2012-2013 Insurance Open Enrollment

State of Michigan
Civil Service Commission

Insurance Open Enrollment Begins Monday, August 6

The Open Enrollment period for the State-Sponsored Group Insurance plans will be held from **Monday, August 6 through Friday, August 31, 2012**.

This is the time for you to review your current insurance coverage and to ensure that covered individuals meet the eligibility criteria. If you do not make any changes, your coverage will remain the same. The effective date for new and changed enrollments will be **October 14, 2012**.

Enrollment or changes to your current coverage (health, dental, vision, life and disability insurance) can only be made during this Open Enrollment or within 31 days of a qualifying life event (such as marriage or birth).

Two Easy Ways to Enroll!

Online through MI HR Self-Service

Log in at
www.michigan.gov/selfserv

If you have lost or forgotten your MI HR Self-Service password, you can reset it by selecting 'Password' on the website listed above.

By phone through the MI HR Service Center

Monday through Friday

7:00 a.m. - 6:00 p.m.

Lansing Area:	(517) 335-0529
Toll Free:	(877) 766-6447
Hearing Impaired:	711 for Michigan Relay

Important

New This Year for All Employees

Effective October 14, 2012, the employer's contribution for the State Health Plan PPO will be 80% of the total premium and the employee's share will be 20%.

The employer's contribution for all HMO premiums will be 85% of the total premium up to the amount paid for the State Health Plan PPO. The employee will be responsible for at least 15% of the premium, depending on the HMO chosen.

What would you like to view?

This document is interactive; be sure to use the buttons to navigate so you can quickly find the information that applies specifically to you.

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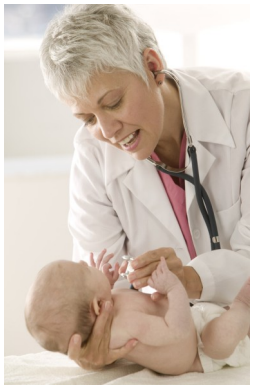
Timeline

If you wish to change your group insurance plan(s), you must make changes prior to the close of the Open Enrollment period on Friday, August 31, 2012. You may make your changes via the Self-Service online enrollment process or by contacting the MI HR Service Center.

8/6/12: Open Enrollment for the State-Sponsored Group Insurances Begins

- ☐ Review current benefits in your Self-Service account at www.michigan.gov/selfserv.
- ☐ Review plan rates. If you will be changing health plans, confirm that your doctors are participating providers.
- ☐ Review current coverage to ensure enrolled individuals meet eligibility criteria.
- ☐ Make any necessary changes. Print and retain confirmation statement.
- ☐ If adding an OEAI*, submit the Enrollment Application and Affidavit (CS-1833) and supporting documentation to the MI HR Service Center.
- ☐ If adding an individual, submit required documentation to the MI HR Service Center.



8/31/12: Open Enrollment Ends

- ☐ All changes must be entered by midnight.

9/7/12: OEAI* Supporting Documentation Due

- ☐ OEAI* Enrollment Application and Affidavit, and supporting documentation for OEAI enrollment must be received by the MI HR Service Center. OEAIs will not be added to health insurance coverage if supporting documentation is not received by this date.

9/30/12: Supporting Documentation Due

- ☐ Proof of dependent and/or adult child eligibility must be provided to the MI HR ServiceCenter. Individuals will be removed if the appropriate documentation is not received.

10/14/12: New rates and enrollment changes made during Open Enrollment take effect.

10/25/12: Review payroll earnings statement by logging into your Self-Service account at www.michigan.gov/selfserv to verify changes.

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* *Other Eligible Adult Individual (OEAI) enrollment applies to employees currently represented by UAW Local 6000, SEIU Local 517M, and NEREs. All eligibility criteria must be met and required documentation submitted prior to enrolling an OEAI and their dependents into a State-Sponsored Group Insurance Health Plan.*

HIPAA Exemption Notice

Under a federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits state and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The State of Michigan has elected to exempt the State of Michigan State Health Plan PPO and the New Hire State Health Plan PPO from the following requirements:

Parity in the application of certain limits to mental health benefits. Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from these federal requirements will be in effect for the period of plan coverage beginning October 14, 2012 and ending October 12, 2013. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a pre-existing condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.

