CIVIL SERVICE COMMISSION
EMPLOYEE BENEFIT DIVISION
FY 2012-2013 GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 14, 2012 FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010
FOR BARGAINING UNITS: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME [1]		ANNUAL - PART TIME [1]		ANNUAL	
PLAN NAME/CODE	Option [2]	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[HAEX] State Health Plan PPO	1	$ 55.21	$ 220.83	$ 276.04	$ 1,435.41	$ 5,741.64	$ 7,177.05	$ 138.02	$ 138.02	$ 3,588.53	$ 3,588.52	$ 7,177.05	$ 7,320.59
	2	$ 110.42	$ 441.66	$ 552.08	$ 2,870.79	$ 11,483.17	$ 14,353.96	$ 276.04	$ 276.04	$ 7,176.98	$ 7,176.98	$ 14,353.96	$ 14,641.04
	3	$ 97.17	$ 388.66	$ 485.83	$ 2,526.30	$ 10,105.22	$ 12,631.52	$ 242.91	$ 242.91	$ 6,315.76	$ 6,315.76	$ 12,631.52	$ 12,884.15
	4	$ 152.37	$ 609.49	$ 761.86	$ 3,961.72	$ 15,846.86	$ 19,808.58	$ 380.93	$ 380.93	$ 9,904.29	$ 9,904.29	$ 19,808.58	$ 20,204.75
Employee or Spouse with Medicare	5	$ -	$ 220.83	$ 220.83	$ -	$ 5,741.64	$ 5,741.64	$ -	$ -	$ -	$ -	$ 5,741.64	$ 5,856.47
(State Pays 100%)	6	$ -	$ 441.66	$ 441.66	$ -	$ 11,483.17	$ 11,483.17	$ -	$ -	$ -	$ -	$ 11,483.17	$ 11,712.83
	7	$ -	$ 388.66	$ 388.66	$ -	$ 10,105.22	$ 10,105.22	$ -	$ -	$ -	$ -	$ 10,105.22	$ 10,307.32
	8	$ -	$ 609.49	$ 609.49	$ -	$ 15,846.86	$ 15,846.86	$ -	$ -	$ -	$ -	$ 15,846.86	$ 16,163.80
[H2F0] Catastrophic Health Plan [3]	1	$ -	$ 15.81	$ 15.81	$ -	$ 411.06	$ 411.06	$ 7.91	$ 7.91	$ 205.66	$ 205.66	$ 411.06	$ 419.28
	2	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ 15.81	$ 15.81	$ 411.06	$ 411.06	$ 822.12	$ 838.56
	3	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ 15.81	$ 15.81	$ 411.06	$ 411.06	$ 822.12	$ 838.56
	4	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ 15.81	$ 15.81	$ 411.06	$ 411.06	$ 822.12	$ 838.56
[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 [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)
[VBW0] State Vision Plan	1	$ -	$ 2.80	$ 2.80	$ -	$ 72.91	$ 72.91	$ 1.40	$ 1.40	$ 36.46	$ 36.46	$ 72.91	$ 74.37
	2	$ -	$ 4.93	$ 4.93	$ -	$ 128.09	$ 128.09	$ 2.46	$ 2.46	$ 64.05	$ 64.05	$ 128.09	$ 130.65
	3	$ -	$ 6.02	$ 6.02	$ -	$ 156.46	$ 156.46	$ 3.01	$ 3.01	$ 78.23	$ 78.23	$ 156.46	$ 159.59
	4	$ -	$ 8.16	$ 8.16	$ -	$ 212.03	$ 212.03	$ 4.08	$ 4.08	$ 106.02	$ 106.02	$ 212.03	$ 216.27
[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	1	$ 1.08	$ 20.48	$ 21.56	$ 28.03	$ 532.52	$ 560.54	$ 10.78	$ 10.78	$ 280.27	$ 280.27	$ 560.54	$ 571.76
	2	$ 1.97	$ 37.38	$ 39.35	$ 51.15	$ 971.90	$ 1,023.05	$ 19.67	$ 19.67	$ 511.53	$ 511.53	$ 1,023.05	$ 1,043.51
