CIVIL SERVICE COMMISION
EMPLOYEE BENEFITS DIVISION
FY 2014-2015 GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 12, 2014
FOR NERE and BARGAINING UNITS: UAW (W22, W41), MSEA (A02, A31), and SEIU 517M (E42, H21, L32)

		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	$ 57.03	$ 228.13	$ 285.16	$ 1,482.85	$ 5,931.40	$ 7,414.25	$ 142.58	$ 142.58	$ 3,707.12	$ 3,707.13	$ 617.85	$ 630.21
	Employee & Spouse	$ 114.07	$ 456.28	$ 570.35	$ 2,965.82	$ 11,863.28	$ 14,829.10	$ 285.18	$ 285.18	$ 7,414.55	$ 7,414.55	$ 1,235.76	$ 1,260.47
	Employee & Child (ren)	$ 100.38	$ 401.52	$ 501.90	$ 2,609.91	$ 10,439.63	$ 13,049.54	$ 250.95	$ 250.95	$ 6,524.77	$ 6,524.77	$ 1,087.46	$ 1,109.21
	Full Family	$ 157.42	$ 629.66	$ 787.08	$ 4,092.82	$ 16,371.27	$ 20,464.09	$ 393.54	$ 393.54	$ 10,232.04	$ 10,232.05	$ 1,705.34	$ 1,739.45
Employee or Spouse with Medicare (State Pays 100%)	Employee Only	$ -	$ 228.13	$ 228.13	$ -	$ 5,931.40	$ 5,931.40	$ -	$ -	$ -	$ -	$ 494.28	$ 504.17
	Employee & Spouse	$ -	$ 456.28	$ 456.28	$ -	$ 11,863.28	$ 11,863.28	$ -	$ -	$ -	$ -	$ 988.61	$ 1,008.38
	Employee & Child (ren)	$ -	$ 401.52	$ 401.52	$ -	$ 10,439.63	$ 10,439.63	$ -	$ -	$ -	$ -	$ 869.97	$ 887.37
	Full Family	$ -	$ 629.66	$ 629.66	$ -	$ 16,371.27	$ 16,371.27	$ -	$ -	$ -	$ -	$ 1,364.27	$ 1,391.56
[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 Insurance	(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 Insurance	(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 Insurance	(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)