HIPAA Privacy Notice

The HIPAA Notice of Privacy Practices for the benefit plans is available on the Civil Service Commission Website at:

www.michigan.gov/documents/HIPAA_Plans_Privacy_Notice_61312_7.pdf

You may also contact the Employee Benefits Division at:

(800) 505-5011
or
(517) 373-7977

711 for Michigan Relay Center (hearing impaired)

Special Enrollment Rights

If you decline to enroll because you have other health coverage, and you or your dependent loses eligibility for the other coverage or the employer stops contributing towards the coverage, you may be able to enroll in this plan. However, you must request enrollment within 31 days after you or your dependent's other coverage ends or after the employer stops contributing toward the other coverage.

Special enrollment is also available to (1) those who become eligible for premium assistance under Medicaid or the Children's Health Insurance Program (CHIP), and (2) those who lose coverage under Medicaid or CHIP because they are no longer eligible, not because of non-payment. The deadline for these two enrollments is 60 days after eligibility or termination.

To request special enrollment or obtain more information, contact the MI HR Service Center.

The following unions are eligible to enroll **Other Eligible Adult Individuals (OEAI)** in health insurance:

- NEREs
- UAW
- SEIU Local 517M

Other Eligible Adult Individuals (OEAI)

Enrolling an OEAI and an OEAI's Dependent Children

If you wish to enroll an OEAI in your health insurance, you must submit the following documentation to the MI HR Service Center by **September 7, 2012** for enrollment to occur:

- Enrollment Application and Affidavit,
- Proof of age, in the form of a copy of a birth certificate, passport, driver's license, or other governmental document indicating date of birth and,
- Documents establishing joint residence for the past 12 months (e.g., bank statement, utility bills, etc.).

Note: Proper required documentation must be submitted prior to enrollment of an OEAI's dependent, including Verification of Eligibility.

In accordance with IRS regulations, State of Michigan employees are responsible for paying taxes associated with the fair-market value of enrolling an OEAI and the OEAI's dependents. Additional information on OEAI tax implications is available on the Employee Benefits Division website at www.michigan.gov/employeebenefits. Click Insurance Open Enrollment.

When the criteria for enrollment are no longer met, you must notify the MI HR Service Center within 14 calendar days. Coverage will end effective the date that OEAI eligibility criteria were no longer met.

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Eligibility Guidelines

See Required Documentation

Eligible Dependents

Eligible dependents may be enrolled in your health, dental, and vision plans (OEAI dependents, can only be enrolled in health plans). Dependents include your spouse and any of your unmarried children until the day before they turn 19. In addition to being unmarried, your eligible children must be one of the following:

- Child by birth, legal adoption or legal guardianship. In the case of legal adoption, a child is eligible for coverage as of the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child.
- Stepchild that lives with you at least 50% of the time and for whom you must provide at least 50% of their support is eligible to receive health, dental, and vision coverage. All stepchild(ren) are eligible for health coverage regardless of residence and support.
- Foster child placed in your home by a state agency or the court.
- Child from the age of 19 until the age of 25 who is enrolled in an accredited educational institution and for whom you provide at least 50% of their support. If this enrolled dependent takes a leave of absence from studies due to a medical necessity, as certified by a physician, health coverage will not be discontinued during the first year of the absence, unless the dependent turns 25.

Eligible Adult Children (Health Only)

Eligible children up to age 26 may be enrolled in your health coverage regardless of marital, student status, or dependency upon you for support. Coverage does not extend to dental or vision plans or to their spouse or children. To be eligible for health coverage, one of the following criteria must be met:

- Child by birth, legal adoption, or legal guardianship.
- Stepchild.
- Foster child placed in your home by a State agency or the court.
- Dependents of an Other Eligible Adult Individual (OEAI).

Dependent children of employees hired before April 1, 2010 may not have access to other employer provided health insurance. This does not apply to employees hired on or after April 1, 2010.

Annual auditing of adult children's continuing eligibility for coverage will occur during the two months before the adult child's birthday. Failure to provide required documentation during this period will result in termination of benefits.

Dependent Life Insurance

Eligible dependents are unmarried children between the ages of 14 days and 23 years for whom you provide at least 50% of their support. These dependents are not required to be enrolled in school. Your spouse is also eligible if they are not a State employee or State retiree.

