CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2014-2015 GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 12, 2014
FOR BARGAINING UNITS: MCO (C12), AFSCME (U11), NON-REPRESENTED (Z60 - Z89) and JUDICIAL BRANCH

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME [1]		ANNUAL - PART TIME [1]		MONTHLY	
PLAN NAME/CODE	Option	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[HAEX] State Health Plan PPO	Employee Only	$ 56.75	$ 227.00	$ 283.75	$ 1,475.47	$ 5,901.89	$ 7,377.36	$ 141.87	$ 141.87	$ 3,688.68	$ 3,688.68	$ 614.78	$ 627.08
	Employee & Spouse	$ 113.50	$ 454.01	$ 567.51	$ 2,951.06	$ 11,804.26	$ 14,755.32	$ 283.76	$ 283.76	$ 7,377.66	$ 7,377.66	$ 1,229.61	$ 1,254.20
	Employee & Child (ren)	$ 99.88	$ 399.53	$ 499.41	$ 2,596.92	$ 10,387.70	$ 12,984.62	$ 249.70	$ 249.70	$ 6,492.31	$ 6,492.31	$ 1,082.05	$ 1,103.69
	Full Family	$ 156.63	$ 626.53	$ 783.16	$ 4,072.46	$ 16,289.82	$ 20,362.28	$ 391.58	$ 391.58	$ 10,181.14	$ 10,181.14	$ 1,696.86	$ 1,730.79
Employee or Spouse with Medicare	Employee Only	$ -	$ 227.00	$ 227.00	$ -	$ 5,901.89	$ 5,901.89	$ -	$ -	$ -	$ -	$ 491.82	$ 501.66
(State Pays 100%)	Employee & Spouse	$ -	$ 454.01	$ 454.01	$ -	$ 11,804.26	$ 11,804.26	$ -	$ -	$ -	$ -	$ 983.69	$ 1,003.36
	Employee & Child (ren)	$ -	$ 399.53	$ 399.53	$ -	$ 10,387.70	$ 10,387.70	$ -	$ -	$ -	$ -	$ 865.64	$ 882.95
	Full Family	$ -	$ 626.53	$ 626.53	$ -	$ 16,289.82	$ 16,289.82	$ -	$ -	$ -	$ -	$ 1,357.49	$ 1,384.64
[H2F0] Catastrophic Health Plan [2]	Employee Only	$ -	$ 15.81	$ 15.81	$ -	$ 411.06	$ 411.06	$ 7.91	$ 7.91	$ 205.53	$ 205.53	$ 34.26	$ 34.94
	Employee & Spouse	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ 15.81	$ 15.81	$ 411.06	$ 411.06	$ 68.51	$ 69.88
	Employee & Child (ren)	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ 15.81	$ 15.81	$ 411.06	$ 411.06	$ 68.51	$ 69.88
	Full Family	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ 15.81	$ 15.81	$ 411.06	$ 411.06	$ 68.51	$ 69.88
[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)
[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)
[VBW0] State Vision Plan	Employee Only	$ -	$ 2.80	$ 2.80	$ -	$ 72.91	$ 72.91	$ 1.40	$ 1.40	$ 36.45	$ 36.46	$ 6.08	$ 6.20
	Employee & Spouse	$ -	$ 4.93	$ 4.93	$ -	$ 128.09	$ 128.09	$ 2.46	$ 2.46	$ 64.04	$ 64.05	$ 10.67	$ 10.89
	Employee & Child (ren)	$ -	$ 6.02	$ 6.02	$ -	$ 156.46	$ 156.46	$ 3.01	$ 3.01	$ 78.23	$ 78.23	$ 13.04	$ 13.30
	Full Family	$ -	$ 8.16	$ 8.16	$ -	$ 212.03	$ 212.03	$ 4.08	$ 4.08	$ 106.01	$ 106.02	$ 17.67	$ 18.02
[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)
[DBEX] State Dental Plan	Employee Only	$ 1.08	$ 20.48	$ 21.56	$ 28.03	$ 532.51	$ 560.54	$ 10.78	$ 10.78	$ 280.27	$ 280.27	$ 46.71	$ 47.65
	Employee & Spouse	$ 1.97	$ 37.38	$ 39.35	$ 51.15	$ 971.90	$ 1,023.05	$ 19.67	$ 19.67	$ 511.52	$ 511.53	$ 85.25	$ 86.96
	Employee & Child (ren)	$ 2.40	$ 45.52	$ 47.92	$ 62.30	$ 1,183.61	$ 1,245.91	$ 23.96	$ 23.96	$ 622.95	$ 622.96	$ 103.83	$ 105.90
	Full Family	$ 3.28	$ 62.36	$ 65.64	$ 85.33	$ 1,621.27	$ 1,706.60	$ 32.82	$ 32.82	$ 853.30	$ 853.30	$ 142.22	$ 145.06
[DP00] Preventive Dental Plan	Employee Only	$ -	$ 2.99	$ 2.99	$ -	$ 77.74	$ 77.74	$ 1.50	$ 1.50	$ 38.87	$ 38.87	$ 6.48	$ 6.61
	Employee & Spouse	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 11.29	$ 11.51
	Employee & Child (ren)	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 11.29	$ 11.51
	Full Family	$ -	$ 7.42	$ 7.42	$ -	$ 192.92	$ 192.92	$ 3.71	$ 3.71	$ 96.46	$ 96.46	$ 16.08	$ 16.40
[DMEX] Midwestern Dental (DMO)	Employee Only	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
	Employee & Spouse	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
	Employee & Child (ren)	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
	Full Family	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 34.65	$ 35.34
[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)
[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)