	3	$ 2.40	$ 45.52	$ 47.92	$ 62.30	$ 1,183.61	$ 1,245.91	$ 23.96	$ 23.96	$ 622.96	$ 622.96	$ 1,245.91	$ 1,270.83
	4	$ 3.28	$ 62.36	$ 65.64	$ 85.33	$ 1,621.27	$ 1,706.60	$ 32.82	$ 32.82	$ 853.30	$ 853.30	$ 1,706.60	$ 1,740.73
[DP00] Preventive Dental Plan	1	$ -	$ 2.99	$ 2.99	$ -	$ 77.74	$ 77.74	$ 1.50	$ 1.50	$ 38.87	$ 38.87	$ 77.74	$ 79.29
	2	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 135.46	$ 138.17
	3	$ -	$ 5.21	$ 5.21	$ -	$ 135.46	$ 135.46	$ 2.61	$ 2.61	$ 67.73	$ 67.73	$ 135.46	$ 138.17
	4	$ -	$ 7.42	$ 7.42	$ -	$ 192.92	$ 192.92	$ 3.71	$ 3.71	$ 96.46	$ 96.46	$ 192.92	$ 196.78
[DMEX] Midwestern Dental (DMO)	1	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 415.80	$ 424.12
	2	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 415.80	$ 424.12
	3	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 415.80	$ 424.12
	4	$ -	$ 15.99	$ 15.99	$ -	$ 415.80	$ 415.80	$ 8.00	$ 8.00	$ 207.90	$ 207.90	$ 415.80	$ 424.12
[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 [5]	(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 BENEFIT DIVISION
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EFFECTIVE OCTOBER 14, 2012 FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010
FOR BARGAINING UNITS: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME [1]		ANNUAL - PART TIME [1]		ANNUAL	
PLAN NAME/CODE	**Option [2]**	**Employee**	**State**	**Total**	**Employee**	**State**	**Total**	**Employee**	**State**	**Employee**	**State**	**Leave/LO**	**COBRA**
[LUS/LUT/LRS] Employee													
Life Only	1	$ -	21¢/$1,000	21¢/$1,000	$ -	$5.46/$1,000	$5.46/$1,000	$ -	$ -	$ -	21¢/$1,000	$5.46/$1,000	$ -
[LUEX/LREX] Employee Life													
Only (Fire/Crash Rescue													
Officers--51-01 only) *6	1	$ -	26¢/$1,000	26¢/$1,000	$ -	$6.76/$1,000	$6.76/$1,000	$ -	$ -	$ -	26¢/$1,000	$6.76/$1,000	$ -
[DL01] Dependent Life Options				(plus)			(plus)						
Sp $ 1,500 &/or Ch $ 1,000	1	$ 0.20	$ -	$ 0.20	$ 5.20	$ -	$ 5.20	$ 0.20	$ -	$ 5.20	$ -	$ 5.20	$ -
Sp $ 5,000 &/or Ch $ 2,500	2	$ 0.60	$ -	$ 0.60	$ 15.60	$ -	$ 15.60	$ 0.60	$ -	$ 15.60	$ -	$ 15.60	$ -
Sp $10,000 &/or Ch $ 5,000	3	$ 1.20	$ -	$ 1.20	$ 31.20	$ -	$ 31.20	$ 1.20	$ -	$ 31.20	$ -	$ 31.20	$ -
Sp $25,000 &/or Ch $10,000	4	$ 4.00	$ -	$ 4.00	$ 104.00	$ -	$ 104.00	$ 4.00	$ -	$ 104.00	$ -	$ 104.00	$ -
Child(ren) Only $10,000	5	$ 0.75	$ -	$ 0.75	$ 19.50	$ -	$ 19.50	$ 0.75	$ -	$ 19.50	$ -	$ 19.50	$ -
[HCEX] BCN Mid-Michigan	1	$ 52.29	$ 220.83	$ 273.12	$ 1,359.60	$ 5,741.64	$ 7,101.24	$ 136.56	$ 136.56	$ 3,550.62	$ 3,550.62	$ 7,101.24	$ 7,243.26