Eligibility Exclusions

If you and your spouse, retiree or active, are both covered by State-Sponsored Insurance Plans you may:

- Maintain separate coverage through your individual plans, or
- Enroll in one plan, with one of you listed as a dependent.

If you choose to maintain separate coverage, your child(ren) can only be listed as a dependent on one plan, not both. This applies even if you are divorced.

An individual is not eligible for coverage if he or she is in the Armed Forces. Individuals who are called to active military duty are eligible for coverage under TRICARE, effective the date of active duty orders.

Continuing Coverage for Incapacitated Children

Incapacitated children are those who are unable to earn a living because of mental retardation or physical disability and must depend on their parents for support and maintenance. If your enrolled dependent is deemed an incapacitated child, the coverage for this child will continue beyond age 19 as long as:

- He or she became incapacitated before age 19,
- Documentation verifying the child's condition was provided to the insurance carrier prior to the child becoming 19,
- The child continues to be incapacitated, and
- Your coverage does not terminate for any other reason.

Canceling Dependent or Adult Child Coverage

You must immediately notify the MI HR Service Center to cancel your dependent or adult child coverage when he or she no longer meets the definition of an eligible individual. Ex-spouses are not eligible and must be removed from coverage effective the date of the divorce.

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Required Documentation

The documents listed below are acceptable proof of dependent or adult child eligibility for insurance coverage. A listing of Other Eligible Adult Individual (OEAI) required documentation can be found on the Enrollment Application and Affidavit form.

Insurance Open Enrollment: ***Copies*** of the documentation must be mailed or faxed to the MI HR Service Center* by September 30, 2012 (September 7, for OEAI documentation).

Life Events: To add or change eligible dependents due to a life event (such as marriage, birth, divorce), call the MI HR Service Center as soon as possible but no later than 31 days following the life event. Do not wait until you have the official documentation.

A. Required Documentation for Dependents (Health, Dental, and Vision Coverage)

Specific Circumstance	Required Documentation
Spouse	Copy of marriage certificate
Biological child	Copy of an official birth certificate (not hospital birth certificate)
Legally adopted or pending adoption	Copy of adoption papers or sworn statement with the date of placement
Legal guardianship	Copy of guardianship papers
Dependent child has a baby	Copy of an official birth certificate (not hospital birth certificate)
Foster child	Court document placing the child in the employee's home for foster care
Stepchild	Copy of an official birth certificate (not hospital birth certificate) and a copy of the marriage certificate (if not previously provided to obtain spouse coverage). If dental and vision coverage is sought, a copy of the first and last pages of the most current divorce decree of the employee's spouse stamped by the court and any language verifying physical custody is also required.
Dependent student child aged 19 to 25	In addition to required documentation establishing the child relationship, a completed Verification of Eligibility (CS-1830) form **and** a copy of school registration or other records proving school attendance.
Incapacitated child	Refer to the Eligibility Guidelines if not previously approved

B. Required Documentation for Adult Children to Age 26 (Health Coverage Only)

Specific Circumstance	Required Documentation
Biological child	Copy of an official birth certificate (not hospital birth certificate)
Stepchild	Copy of an official birth certificate (not hospital birth certificate) and a copy of a marriage certificate (if not previously provided to obtain spouse coverage)
Legally adopted or pending adoption	Copy of adoption papers or sworn statement with the date of placement
Legal guardianship	Copy of guardianship papers

In addition to the required documentation noted above, a signed Verification of Eligibility (CS-1830) form attesting that the child does not have access to other employer-provided health insurance is required.

C. Required Documentation for Dependent Life Insurance

Specific Circumstance	Required Documentation
Dependent life insurance coverage only	Copy of official birth certificate, adoption papers, court documents, etc.

D. Required Documentation for Other Circumstances

Specific Circumstance	Required Documentation
Removing ex-spouse, dependent/stepchild(ren) due to a divorce	Copy of the first and last page of the divorce decree stamped by the court
Removing dependent coverage due to death	Copy of death certificate
Loss or gain of coverage	Document detailing loss/gain of coverage from employer or insurance provider.

If you have any questions on documentation requirements, contact the MI HR Service Center at:
Toll-free (877) 766-6447, Lansing area (517) 335-0529, or dial 711 for Michigan Relay Center

*Employees who work for an agency that does not participate with the MI HR Service Center must submit the required supporting documentation to their respective agency's human resource office.

