CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2008-2009 HMO INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 5, 2008

PLAN NAME/CODE	Option *2	BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		ANNUAL	
		Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[HCEX] BCN Mid-Michigan	1	$ 14.92	$ 214.28	$ 229.21	$ 388.04	$ 5,571.40	$ 5,959.44	$ 114.60	$ 114.60	$ 2,979.72	$ 2,979.72	$ 5,959.44	$ 6,078.63
	2	$ 29.85	$ 428.57	$ 458.41	$ 775.97	$ 11,142.79	$ 11,918.76	$ 229.21	$ 229.21	$ 5,959.38	$ 5,959.38	$ 11,918.76	$ 12,157.14
	3	$ 26.27	$ 377.14	$ 403.41	$ 682.96	$ 9,805.64	$ 10,488.60	$ 201.70	$ 201.70	$ 5,244.30	$ 5,244.30	$ 10,488.60	$ 10,698.37
	4	$ 41.19	$ 591.42	$ 632.62	$ 1,071.00	$ 15,377.04	$ 16,448.04	$ 316.31	$ 316.31	$ 8,224.02	$ 8,224.02	$ 16,448.04	$ 16,777.00
[HD00] BCN East Michigan	1	$ 11.14	$ 211.69	$ 222.83	$ 289.67	$ 5,503.81	$ 5,793.48	$ 111.41	$ 111.41	$ 2,896.74	$ 2,896.74	$ 5,793.48	$ 5,909.35
	2	$ 22.28	$ 423.37	$ 445.65	$ 579.34	$ 11,007.50	$ 11,586.84	$ 222.82	$ 222.82	$ 5,793.42	$ 5,793.42	$ 11,586.84	$ 11,818.58
	3	$ 19.61	$ 372.57	$ 392.17	$ 509.83	$ 9,686.69	$ 10,196.52	$ 196.09	$ 196.09	$ 5,098.26	$ 5,098.26	$ 10,196.52	$ 10,400.45
	4	$ 30.75	$ 584.25	$ 615.00	$ 799.49	$ 15,190.39	$ 15,989.88	$ 307.50	$ 307.50	$ 7,994.94	$ 7,994.94	$ 15,989.88	$ 16,309.68
[HP00] BCN Great Lakes West	1	$ 12.27	$ 214.28	$ 226.55	$ 318.92	$ 5,571.40	$ 5,890.32	$ 113.28	$ 113.28	$ 2,945.16	$ 2,945.16	$ 5,890.32	$ 6,008.13
	2	$ 24.53	$ 428.57	$ 453.10	$ 637.85	$ 11,142.79	$ 11,780.64	$ 226.55	$ 226.55	$ 5,890.32	$ 5,890.32	$ 11,780.64	$ 12,016.25
	3	$ 21.59	$ 377.14	$ 398.73	$ 561.40	$ 9,805.64	$ 10,367.04	$ 199.37	$ 199.37	$ 5,183.52	$ 5,183.52	$ 10,367.04	$ 10,574.38
	4	$ 33.85	$ 591.42	$ 625.28	$ 880.20	$ 15,377.04	$ 16,257.24	$ 312.64	$ 312.64	$ 8,128.62	$ 8,128.62	$ 16,257.24	$ 16,582.38
[HX00] BCN SE Michigan	1	$ 11.14	$ 211.62	$ 222.76	$ 289.59	$ 5,502.21	$ 5,791.80	$ 111.38	$ 111.38	$ 2,895.90	$ 2,895.90	$ 5,791.80	$ 5,907.64
	2	$ 22.28	$ 423.25	$ 445.52	$ 579.18	$ 11,004.42	$ 11,583.60	$ 222.76	$ 222.76	$ 5,791.80	$ 5,791.80	$ 11,583.60	$ 11,815.27
	3	$ 19.60	$ 372.46	$ 392.06	$ 509.68	$ 9,683.84	$ 10,193.52	$ 196.03	$ 196.03	$ 5,096.76	$ 5,096.76	$ 10,193.52	$ 10,397.39