	2	$ 104.59	$ 441.66	$ 546.25	$ 2,719.31	$ 11,483.17	$ 14,202.48	$ 273.12	$ 273.12	$ 7,101.24	$ 7,101.24	$ 14,202.48	$ 14,486.53
	3	$ 92.04	$ 388.66	$ 480.70	$ 2,393.02	$ 10,105.22	$ 12,498.24	$ 240.35	$ 240.35	$ 6,249.12	$ 6,249.12	$ 12,498.24	$ 12,748.20
	4	$ 144.33	$ 609.49	$ 753.82	$ 3,752.62	$ 15,846.86	$ 19,599.48	$ 376.91	$ 376.91	$ 9,799.74	$ 9,799.74	$ 19,599.48	$ 19,991.47
[HD00] BCN East Michigan	1	$ 54.55	$ 220.83	$ 275.38	$ 1,418.28	$ 5,741.64	$ 7,159.92	$ 137.69	$ 137.69	$ 3,579.96	$ 3,579.96	$ 7,159.92	$ 7,303.12
	2	$ 109.10	$ 441.66	$ 550.76	$ 2,836.55	$ 11,483.17	$ 14,319.72	$ 275.38	$ 275.38	$ 7,159.86	$ 7,159.86	$ 14,319.72	$ 14,606.11
	3	$ 96.00	$ 388.66	$ 484.66	$ 2,496.10	$ 10,105.22	$ 12,601.32	$ 242.33	$ 242.33	$ 6,300.66	$ 6,300.66	$ 12,601.32	$ 12,853.35
	4	$ 150.55	$ 609.49	$ 760.04	$ 3,914.38	$ 15,846.86	$ 19,761.24	$ 380.02	$ 380.02	$ 9,880.62	$ 9,880.62	$ 19,761.24	$ 20,156.46
[HP00] BCN Great Lakes West	1	$ 54.54	$ 220.83	$ 275.37	$ 1,418.04	$ 5,741.64	$ 7,159.68	$ 137.69	$ 137.69	$ 3,579.84	$ 3,579.84	$ 7,159.68	$ 7,302.87
	2	$ 109.09	$ 441.66	$ 550.75	$ 2,836.31	$ 11,483.17	$ 14,319.48	$ 275.37	$ 275.37	$ 7,159.74	$ 7,159.74	$ 14,319.48	$ 14,605.87
	3	$ 95.99	$ 388.66	$ 484.65	$ 2,495.86	$ 10,105.22	$ 12,601.08	$ 242.33	$ 242.33	$ 6,300.54	$ 6,300.54	$ 12,601.08	$ 12,853.10
	4	$ 150.53	$ 609.49	$ 760.02	$ 3,913.90	$ 15,846.86	$ 19,760.76	$ 380.01	$ 380.01	$ 9,880.38	$ 9,880.38	$ 19,760.76	$ 20,155.98
[HX00] BCN SE Michigan	1	$ 51.01	$ 220.83	$ 271.84	$ 1,326.36	$ 5,741.64	$ 7,068.00	$ 135.92	$ 135.92	$ 3,534.00	$ 3,534.00	$ 7,068.00	$ 7,209.36
	2	$ 102.04	$ 441.66	$ 543.70	$ 2,652.95	$ 11,483.17	$ 14,136.12	$ 271.85	$ 271.85	$ 7,068.06	$ 7,068.06	$ 14,136.12	$ 14,418.84
	3	$ 89.79	$ 388.66	$ 478.45	$ 2,334.58	$ 10,105.22	$ 12,439.80	$ 239.23	$ 239.23	$ 6,219.90	$ 6,219.90	$ 12,439.80	$ 12,688.60
	4	$ 140.81	$ 609.49	$ 750.30	$ 3,660.94	$ 15,846.86	$ 19,507.80	$ 375.15	$ 375.15	$ 9,753.90	$ 9,753.90	$ 19,507.80	$ 19,897.96
[HN00] Grand Valley Health	1	$ 78.90	$ 220.83	$ 299.73	$ 2,051.40	$ 5,741.64	$ 7,793.04	$ 149.87	$ 149.87	$ 3,896.52	$ 3,896.52	$ 7,793.04	$ 7,948.90
	2	$ 157.80	$ 441.66	$ 599.46	$ 4,102.91	$ 11,483.17	$ 15,586.08	$ 299.73	$ 299.73	$ 7,793.04	$ 7,793.04	$ 15,586.08	$ 15,897.80
	3	$ 138.87	$ 388.66	$ 527.53	$ 3,610.54	$ 10,105.22	$ 13,715.76	$ 263.76	$ 263.76	$ 6,857.88	$ 6,857.88	$ 13,715.76	$ 13,990.08