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FY 2012-2013 GROUP INSURANCE PREMIUM RATES
FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010, EFFECTIVE OCTOBER 14, 2012

For Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

Note: When choosing a HMO or DMO plan, be sure to review availability in your area. The Zip Code List is available at www.michigan.gov/employeebenefits. Choose Insurance Open Enrollment.

		BIWEEKLY		BIWEEKLY [1] Part-time employees	
	Option [2]	Employee	State	Employee	State
PLAN NAME	(a)	(b)	(c)	(d)	(e)
HEALTH PLANS					
State Health Plan PPO	1	$ 55.21	$ 220.83	$ 138.02	$ 138.02
	2	$ 110.42	$ 441.66	$ 276.04	$ 276.04
	3	$ 97.17	$ 388.66	$ 242.91	$ 242.91
	4	$ 152.37	$ 609.49	$ 380.93	$ 380.93
Employee or Spouse with Medicare (State pays 100%)					
Catastrophic Health Plan	1	$ -	$ 15.81	$ 7.91	$ 7.91
Employees in the Catastrophic Health Plan will receive a	2	$ -	$ 31.62	$ 15.81	$ 15.81
$50 rebate with each paycheck beginning October 25, 2012.	3	$ -	$ 31.62	$ 15.81	$ 15.81
	4	$ -	$ 31.62	$ 15.81	$ 15.81
Decline Health Insurance Coverage [3]	(n/a)				
Blue Care Network, Mid-Michigan	1	$ 52.29	$ 220.83	$ 136.56	$ 136.56
	2	$ 104.59	$ 441.66	$ 273.12	$ 273.12
	3	$ 92.04	$ 388.66	$ 240.35	$ 240.35
	4	$ 144.33	$ 609.49	$ 376.91	$ 376.91
Blue Care Network, East Michigan	1	$ 54.55	$ 220.83	$ 137.69	$ 137.69
	2	$ 109.10	$ 441.66	$ 275.38	$ 275.38
	3	$ 96.00	$ 388.66	$ 242.33	$ 242.33
	4	$ 150.55	$ 609.49	$ 380.02	$ 380.02
Blue Care Network, Great Lakes West	1	$ 54.54	$ 220.83	$ 137.69	$ 137.69
	2	$ 109.09	$ 441.66	$ 275.37	$ 275.37
	3	$ 95.99	$ 388.66	$ 242.33	$ 242.33
	4	$ 150.53	$ 609.49	$ 380.01	$ 380.01
Blue Care Network, Southeast Michigan	1	$ 51.01	$ 220.83	$ 135.92	$ 135.92
	2	$ 102.04	$ 441.66	$ 271.85	$ 271.85
	3	$ 89.79	$ 388.66	$ 239.23	$ 239.23
	4	$ 140.81	$ 609.49	$ 375.15	$ 375.15
Grand Valley Health Plan	1	$ 78.90	$ 220.83	$ 149.87	$ 149.87
This HMO is not authorized to accept employees in bargaining	2	$ 157.80	$ 441.66	$ 299.73	$ 299.73
units W22 and W41 (UAW) as new members. However,	3	$ 138.87	$ 388.66	$ 263.76	$ 263.76
employees who are already enrolled may remain enrolled.	4	$ 217.77	$ 609.49	$ 413.63	$ 413.63
Health Alliance Plan	1	$ 38.30	$ 217.01	$ 127.65	$ 127.65
	2	$ 76.92	$ 435.89	$ 256.40	$ 256.40
	3	$ 67.65	$ 383.36	$ 225.51	$ 225.51
	4	$ 106.28	$ 602.23	$ 354.25	$ 354.25
HealthPlus of Michigan	1	$ 40.10	$ 220.83	$ 130.47	$ 130.47
This HMO is not authorized to accept employees in bargaining	2	$ 80.20	$ 441.66	$ 260.93	$ 260.93
units W22 and W41 (UAW) in some zip codes as new members.	3	$ 70.58	$ 388.66	$ 229.62	$ 229.62
	4	$ 110.68	$ 609.49	$ 360.09	$ 360.09

1 Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

2 Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

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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FY 2012-2013 GROUP INSURANCE PREMIUM RATES
FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010, EFFECTIVE OCTOBER 14, 2012

For Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

		BIWEEKLY		BIWEEKLY [1] Part-time employees	
	Option [2]	Employee	State	Employee	State
PLAN NAME	(a)	(b)	(c)	(d)	(e)
McLaren Health Plan	1	$ 34.67	$ 196.48	$ 115.58	$ 115.58
This HMO is not authorized to accept employees in bargaining	2	$ 69.34	$ 392.95	$ 231.15	$ 231.15
units W22 and W41 (UAW) as new members.	3	$ 61.02	$ 345.78	$ 203.40	$ 203.40
	4	$ 95.70	$ 542.27	$ 318.98	$ 318.98
Physicians Health Plan	1	$ 41.10	$ 220.83	$ 130.97	$ 130.97
	2	$ 82.21	$ 441.66	$ 261.94	$ 261.94
	3	$ 72.35	$ 388.66	$ 230.50	$ 230.50
	4	$ 113.45	$ 609.49	$ 361.47	$ 361.47
Priority Health Plan, West	1	$ 55.97	$ 220.83	$ 138.40	$ 138.40
	2	$ 111.94	$ 441.66	$ 276.80	$ 276.80
	3	$ 98.50	$ 388.66	$ 243.58	$ 243.58
	4	$ 154.47	$ 609.49	$ 381.98	$ 381.98
Priority Health Plan, East	1	$ 55.97	$ 220.83	$ 138.40	$ 138.40
This HMO is not authorized to accept employees in bargaining units	2	$ 111.94	$ 441.66	$ 276.80	$ 276.80
W22 and W41 (UAW) in some zip codes as new members.	3	$ 98.50	$ 388.66	$ 243.58	$ 243.58
	4	$ 154.47	$ 609.49	$ 381.98	$ 381.98
Priority Health Plan, South	1	$ 55.97	$ 220.83	$ 138.40	$ 138.40
	2	$ 111.94	$ 441.66	$ 276.80	$ 276.80
	3	$ 98.50	$ 388.66	$ 243.58	$ 243.58
	4	$ 154.47	$ 609.49	$ 381.98	$ 381.98
Total Health Care	1	$ 27.01	$ 153.04	$ 90.02	$ 90.02
	2	$ 62.11	$ 351.98	$ 207.05	$ 207.05
	3	$ 51.31	$ 290.77	$ 171.04	$ 171.04
	4	$ 72.92	$ 413.20	$ 243.06	$ 243.06
VISION PLANS					
State Vision Plan	1	$ -	$ 2.80	$ 1.40	$ 1.40
	2	$ -	$ 4.93	$ 2.46	$ 2.46
	3	$ -	$ 6.02	$ 3.01	$ 3.01
	4	$ -	$ 8.16	$ 4.08	$ 4.08
Decline Vision Insurance	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
DENTAL PLANS					
State Dental Plan	1	$ 1.08	$ 20.48	$ 10.78	$ 10.78
	2	$ 1.97	$ 37.38	$ 19.67	$ 19.67
	3	$ 2.40	$ 45.52	$ 23.96	$ 23.96
	4	$ 3.28	$ 62.36	$ 32.82	$ 32.82
Preventive Dental Plan	1	$ -	$ 2.99	$ 1.50	$ 1.50
Employees in the Preventive Dental plan will receive	2	$ -	$ 5.21	$ 2.61	$ 2.61
a $100.00 lump sum payment on November 8, 2012.	3	$ -	$ 5.21	$ 2.61	$ 2.61
	4	$ -	$ 7.42	$ 3.71	$ 3.71
Midwestern Dental Plan (DMO)	1	$ -	$ 15.99	$ 8.00	$ 8.00
	2	$ -	$ 15.99	$ 8.00	$ 8.00
	3	$ -	$ 15.99	$ 8.00	$ 8.00
	4	$ -	$ 15.99	$ 8.00	$ 8.00
Decline Dental Insurance [3]	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

1 Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

2 Health, dental and vision options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

3 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.