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		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	$ 39.87	$ 225.93	$ 265.80	$ 1,036.64	$ 5,874.28	$ 6,910.92	$ 132.90	$ 132.90	$ 3,455.46	$ 3,455.46	$ 575.91	$ 587.43
	Employee & Spouse	$ 79.74	$ 451.87	$ 531.61	$ 2,073.28	$ 11,748.56	$ 13,821.84	$ 265.80	$ 265.80	$ 6,910.92	$ 6,910.92	$ 1,151.82	$ 1,174.86
	Employee & Child (ren)	$ 70.17	$ 397.64	$ 467.81	$ 1,824.48	$ 10,338.72	$ 12,163.20	$ 233.91	$ 233.91	$ 6,081.60	$ 6,081.60	$ 1,013.60	$ 1,033.87
	Full Family	$ 110.04	$ 623.58	$ 733.62	$ 2,861.12	$ 16,213.00	$ 19,074.12	$ 366.81	$ 366.81	$ 9,537.06	$ 9,537.06	$ 1,589.51	$ 1,621.30
[HI00] Health Alliance Plan	Employee Only	$ 37.23	$ 210.97	$ 248.20	$ 967.97	$ 5,485.15	$ 6,453.12	$ 124.10	$ 124.10	$ 3,226.56	$ 3,226.56	$ 537.76	$ 548.52
	Employee & Spouse	$ 74.78	$ 423.75	$ 498.53	$ 1,944.27	$ 11,017.53	$ 12,961.80	$ 249.27	$ 249.27	$ 6,480.90	$ 6,480.90	$ 1,080.15	$ 1,101.75
	Employee & Child (ren)	$ 65.77	$ 372.68	$ 438.45	$ 1,709.96	$ 9,689.80	$ 11,399.76	$ 219.23	$ 219.23	$ 5,699.88	$ 5,699.88	$ 949.98	$ 968.98
	Full Family	$ 103.32	$ 585.46	$ 688.78	$ 2,686.25	$ 15,222.07	$ 17,908.32	$ 344.39	$ 344.39	$ 8,954.16	$ 8,954.16	$ 1,492.36	$ 1,522.21
[HJ00] HealthPlus of Michigan	Employee Only	$ 44.62	$ 228.13	$ 272.75	$ 1,160.00	$ 5,931.40	$ 7,091.40	$ 136.37	$ 136.37	$ 3,545.70	$ 3,545.70	$ 590.95	$ 602.77
	Employee & Spouse	$ 89.21	$ 456.28	$ 545.49	$ 2,319.52	$ 11,863.28	$ 14,182.80	$ 272.75	$ 272.75	$ 7,091.40	$ 7,091.40	$ 1,181.90	$ 1,205.54
	Employee & Child (ren)	$ 78.51	$ 401.52	$ 480.03	$ 2,041.21	$ 10,439.63	$ 12,480.84	$ 240.02	$ 240.02	$ 6,240.42	$ 6,240.42	$ 1,040.07	$ 1,060.87
	Full Family	$ 123.11	$ 629.66	$ 752.77	$ 3,200.97	$ 16,371.27	$ 19,572.24	$ 376.39	$ 376.39	$ 9,786.12	$ 9,786.12	$ 1,631.02	$ 1,663.64
[HMCL] McLaren Health Plan	Employee Only	$ 33.08	$ 187.44	$ 220.52	$ 860.04	$ 4,873.56	$ 5,733.60	$ 110.26	$ 110.26	$ 2,866.80	$ 2,866.80	$ 477.80	$ 487.36
	Employee & Spouse	$ 66.16	$ 374.89	$ 441.05	$ 1,720.08	$ 9,747.12	$ 11,467.20	$ 220.52	$ 220.52	$ 5,733.60	$ 5,733.60	$ 955.60	$ 974.71
	Employee & Child (ren)	$ 58.22	$ 329.90	$ 388.12	$ 1,513.67	$ 8,577.49	$ 10,091.16	$ 194.06	$ 194.06	$ 5,045.58	$ 5,045.58	$ 840.93	$ 857.75
	Full Family	$ 91.30	$ 517.35	$ 608.65	$ 2,373.71	$ 13,451.05	$ 15,824.76	$ 304.32	$ 304.32	$ 7,912.38	$ 7,912.38	$ 1,318.73	$ 1,345.11
[HMEX] Physicians Health Plan	Employee Only	$ 40.12	$ 227.32	$ 267.44	$ 1,043.01	$ 5,910.39	$ 6,953.40	$ 133.72	$ 133.72	$ 3,476.70	$ 3,476.70	$ 579.45	$ 591.04
	Employee & Spouse	$ 80.23	$ 454.65	$ 534.88	$ 2,086.02	$ 11,820.78	$ 13,906.80	$ 267.44	$ 267.44	$ 6,953.40	$ 6,953.40	$ 1,158.90	$ 1,182.08
	Employee & Child (ren)	$ 70.60	$ 400.09	$ 470.69	$ 1,835.69	$ 10,402.27	$ 12,237.96	$ 235.35	$ 235.35	$ 6,118.98	$ 6,118.98	$ 1,019.83	$ 1,040.23
	Full Family	$ 110.72	$ 627.41	$ 738.13	$ 2,878.70	$ 16,312.66	$ 19,191.36	$ 369.06	$ 369.06	$ 9,595.68	$ 9,595.68	$ 1,599.28	$ 1,631.27
[HPRI] Priority Health Plan	Employee Only	$ 54.01	$ 228.13	$ 282.14	$ 1,404.20	$ 5,931.40	$ 7,335.60	$ 141.07	$ 141.07	$ 3,667.80	$ 3,667.80	$ 611.30	$ 623.53
	Employee & Spouse	$ 108.00	$ 456.28	$ 564.28	$ 2,807.92	$ 11,863.28	$ 14,671.20	$ 282.14	$ 282.14	$ 7,335.60	$ 7,335.60	$ 1,222.60	$ 1,247.05
	Employee & Child (ren)	$ 95.04	$ 401.52	$ 496.56	$ 2,471.05	$ 10,439.63	$ 12,910.68	$ 248.28	$ 248.28	$ 6,455.34	$ 6,455.34	$ 1,075.89	$ 1,097.41
	Full Family	$ 149.04	$ 629.66	$ 778.70	$ 3,875.01	$ 16,371.27	$ 20,246.28	$ 389.35	$ 389.35	$ 10,123.14	$ 10,123.14	$ 1,687.19	$ 1,720.93

[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