	4	$ 30.74	$ 584.08	$ 614.82	$ 799.27	$ 15,186.05	$ 15,985.32	$ 307.41	$ 307.41	$ 7,992.66	$ 7,992.66	$ 15,985.32	$ 16,305.03
[HN00] Grand Valley Health	1	$ 10.54	$ 200.32	$ 210.86	$ 274.12	$ 5,208.32	$ 5,482.44	$ 105.43	$ 105.43	$ 2,741.22	$ 2,741.22	$ 5,482.44	$ 5,592.09
	2	$ 21.09	$ 400.64	$ 421.73	$ 548.24	$ 10,416.64	$ 10,964.88	$ 210.86	$ 210.86	$ 5,482.44	$ 5,482.44	$ 10,964.88	$ 11,184.18
	3	$ 18.56	$ 352.56	$ 371.12	$ 482.45	$ 9,166.63	$ 9,649.08	$ 185.56	$ 185.56	$ 4,824.54	$ 4,824.54	$ 9,649.08	$ 9,842.06
	4	$ 29.10	$ 552.88	$ 581.98	$ 756.58	$ 14,374.94	$ 15,131.52	$ 290.99	$ 290.99	$ 7,565.76	$ 7,565.76	$ 15,131.52	$ 15,434.15
[HI00] Health Alliance Plan	1	$ 10.63	$ 201.91	$ 212.54	$ 276.30	$ 5,249.70	$ 5,526.00	$ 106.27	$ 106.27	$ 2,763.00	$ 2,763.00	$ 5,526.00	$ 5,636.52
	2	$ 21.35	$ 405.56	$ 426.91	$ 554.98	$ 10,544.66	$ 11,099.64	$ 213.45	$ 213.45	$ 5,549.82	$ 5,549.82	$ 11,099.64	$ 11,321.63
	3	$ 18.77	$ 356.69	$ 375.46	$ 488.10	$ 9,273.90	$ 9,762.00	$ 187.73	$ 187.73	$ 4,881.00	$ 4,881.00	$ 9,762.00	$ 9,957.24
	4	$ 29.49	$ 560.34	$ 589.83	$ 766.78	$ 14,568.74	$ 15,335.52	$ 294.91	$ 294.91	$ 7,667.76	$ 7,667.76	$ 15,335.52	$ 15,642.23
[HJ00] HealthPlus of Michigan	1	$ 11.21	$ 213.00	$ 224.21	$ 291.47	$ 5,537.89	$ 5,829.36	$ 112.10	$ 112.10	$ 2,914.68	$ 2,914.68	$ 5,829.36	$ 5,945.95
	2	$ 22.42	$ 425.99	$ 448.41	$ 582.94	$ 11,075.78	$ 11,658.72	$ 224.21	$ 224.21	$ 5,829.36	$ 5,829.36	$ 11,658.72	$ 11,891.89
	3	$ 19.73	$ 374.87	$ 394.60	$ 512.98	$ 9,746.66	$ 10,259.64	$ 197.30	$ 197.30	$ 5,129.82	$ 5,129.82	$ 10,259.64	$ 10,464.83
	4	$ 30.94	$ 587.87	$ 618.81	$ 804.45	$ 15,284.55	$ 16,089.00	$ 309.40	$ 309.40	$ 8,044.50	$ 8,044.50	$ 16,089.00	$ 16,410.78
[HMCL] McLaren Health Plan	1	$ 9.80	$ 186.22	$ 196.02	$ 254.83	$ 4,841.69	$ 5,096.52	$ 98.01	$ 98.01	$ 2,548.26	$ 2,548.26	$ 5,096.52	$ 5,198.45
	2	$ 19.60	$ 372.44	$ 392.04	$ 509.65	$ 9,683.39	$ 10,193.04	$ 196.02	$ 196.02	$ 5,096.52	$ 5,096.52	$ 10,193.04	$ 10,396.90
	3	$ 17.25	$ 327.75	$ 345.00	$ 448.49	$ 8,521.39	$ 8,969.88	$ 172.50	$ 172.50	$ 4,484.94	$ 4,484.94	$ 8,969.88	$ 9,149.28
	4	$ 27.05	$ 513.96	$ 541.02	$ 703.32	$ 13,363.08	$ 14,066.40	$ 270.51	$ 270.51	$ 7,033.20	$ 7,033.20	$ 14,066.40	$ 14,347.73