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FY 2012-2013 GROUP INSURANCE PREMIUM RATES FOR LIFE INSURANCE—ALL EMPLOYEES

Effective October 14, 2012

		BIWEEKLY	
	Option	Employee	State
PLAN NAME	(a)	(b)	(c)
LIFE INSURANCE PLANS			
Dependent Life Options			
Spouse $1,500 and/or Child(ren) $1,000	F	$ 0.20	$ 0.00
Spouse $5,000 and/or Child(ren) $2,500	G	$ 0.60	$ 0.00
Spouse $10,000 and/or Child(ren) $5,000	H	$ 1.20	$ 0.00
Spouse $25,000 and/or Child(ren) $10,000	K	$ 4.00	$ 0.00
Child(ren) Only $10,000	L	$ 0.75	$ 0.00
Employee Life Options			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of $200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of $50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 25, 2012.			

Office of the State Employer, Employee Health Management

FY 2012-2013 BIWEEKLY LONG TERM DISABILITY PREMIUM RATES—ALL EMPLOYEES

Rates per $100 of Earnings*

Effective October 14, 2012

	Status	Employee	State
PLAN NAME	(a)	(b)	(c)
All employees except those represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.08	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.53	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.74	$ 0.92
Employees represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.13	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.58	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.79	$ 0.92
Calculation of Employee Contribution: Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

*Benefits are subject to maximums in the LTD booklet.

End of Rates

for Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)
Hired Prior to April 1, 2010.

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FY 2012-2013 GROUP INSURANCE PREMIUM RATES
FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010, EFFECTIVE OCTOBER 14, 2012

For Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

Note: When choosing a HMO or DMO plan, be sure to review availability in your area. The Zip Code List is available at www.michigan.gov/employeebenefits. Choose Insurance Open Enrollment.

		BIWEEKLY		BIWEEKLY [1] Part-time employees	
	Option [2]	Employee	State	Employee	State
PLAN NAME	(a)	(b)	(c)	(d)	(e)
HEALTH PLANS					
New State Health Plan PPO	1	$ 48.90	$ 195.59	$ 122.24	$ 122.24
	2	$ 97.80	$ 391.19	$ 244.49	$ 244.49
	3	$ 86.06	$ 344.24	$ 215.15	$ 215.15
	4	$ 134.96	$ 539.84	$ 337.40	$ 337.40
Employee or Spouse with Medicare (State pays 100%)					
Catastrophic Health Plan	1	$ -	$ 15.81	$ 7.91	$ 7.91
Employees in the Catastrophic Health Plan will receive a	2	$ -	$ 31.62	$ 15.81	$ 15.81
$50 rebate with each paycheck beginning October 25, 2012.	3	$ -	$ 31.62	$ 15.81	$ 15.81
	4	$ -	$ 31.62	$ 15.81	$ 15.81
Decline Health Insurance Coverage [3]	(n/a)				
New Blue Care Network, Mid-Michigan	1	$ 38.87	$ 195.59	$ 117.23	$ 117.23
	2	$ 77.73	$ 391.19	$ 234.46	$ 234.46
	3	$ 68.40	$ 344.24	$ 206.32	$ 206.32
	4	$ 107.26	$ 539.84	$ 323.55	$ 323.55
New Blue Care Network, East Michigan	1	$ 35.04	$ 195.59	$ 115.31	$ 115.31
	2	$ 70.07	$ 391.19	$ 230.63	$ 230.63
	3	$ 61.66	$ 344.24	$ 202.95	$ 202.95
	4	$ 96.69	$ 539.84	$ 318.26	$ 318.26
New Blue Care Network, Great Lakes West	1	$ 39.13	$ 195.59	$ 117.36	$ 117.36
	2	$ 78.24	$ 391.19	$ 234.72	$ 234.72
	3	$ 68.86	$ 344.24	$ 206.55	$ 206.55
	4	$ 107.98	$ 539.84	$ 323.91	$ 323.91
New Blue Care Network, Southeast Michigan	1	$ 36.42	$ 195.59	$ 116.00	$ 116.00
	2	$ 72.82	$ 391.19	$ 232.00	$ 232.00
	3	$ 64.08	$ 344.24	$ 204.16	$ 204.16
	4	$ 100.49	$ 539.84	$ 320.16	$ 320.16
New Grand Valley Health Plan	1	$ 29.20	$ 165.49	$ 97.35	$ 97.35
This HMO is not authorized to accept employees in bargaining units	2	$ 58.41	$ 330.97	$ 194.69	$ 194.69
W22 and W41 (UAW) as new members. However, employees who	3	$ 51.40	$ 291.26	$ 171.33	$ 171.33
are already enrolled may remain enrolled.	4	$ 80.60	$ 456.74	$ 268.67	$ 268.67
New Health Alliance Plan	1	$ 32.58	$ 184.64	$ 108.61	$ 108.61
	2	$ 65.45	$ 370.87	$ 218.16	$ 218.16
	3	$ 57.56	$ 326.18	$ 191.87	$ 191.87
	4	$ 90.44	$ 512.48	$ 301.46	$ 301.46
New HealthPlus of Michigan	1	$ 33.38	$ 189.16	$ 111.27	$ 111.27
This HMO is not authorized to accept employees in bargaining units	2	$ 66.76	$ 378.33	$ 222.54	$ 222.54
W22 and W41 (UAW) in some zip codes as new members.	3	$ 58.75	$ 332.93	$ 195.84	$ 195.84
	4	$ 92.13	$ 522.09	$ 307.11	$ 307.11

