

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2017-2018 GROUP INSURANCE ANNUAL PREMIUM RATES
EFFECTIVE OCTOBER 8, 2017

For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 517M, Judicial Branch, and Non-Represented (Z60-Z89)

PLAN NAME/CODE	Option	Employee	State	Total
[HAEX] State Health Plan PPO	Employee Only	\$1,631.14	\$6,524.54	\$8,155.68
	Employee & Spouse	\$3,262.40	\$13,049.61	\$16,312.01
	Employee & Child (ren)	\$2,870.90	\$11,483.59	\$14,354.49
	Full Family	\$4,502.10	\$18,008.40	\$22,510.50
Employee or Spouse w/Medicare (State pays 100%)	Option	Employee	State	Total
	Employee Only	\$0.00	\$6,524.54	\$6,524.54
	Employee & Spouse	\$0.00	\$13,049.61	\$13,049.61
	Employee & Child (ren)	\$0.00	\$11,483.59	\$11,483.59
Full Family	Full Family	\$0.00	\$18,008.40	\$18,008.40
	Option	Employee	State	Total
	Employee Only	\$0.00	\$411.06	\$411.06
	Employee & Spouse	\$0.00	\$822.12	\$822.12
[H2F0] Catastrophic Health Plan ²	Employee & Child (ren)	\$0.00	\$822.12	\$822.12
	Full Family	\$0.00	\$822.12	\$822.12
	Option	Employee	State	Total
[HBCN] Blue Care Network	Employee Only	\$1,090.64	\$6,180.28	\$7,270.92
	Employee & Spouse	\$2,181.31	\$12,360.77	\$14,542.08
	Employee & Child (ren)	\$1,919.56	\$10,877.48	\$12,797.04
	Full Family	\$3,010.21	\$17,057.87	\$20,068.08
[HI00] Health Alliance Plan	Option	Employee	State	Total
	Employee Only	\$1,089.74	\$6,175.18	\$7,264.92
	Employee & Spouse	\$2,188.85	\$12,403.51	\$14,592.36
	Employee & Child (ren)	\$1,925.05	\$10,908.59	\$12,833.64
[HMCL] McLaren Health Plan	Full Family	\$3,024.18	\$17,137.02	\$20,161.20
	Option	Employee	State	Total
	Employee Only	\$1,052.98	\$5,966.90	\$7,019.88
	Employee & Spouse	\$2,106.02	\$11,934.10	\$14,040.12
[HMEX] Physicians Health Plan	Employee & Child (ren)	\$1,852.72	\$10,498.76	\$12,351.48
	Full Family	\$2,905.92	\$16,466.88	\$19,372.80
	Option	Employee	State	Total
	Employee Only	\$1,470.58	\$6,524.54	\$7,995.12
[HPRI] Priority Health Plan	Employee & Spouse	\$2,940.51	\$13,049.61	\$15,990.12
	Employee & Child (ren)	\$2,587.61	\$11,483.59	\$14,071.20
	Full Family	\$4,057.92	\$18,008.40	\$22,066.32
	Option	Employee	State	Total
[H3ZN] Decline Health Ins.	Employee Only	\$1,884.22	\$6,524.54	\$8,408.76
	Employee & Spouse	\$3,767.91	\$13,049.61	\$16,817.52
	Employee & Child (ren)	\$3,315.77	\$11,483.59	\$14,799.36
	Full Family	\$5,199.72	\$18,008.40	\$23,208.12
[H4ZN] "Opt Out" Health ³	(n/a)	(n/a)	(n/a)	(n/a)

¹ Part-time employees hired on or after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period. Part-time employees hired on or before 12/30/1999 pay the full-time rate.

² Employees in the Catastrophic Health Plan will receive a \$50 rebate with each paycheck beginning the first pay period after effective date of coverage.

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.

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PLAN NAME/CODE	Option	Employee	State	Total
[VBW0] State Vision Plan	Employee Only	\$0.00	\$61.97	\$61.97
	Employee & Spouse	\$0.00	\$108.88	\$108.88
	Employee & Child (ren)	\$0.00	\$132.99	\$132.99
	Full Family	\$0.00	\$180.23	\$180.23
PLAN NAME/CODE	Option	Employee	State	Total
[V3ZN] Decline Vision Ins.	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
[DBEX] State Dental Plan	Employee Only	\$27.19	\$516.53	\$543.72
	Employee & Spouse	\$49.62	\$942.74	\$992.36
	Employee & Child (ren)	\$60.43	\$1,148.10	\$1,208.53
	Full Family	\$82.77	\$1,572.63	\$1,655.40
PLAN NAME/CODE	Option	Employee	State	Total
[DP00] Preventive Dental Plan	Employee Only	\$0.00	\$77.74	\$77.74
	Employee & Spouse	\$0.00	\$135.46	\$135.46
	Employee & Child (ren)	\$0.00	\$135.46	\$135.46
	Full Family	\$0.00	\$192.92	\$192.92
PLAN NAME/CODE	Option	Employee	State	Total
[DMEX] Midwestern Dental (DMO)	Employee Only	\$0.00	\$471.36	\$471.36
	Employee & Spouse	\$0.00	\$471.36	\$471.36
	Employee & Child (ren)	\$0.00	\$471.36	\$471.36
	Full Family	\$0.00	\$471.36	\$471.36
PLAN NAME/CODE	Option	Employee	State	Total
[D3ZN] Decline Dental Ins.	(n/a)	(n/a)	(n/a)	(n/a)
[D4ZN] "Opt Out" Dental ⁴	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
Employee Life	Employee Only	\$0.00	\$7.28/\$1,000	\$7.28/\$1,000
PLAN NAME/CODE	Option	Employee	State	Total
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$5.20	\$0.00	\$5.20
	Sp \$ 5,000 &/or Ch \$ 2,500	\$15.60	\$0.00	\$15.60
	Sp \$10,000 &/or Ch \$ 5,000	\$31.20	\$0.00	\$31.20
	Sp \$25,000 &/or Ch \$10,000	\$104.00	\$0.00	\$104.00
	Child(ren) Only \$10,000	\$19.50	\$0.00	\$19.50
	Sp \$50,000 &/or Ch \$15,000	\$198.12	\$0.00	\$198.12
	Sp \$0 &/or Ch \$15,000	\$29.38	\$0.00	\$29.38

⁴ Employees who opt out of dental coverage or enroll in the Preventive Dental Plan (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a \$100 rebate annually in November. The rebate will be prorated for new employees hired mid-year.