CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
CONTINUED GROUP INSURANCE SYSTEM (CGIS) PREMIUM RATES EFFECTIVE OCTOBER 1, 2011

FOR BARGAINING UNIT: MSPTA (T01)

			MONTHLY PREMIUM	
			Leave/Layoff (100%)	COBRA (102%)
HAEX	**State Health Plan PPO**			
	Applicant Only		$ 595.11	$ 607.01
	Applicant & Spouse		$ 1,190.21	$ 1,214.02
	Applicant & Children		$ 1,047.39	$ 1,068.34
	Full Family		$ 1,642.50	$ 1,675.35
	Applicant Only w/Medicare		$ 535.60	$ 546.31
	Applicant & Spouse w/Medicare		$ 1,071.19	$ 1,092.61
	Applicant w/Medicare & Children		$ 942.65	$ 961.50
	Full Family w/Medicare		$ 1,478.25	$ 1,507.82
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	$ 577.50	$ 589.05
	Applicant & Spouse	$ 1,155.00	$ 1,178.10
	Applicant & Children	$ 1,016.40	$ 1,036.73
	Full Family	$ 1,593.90	$ 1,625.78
HD00	**BCN of East Michigan**		
	Applicant Only	$ 576.98	$ 588.52
	Applicant & Spouse	$ 1,153.96	$ 1,177.04
	Applicant & Children	$ 1,015.49	$ 1,035.80
	Full Family	$ 1,592.47	$ 1,624.32
HP00	**BCN Great Lakes West**		
	Applicant Only	$ 593.67	$ 605.54
	Applicant & Spouse	$ 1,187.35	$ 1,211.10
	Applicant & Children	$ 1,044.87	$ 1,065.77
	Full Family	$ 1,638.54	$ 1,671.31
HX00	**BCN of SE Michigan**		
	Applicant Only	$ 569.56	$ 580.95
	Applicant & Spouse	$ 1,139.12	$ 1,161.90
	Applicant & Children	$ 1,002.43	$ 1,022.48
	Full Family	$ 1,571.99	$ 1,603.43
HCOP	**COPS Trust Health Plan**		
	Applicant Only	$ 535.12	$ 545.82
	Applicant & Spouse	$ 1,070.33	$ 1,091.74
	Applicant & Children	$ 941.87	$ 960.71
	Full Family	$ 1,477.06	$ 1,506.60
HN00	**Grand Valley Health Plan**		
	Applicant Only	$ 547.43	$ 558.38
	Applicant & Spouse	$ 1,094.86	$ 1,116.76
	Applicant & Children	$ 963.48	$ 982.75
	Full Family	$ 1,510.91	$ 1,541.13
HI00	**Health Alliance Plan**		
	Applicant Only	$ 522.82	$ 533.28
	Applicant & Spouse	$ 1,050.14	$ 1,071.14
	Applicant & Children	$ 923.60	$ 942.07
	Full Family	$ 1,450.91	$ 1,479.93
HJ00	**Health Plus of Michigan**		
	Applicant Only	$ 554.09	$ 565.17
	Applicant & Spouse	$ 1,108.17	$ 1,130.33
	Applicant & Children	$ 975.19	$ 994.69
	Full Family	$ 1,529.28	$ 1,559.87

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HMCL	**McLaren Health Plan**		
	Applicant Only	$ 477.33	$ 486.88
	Applicant & Spouse	$ 954.65	$ 973.74
	Applicant & Children	$ 840.04	$ 856.84
	Full Family	$ 1,317.41	$ 1,343.76
HMEX	**Physicians Health Plan**		
	Applicant Only	$ 562.32	$ 573.57
	Applicant & Spouse	$ 1,124.63	$ 1,147.12
	Applicant & Children	$ 989.67	$ 1,009.46
	Full Family	$ 1,551.99	$ 1,583.03
HF00	**Priority Health Plan - West**		
	Applicant Only	$ 565.68	$ 576.99
	Applicant & Spouse	$ 1,131.36	$ 1,153.99
	Applicant & Children	$ 995.60	$ 1,015.51
	Full Family	$ 1,561.28	$ 1,592.51
HF01	**Priority Health Plan - East**		
	Applicant Only	$ 565.68	$ 576.99
	Applicant & Spouse	$ 1,131.36	$ 1,153.99
	Applicant & Children	$ 995.60	$ 1,015.51
	Full Family	$ 1,561.28	$ 1,592.51
HF02	**Priority Health Plan - South**		
	Applicant Only	$ 565.68	$ 576.99
	Applicant & Spouse	$ 1,131.36	$ 1,153.99
	Applicant & Children	$ 995.60	$ 1,015.51
	Full Family	$ 1,561.28	$ 1,592.51
HL00	**Total Health Care**		
	Applicant Only	$ 388.15	$ 395.91
	Applicant & Spouse	$ 892.75	$ 910.61
	Applicant & Children	$ 737.43	$ 752.18
	Full Family	$ 1,048.01	$ 1,068.97