[1] Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

[2] Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

[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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FY 2012-2013 GROUP INSURANCE PREMIUM RATES
FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010, EFFECTIVE OCTOBER 14, 2012

For Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

		BIWEEKLY		BIWEEKLY [1] Part-time employees	
	Option [2]	Employee	State	Employee	State
PLAN NAME	(a)	(b)	(c)	(d)	(e)
New McLaren Health Plan	1	$ 28.66	$ 162.43	$ 95.55	$ 95.55
This HMO is not authorized to accept employees in bargaining	2	$ 57.33	$ 324.86	$ 191.09	$ 191.09
units W22 and W41 (UAW) as new members.	3	$ 50.45	$ 285.90	$ 168.18	$ 168.18
	4	$ 79.11	$ 448.31	$ 263.71	$ 263.71
New Physicians Health Plan	1	$ 27.90	$ 158.08	$ 92.99	$ 92.99
	2	$ 55.79	$ 316.17	$ 185.98	$ 185.98
	3	$ 49.10	$ 278.23	$ 163.66	$ 163.66
	4	$ 77.00	$ 436.31	$ 256.65	$ 256.65
New Priority Health Plan, West	1	$ 36.24	$ 195.59	$ 115.91	$ 115.91
	2	$ 72.46	$ 391.19	$ 231.82	$ 231.82
	3	$ 63.76	$ 344.24	$ 204.00	$ 204.00
	4	$ 99.99	$ 539.84	$ 319.91	$ 319.91
New Priority Health Plan, East	1	$ 36.24	$ 195.59	$ 115.91	$ 115.91
This HMO is not authorized to accept employees in bargaining	2	$ 72.46	$ 391.19	$ 231.82	$ 231.82
units W22 and W41 (UAW) in some zip codes as new members.	3	$ 63.76	$ 344.24	$ 204.00	$ 204.00
	4	$ 99.99	$ 539.84	$ 319.91	$ 319.91
New Priority Health Plan, South	1	$ 36.24	$ 195.59	$ 115.91	$ 115.91
	2	$ 72.46	$ 391.19	$ 231.82	$ 231.82
	3	$ 63.76	$ 344.24	$ 204.00	$ 204.00
	4	$ 99.99	$ 539.84	$ 319.91	$ 319.91
New Total Health Care	1	$ 24.81	$ 140.58	$ 82.69	$ 82.69
	2	$ 57.06	$ 323.34	$ 190.20	$ 190.20
	3	$ 47.14	$ 267.11	$ 157.12	$ 157.12
	4	$ 66.98	$ 379.57	$ 223.27	$ 223.27
VISION PLANS					
State Vision Plan	1	$ -	$ 2.80	$ 1.40	$ 1.40
	2	$ -	$ 4.93	$ 2.46	$ 2.46
	3	$ -	$ 6.02	$ 3.01	$ 3.01
	4	$ -	$ 8.16	$ 4.08	$ 4.08
Decline Vision Insurance		(n/a)	(n/a)	(n/a)	(n/a)
DENTAL PLANS					
State Dental Plan	1	$ 1.08	$ 20.48	$ 10.78	$ 10.78
	2	$ 1.97	$ 37.38	$ 19.67	$ 19.67
	3	$ 2.40	$ 45.52	$ 23.96	$ 23.96
	4	$ 3.28	$ 62.36	$ 32.82	$ 32.82
Preventive Dental Plan	1	$ -	$ 2.99	$ 1.50	$ 1.50
Employees in the Preventive Dental plan will receive	2	$ -	$ 5.21	$ 2.61	$ 2.61
a $100.00 lump sum payment on November 8, 2012.	3	$ -	$ 5.21	$ 2.61	$ 2.61
	4	$ -	$ 7.42	$ 3.71	$ 3.71
Midwestern Dental Plan (DMO)	1	$ -	$ 15.99	$ 8.00	$ 8.00
	2	$ -	$ 15.99	$ 8.00	$ 8.00
	3	$ -	$ 15.99	$ 8.00	$ 8.00
	4	$ -	$ 15.99	$ 8.00	$ 8.00
Decline Dental Insurance [3]	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