*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.

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

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PLAN NAME/CODE	Option *2	BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME *1		ANNUAL - PART TIME *1		ANNUAL	
		Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[HMEX] Physicians Health Plan - Lansing	1	$ 16.68	$ 214.28	$ 230.96	$ 433.64	$ 5,571.40	$ 6,005.04	$ 115.48	$ 115.48	$ 3,002.52	$ 3,002.52	$ 6,005.04	$ 6,125.14
	2	$ 31.53	$ 428.57	$ 460.10	$ 819.89	$ 11,142.79	$ 11,962.68	$ 230.05	$ 230.05	$ 5,981.34	$ 5,981.34	$ 11,962.68	$ 12,201.93
	3	$ 27.35	$ 377.14	$ 404.49	$ 711.04	$ 9,805.64	$ 10,516.68	$ 202.24	$ 202.24	$ 5,258.34	$ 5,258.34	$ 10,516.68	$ 10,727.01
	4	$ 43.20	$ 591.42	$ 634.62	$ 1,123.08	$ 15,377.04	$ 16,500.12	$ 317.31	$ 317.31	$ 8,250.06	$ 8,250.06	$ 16,500.12	$ 16,830.12
[HF00] Priority Health Plan - West	1	$ 10.97	$ 208.48	$ 219.45	$ 285.29	$ 5,420.47	$ 5,705.76	$ 109.73	$ 109.73	$ 2,852.88	$ 2,852.88	$ 5,705.76	$ 5,819.88
	2	$ 21.95	$ 416.96	$ 438.91	$ 570.58	$ 10,841.06	$ 11,411.64	$ 219.45	$ 219.45	$ 5,705.82	$ 5,705.82	$ 11,411.64	$ 11,639.87
	3	$ 19.31	$ 366.91	$ 386.22	$ 502.09	$ 9,539.63	$ 10,041.72	$ 193.11	$ 193.11	$ 5,020.86	$ 5,020.86	$ 10,041.72	$ 10,242.55
	4	$ 30.29	$ 575.42	$ 605.71	$ 787.42	$ 14,961.02	$ 15,748.44	$ 302.85	$ 302.85	$ 7,874.22	$ 7,874.22	$ 15,748.44	$ 16,063.41
[HF01] Priority Health Plan - East	1	$ 20.76	$ 214.28	$ 235.05	$ 539.84	$ 5,571.40	$ 6,111.24	$ 117.52	$ 117.52	$ 3,055.62	$ 3,055.62	$ 6,111.24	$ 6,233.46
	2	$ 41.54	$ 428.57	$ 470.10	$ 1,079.93	$ 11,142.79	$ 12,222.72	$ 235.05	$ 235.05	$ 6,111.36	$ 6,111.36	$ 12,222.72	$ 12,467.17
	3	$ 36.54	$ 377.14	$ 413.68	$ 949.96	$ 9,805.64	$ 10,755.60	$ 206.84	$ 206.84	$ 5,377.80	$ 5,377.80	$ 10,755.60	$ 10,970.71
	4	$ 57.34	$ 591.42	$ 648.77	$ 1,490.88	$ 15,377.04	$ 16,867.92	$ 324.38	$ 324.38	$ 8,433.96	$ 8,433.96	$ 16,867.92	$ 17,205.28
[HF02] Priority Health Plan - South	1	$ 20.76	$ 214.28	$ 235.05	$ 539.84	$ 5,571.40	$ 6,111.24	$ 117.52	$ 117.52	$ 3,055.62	$ 3,055.62	$ 6,111.24	$ 6,233.46
	2	$ 41.54	$ 428.57	$ 470.10	$ 1,079.93	$ 11,142.79	$ 12,222.72	$ 235.05	$ 235.05	$ 6,111.36	$ 6,111.36	$ 12,222.72	$ 12,467.17
	3	$ 36.54	$ 377.14	$ 413.68	$ 949.96	$ 9,805.64	$ 10,755.60	$ 206.84	$ 206.84	$ 5,377.80	$ 5,377.80	$ 10,755.60	$ 10,970.71
	4	$ 57.34	$ 591.42	$ 648.77	$ 1,490.88	$ 15,377.04	$ 16,867.92	$ 324.38	$ 324.38	$ 8,433.96	$ 8,433.96	$ 16,867.92	$ 17,205.28
[HL00] Total Health Care	1	$ 7.26	$ 137.89	$ 145.14	$ 188.69	$ 3,585.07	$ 3,773.76	$ 72.57	$ 72.57	$ 1,886.88	$ 1,886.88	$ 3,773.76	$ 3,849.24
	2	$ 16.69	$ 317.14	$ 333.83	$ 433.98	$ 8,245.62	$ 8,679.60	$ 166.92	$ 166.92	$ 4,339.80	$ 4,339.80	$ 8,679.60	$ 8,853.19
	3	$ 13.79	$ 261.99	$ 275.77	$ 358.51	$ 6,811.61	$ 7,170.12	$ 137.89	$ 137.89	$ 3,585.06	$ 3,585.06	$ 7,170.12	$ 7,313.52
	4	$ 19.59	$ 372.30	$ 391.89	$ 509.46	$ 9,679.74	$ 10,189.20	$ 195.95	$ 195.95	$ 5,094.60	$ 5,094.60	$ 10,189.20	$ 10,392.98

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