	Applicant Only	$ 469.54	$ 478.93
	Applicant & Spouse	$ 939.05	$ 957.83
	Applicant & Children	$ 826.37	$ 842.90
	Full Family	$ 1,295.91	$ 1,321.83
HF02	**Priority Health Plan - South**		
	Applicant Only	$ 469.54	$ 478.93
	Applicant & Spouse	$ 939.05	$ 957.83
	Applicant & Children	$ 826.37	$ 842.90
	Full Family	$ 1,295.91	$ 1,321.83
HL00	**Total Health Care**		
	Applicant Only	$ 358.34	$ 365.51
	Applicant & Spouse	$ 824.19	$ 840.67
	Applicant & Children	$ 680.86	$ 694.48
	Full Family	$ 967.52	$ 986.87