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2014-2015 GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 12, 2014
FOR BARGAINING UNITS: MCO (C12), AFSCME (U11), NON-REPRESENTED (Z60 - Z89) and JUDICIAL BRANCH

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME [1]		ANNUAL - PART TIME [1]		MONTHLY	
PLAN NAME/CODE	Option	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[LUS/LUT/LRS] Employee Life Only	Employee Only	$ -	21¢/$1,000	21¢/$1,000	$ -	$5.46/$1,000	$5.46/$1,000	$ -	$ -	$ -	21¢/$1,000	56¢/$1,000	$ -
[LUEX/LREX] Employee Life Only (Fire/Crash Rescue Officers--51-01 only) *6	Employee Only	$ -	26¢/$1,000	26¢/$1,000	$ -	$6.76/$1,000	$6.76/$1,000	$ -	$ -	$ -	26¢/$1,000	46¢/$1,000	$ -
[DL01] Dependent Life Options				(plus)			(plus)						
	Sp $ 1,500 &/or Ch $ 1,000	$ 0.20	$ -	$ 0.20	$ 5.20	$ -	$ 5.20	$ 0.20	$ -	$ 5.20	$ -	$ 0.43	$ -
	Sp $ 5,000 &/or Ch $ 2,500	$ 0.60	$ -	$ 0.60	$ 15.60	$ -	$ 15.60	$ 0.60	$ -	$ 15.60	$ -	$ 1.30	$ -
	Sp $10,000 &/or Ch $ 5,000	$ 1.20	$ -	$ 1.20	$ 31.20	$ -	$ 31.20	$ 1.20	$ -	$ 31.20	$ -	$ 2.60	$ -
	Sp $25,000 &/or Ch $10,000	$ 4.00	$ -	$ 4.00	$ 104.00	$ -	$ 104.00	$ 4.00	$ -	$ 104.00	$ -	$ 8.67	$ -
	Child(ren) Only $10,000	$ 0.75	$ -	$ 0.75	$ 19.50	$ -	$ 19.50	$ 0.75	$ -	$ 19.50	$ -	$ 1.63	$ -
[HBCN] Blue Care Network	Employee Only	$ 39.70	$ 224.94	$ 264.64	$ 1,032.07	$ 5,848.37	$ 6,880.44	$ 132.32	$ 132.32	$ 3,440.22	$ 3,440.22	$ 573.37	$ 584.84
	Employee & Spouse	$ 79.39	$ 449.88	$ 529.27	$ 2,064.15	$ 11,696.85	$ 13,761.00	$ 264.63	$ 264.63	$ 6,880.50	$ 6,880.50	$ 1,146.75	$ 1,169.69
	Employee & Child (ren)	$ 69.86	$ 395.89	$ 465.75	$ 1,816.45	$ 10,293.23	$ 12,109.68	$ 232.88	$ 232.88	$ 6,054.84	$ 6,054.84	$ 1,009.14	$ 1,029.32
	Full Family	$ 109.56	$ 620.83	$ 730.39	$ 2,848.52	$ 16,141.60	$ 18,990.12	$ 365.19	$ 365.19	$ 9,495.06	$ 9,495.06	$ 1,582.51	$ 1,614.16
[HI00] Health Alliance Plan	Employee Only	$ 37.04	$ 209.91	$ 246.95	$ 963.13	$ 5,457.71	$ 6,420.84	$ 123.48	$ 123.48	$ 3,210.42	$ 3,210.42	$ 535.07	$ 545.77
	Employee & Spouse	$ 74.41	$ 421.63	$ 496.04	$ 1,934.55	$ 10,962.45	$ 12,897.00	$ 248.02	$ 248.02	$ 6,448.50	$ 6,448.50	$ 1,074.75	$ 1,096.25
	Employee & Child (ren)	$ 65.44	$ 370.83	$ 436.27	$ 1,701.43	$ 9,641.45	$ 11,342.88	$ 218.13	$ 218.13	$ 5,671.44	$ 5,671.44	$ 945.24	$ 964.15
	Full Family	$ 102.80	$ 582.54	$ 685.34	$ 2,672.84	$ 15,146.08	$ 17,818.92	$ 342.67	$ 342.67	$ 8,909.46	$ 8,909.46	$ 1,484.91	$ 1,514.61