	4	$ 217.77	$ 609.49	$ 827.26	$ 5,661.94	$ 15,846.86	$ 21,508.80	$ 413.63	$ 413.63	$10,754.40	$ 10,754.40	$ 21,508.80	$ 21,938.98
[HI00] Health Alliance Plan	1	$ 38.30	$ 217.01	$ 255.31	$ 995.69	$ 5,642.23	$ 6,637.92	$ 127.65	$ 127.65	$ 3,318.96	$ 3,318.96	$ 6,637.92	$ 6,770.68
	2	$ 76.92	$ 435.89	$ 512.81	$ 1,999.94	$ 11,333.02	$ 13,332.96	$ 256.40	$ 256.40	$ 6,666.48	$ 6,666.48	$ 13,332.96	$ 13,599.62
	3	$ 67.65	$ 383.36	$ 451.01	$ 1,758.94	$ 9,967.34	$ 11,726.28	$ 225.51	$ 225.51	$ 5,863.14	$ 5,863.14	$ 11,726.28	$ 11,960.81
	4	$ 106.28	$ 602.23	$ 708.51	$ 2,763.18	$ 15,658.02	$ 18,421.20	$ 354.25	$ 354.25	$ 9,210.60	$ 9,210.60	$ 18,421.20	$ 18,789.62

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		BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME [1]		ANNUAL - PART TIME [1]		ANNUAL	
PLAN NAME/CODE	Option [2]	Employee	State	Total	Employee	State	Total	Employee	State	Employee	State	Leave/LO	COBRA
[HJ00] HealthPlus of Michigan	1	$ 40.10	$ 220.83	$ 260.93	$ 1,042.56	$ 5,741.64	$ 6,784.20	$ 130.47	$ 130.47	$ 3,392.10	$ 3,392.10	$ 6,784.20	$ 6,919.88
	2	$ 80.20	$ 441.66	$ 521.86	$ 2,085.23	$ 11,483.17	$ 13,568.40	$ 260.93	$ 260.93	$ 6,784.20	$ 6,784.20	$ 13,568.40	$ 13,839.77
	3	$ 70.58	$ 388.66	$ 459.24	$ 1,835.02	$ 10,105.22	$ 11,940.24	$ 229.62	$ 229.62	$ 5,970.12	$ 5,970.12	$ 11,940.24	$ 12,179.04
	4	$ 110.68	$ 609.49	$ 720.17	$ 2,877.58	$ 15,846.86	$ 18,724.44	$ 360.09	$ 360.09	$ 9,362.22	$ 9,362.22	$ 18,724.44	$ 19,098.93
[HMCL] McLaren Health Plan	1	$ 34.67	$ 196.48	$ 231.15	$ 901.49	$ 5,108.47	$ 6,009.96	$ 115.58	$ 115.58	$ 3,004.98	$ 3,004.98	$ 6,009.96	$ 6,130.16
	2	$ 69.34	$ 392.95	$ 462.29	$ 1,802.93	$ 10,216.63	$ 12,019.56	$ 231.15	$ 231.15	$ 6,009.78	$ 6,009.78	$ 12,019.56	$ 12,259.95
	3	$ 61.02	$ 345.78	$ 406.80	$ 1,586.50	$ 8,990.18	$ 10,576.68	$ 203.40	$ 203.40	$ 5,288.34	$ 5,288.34	$ 10,576.68	$ 10,788.21
	4	$ 95.70	$ 542.27	$ 637.97	$ 2,488.07	$ 14,099.05	$ 16,587.12	$ 318.98	$ 318.98	$ 8,293.56	$ 8,293.56	$ 16,587.12	$ 16,918.86
[HMEX] Physicians Health Plan	1	$ 41.10	$ 220.83	$ 261.93	$ 1,068.72	$ 5,741.64	$ 6,810.36	$ 130.97	$ 130.97	$ 3,405.18	$ 3,405.18	$ 6,810.36	$ 6,946.57
	2	$ 82.21	$ 441.66	$ 523.87	$ 2,137.55	$ 11,483.17	$ 13,620.72	$ 261.94	$ 261.94	$ 6,810.36	$ 6,810.36	$ 13,620.72	$ 13,893.13
	3	$ 72.35	$ 388.66	$ 461.01	$ 1,880.98	$ 10,105.22	$ 11,986.20	$ 230.50	$ 230.50	$ 5,993.10	$ 5,993.10	$ 11,986.20	$ 12,225.92
	4	$ 113.45	$ 609.49	$ 722.94	$ 2,949.58	$ 15,846.86	$ 18,796.44	$ 361.47	$ 361.47	$ 9,398.22	$ 9,398.22	$ 18,796.44	$ 19,172.37