[HJ00] HealthPlus of Michigan	Employee Only	$ 44.41	$ 227.00	$ 271.41	$ 1,154.71	$ 5,901.89	$ 7,056.60	$ 135.70	$ 135.70	$ 3,528.30	$ 3,528.30	$ 588.05	$ 599.81
	Employee & Spouse	$ 88.81	$ 454.01	$ 542.82	$ 2,308.94	$ 11,804.26	$ 14,113.20	$ 271.41	$ 271.41	$ 7,056.60	$ 7,056.60	$ 1,176.10	$ 1,199.62
	Employee & Child (ren)	$ 78.15	$ 399.53	$ 477.68	$ 2,031.82	$ 10,387.70	$ 12,419.52	$ 238.84	$ 238.84	$ 6,209.76	$ 6,209.76	$ 1,034.96	$ 1,055.66
	Full Family	$ 122.55	$ 626.53	$ 749.08	$ 3,186.30	$ 16,289.82	$ 19,476.12	$ 374.54	$ 374.54	$ 9,738.06	$ 9,738.06	$ 1,623.01	$ 1,655.47
[HMCL] McLaren Health Plan	Employee Only	$ 32.85	$ 186.15	$ 219.00	$ 854.10	$ 4,839.90	$ 5,694.00	$ 109.50	$ 109.50	$ 2,847.00	$ 2,847.00	$ 474.50	$ 483.99
	Employee & Spouse	$ 65.70	$ 372.30	$ 438.00	$ 1,708.20	$ 9,679.80	$ 11,388.00	$ 219.00	$ 219.00	$ 5,694.00	$ 5,694.00	$ 949.00	$ 967.98
	Employee & Child (ren)	$ 57.82	$ 327.62	$ 385.44	$ 1,503.22	$ 8,518.22	$ 10,021.44	$ 192.72	$ 192.72	$ 5,010.72	$ 5,010.72	$ 835.12	$ 851.82
	Full Family	$ 90.67	$ 513.77	$ 604.44	$ 2,357.32	$ 13,358.12	$ 15,715.44	$ 302.22	$ 302.22	$ 7,857.72	$ 7,857.72	$ 1,309.62	$ 1,335.81
[HMEX] Physicians Health Plan	Employee Only	$ 39.96	$ 226.44	$ 266.40	$ 1,038.98	$ 5,887.54	$ 6,926.52	$ 133.20	$ 133.20	$ 3,463.26	$ 3,463.26	$ 577.21	$ 588.75
	Employee & Spouse	$ 79.92	$ 452.88	$ 532.80	$ 2,077.94	$ 11,774.98	$ 13,852.92	$ 266.40	$ 266.40	$ 6,926.46	$ 6,926.46	$ 1,154.41	$ 1,177.50
	Employee & Child (ren)	$ 70.33	$ 398.54	$ 468.87	$ 1,828.58	$ 10,361.98	$ 12,190.56	$ 234.43	$ 234.43	$ 6,095.28	$ 6,095.28	$ 1,015.88	$ 1,036.20
	Full Family	$ 110.29	$ 624.98	$ 735.27	$ 2,867.56	$ 16,249.52	$ 19,117.08	$ 367.64	$ 367.64	$ 9,558.54	$ 9,558.54	$ 1,593.09	$ 1,624.95
[HPRI] Priority Health Plan	Employee Only	$ 52.92	$ 227.00	$ 279.92	$ 1,375.87	$ 5,901.89	$ 7,277.76	$ 139.96	$ 139.96	$ 3,638.88	$ 3,638.88	$ 606.48	$ 618.61
	Employee & Spouse	$ 105.82	$ 454.01	$ 559.83	$ 2,751.26	$ 11,804.26	$ 14,555.52	$ 279.91	$ 279.91	$ 7,277.76	$ 7,277.76	$ 1,212.96	$ 1,237.22
	Employee & Child (ren)	$ 93.12	$ 399.53	$ 492.65	$ 2,421.10	$ 10,387.70	$ 12,808.80	$ 246.32	$ 246.32	$ 6,404.40	$ 6,404.40	$ 1,067.40	$ 1,088.75
	Full Family	$ 146.03	$ 626.53	$ 772.56	$ 3,796.74	$ 16,289.82	$ 20,086.56	$ 386.28	$ 386.28	$ 10,043.28	$ 10,043.28	$ 1,673.88	$ 1,707.36

[1] Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period.

[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.

[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