[HF00] Priority Health Plan - West	1	$ 55.97	$ 220.83	$ 276.80	$ 1,455.12	$ 5,741.64	$ 7,196.76	$ 138.40	$ 138.40	$ 3,598.38	$ 3,598.38	$ 7,196.76	$ 7,340.70
	2	$ 111.94	$ 441.66	$ 553.60	$ 2,910.35	$ 11,483.17	$ 14,393.52	$ 276.80	$ 276.80	$ 7,196.76	$ 7,196.76	$ 14,393.52	$ 14,681.39
	3	$ 98.50	$ 388.66	$ 487.16	$ 2,561.02	$ 10,105.22	$ 12,666.24	$ 243.58	$ 243.58	$ 6,333.12	$ 6,333.12	$ 12,666.24	$ 12,919.56
	4	$ 154.47	$ 609.49	$ 763.96	$ 4,016.14	$ 15,846.86	$ 19,863.00	$ 381.98	$ 381.98	$ 9,931.50	$ 9,931.50	$ 19,863.00	$ 20,260.26
[HF01] Priority Health Plan - East	1	$ 55.97	$ 220.83	$ 276.80	$ 1,455.12	$ 5,741.64	$ 7,196.76	$ 138.40	$ 138.40	$ 3,598.38	$ 3,598.38	$ 7,196.76	$ 7,340.70
	2	$ 111.94	$ 441.66	$ 553.60	$ 2,910.35	$ 11,483.17	$ 14,393.52	$ 276.80	$ 276.80	$ 7,196.76	$ 7,196.76	$ 14,393.52	$ 14,681.39
	3	$ 98.50	$ 388.66	$ 487.16	$ 2,561.02	$ 10,105.22	$ 12,666.24	$ 243.58	$ 243.58	$ 6,333.12	$ 6,333.12	$ 12,666.24	$ 12,919.56
	4	$ 154.47	$ 609.49	$ 763.96	$ 4,016.14	$ 15,846.86	$ 19,863.00	$ 381.98	$ 381.98	$ 9,931.50	$ 9,931.50	$ 19,863.00	$ 20,260.26
[HF02] Priority Health Plan - South	1	$ 55.97	$ 220.83	$ 276.80	$ 1,455.12	$ 5,741.64	$ 7,196.76	$ 138.40	$ 138.40	$ 3,598.38	$ 3,598.38	$ 7,196.76	$ 7,340.70
	2	$ 111.94	$ 441.66	$ 553.60	$ 2,910.35	$ 11,483.17	$ 14,393.52	$ 276.80	$ 276.80	$ 7,196.76	$ 7,196.76	$ 14,393.52	$ 14,681.39
	3	$ 98.50	$ 388.66	$ 487.16	$ 2,561.02	$ 10,105.22	$ 12,666.24	$ 243.58	$ 243.58	$ 6,333.12	$ 6,333.12	$ 12,666.24	$ 12,919.56
	4	$ 154.47	$ 609.49	$ 763.96	$ 4,016.14	$ 15,846.86	$ 19,863.00	$ 381.98	$ 381.98	$ 9,931.50	$ 9,931.50	$ 19,863.00	$ 20,260.26
[HL00] Total Health Care	1	$ 27.01	$ 153.04	$ 180.05	$ 702.16	$ 3,978.92	$ 4,681.08	$ 90.02	$ 90.02	$ 2,340.54	$ 2,340.54	$ 4,681.08	$ 4,774.70
	2	$ 62.11	$ 351.98	$ 414.09	$ 1,614.98	$ 9,151.54	$ 10,766.52	$ 207.05	$ 207.05	$ 5,383.26	$ 5,383.26	$ 10,766.52	$ 10,981.85
	3	$ 51.31	$ 290.77	$ 342.08	$ 1,334.12	$ 7,560.04	$ 8,894.16	$ 171.04	$ 171.04	$ 4,447.08	$ 4,447.08	$ 8,894.16	$ 9,072.04
	4	$ 72.92	$ 413.20	$ 486.12	$ 1,895.85	$ 10,743.15	$ 12,639.00	$ 243.06	$ 243.06	$ 6,319.50	$ 6,319.50	$ 12,639.00	$ 12,891.78

[1] Part-time employees hired after 1/1/2000 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
[3] Employees in the Catastrophic Health Plan will receive a $50 rebate with each paycheck beginning the first pay period after effective date of coverage.
[4] 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.
[5] 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 Plar