1 Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

2 Health, dental and vision options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

3 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.

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FY 2012-2013 GROUP INSURANCE PREMIUM RATES FOR LIFE INSURANCE—ALL EMPLOYEES
Effective October 14, 2012

		BIWEEKLY	
	Option	Employee	State
PLAN NAME	(a)	(b)	(c)
LIFE INSURANCE PLANS			
Dependent Life Options			
Spouse $1,500 and/or Child(ren) $1,000	F	$ 0.20	$ 0.00
Spouse $5,000 and/or Child(ren) $2,500	G	$ 0.60	$ 0.00
Spouse $10,000 and/or Child(ren) $5,000	H	$ 1.20	$ 0.00
Spouse $25,000 and/or Child(ren) $10,000	K	$ 4.00	$ 0.00
Child(ren) Only $10,000	L	$ 0.75	$ 0.00
Employee Life Options			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of $200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of $50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 25, 2012.			

Office of the State Employer, Employee Health Management
FY 2012-2013 BIWEEKLY LONG TERM DISABILITY PREMIUM RATES—ALL EMPLOYEES
Rates per $100 of Earnings*
Effective October 14, 2012

	Status	Employee	State
PLAN NAME	(a)	(b)	(c)
All employees except those represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.08	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.53	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.74	$ 0.92
Employees represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.13	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.58	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.79	$ 0.92
Calculation of Employee Contribution: Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

*Benefits are subject to maximums in the LTD booklet.

End of Rates
for Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)
Hired On or After April 1, 2010.

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FY 2012-2013 GROUP INSURANCE PREMIUM RATES
FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010, EFFECTIVE OCTOBER 14, 2012

For Bargaining Units: MSEA (A02, A31), MCO (C12), AFSCME (U11), NON-REPRESENTED (Z60 – Z89) and Judicial Branch Employees

Note: When choosing a HMO or DMO plan, be sure to review availability in your area. The Zip Code List is available at www.michigan.gov/employeebenefits. Choose Insurance Open Enrollment.

		BIWEEKLY		BIWEEKLY [1] Part-time employees	
	Option [2]	Employee	State	Employee	State
PLAN NAME	(a)	(b)	(c)	(d)	(e)
HEALTH PLANS					
State Health Plan PPO	1	$ 54.93	$ 219.73	$ 137.33	$ 137.33
	2	$ 109.87	$ 439.46	$ 274.66	$ 274.66
	3	$ 96.68	$ 386.73	$ 241.71	$ 241.71
	4	$ 151.62	$ 606.46	$ 379.04	$ 379.04
Employee or Spouse with Medicare (State pays 100%)					
Catastrophic Health Plan	1	$ -	$ 15.81	$ 7.91	$ 7.91
Employees in the Catastrophic Health Plan will receive a	2	$ -	$ 31.62	$ 15.81	$ 15.81
$50 rebate with each paycheck beginning October 25, 2012.	3	$ -	$ 31.62	$ 15.81	$ 15.81
	4	$ -	$ 31.62	$ 15.81	$ 15.81
Decline Health Insurance Coverage [3]	(n/a)				
Blue Care Network, Mid-Michigan	1	$ 52.03	$ 219.73	$ 135.88	$ 135.88
	2	$ 104.07	$ 439.46	$ 271.77	$ 271.77
	3	$ 91.58	$ 386.73	$ 239.16	$ 239.16
	4	$ 143.62	$ 606.46	$ 375.04	$ 375.04
Blue Care Network, East Michigan	1	$ 54.28	$ 219.73	$ 137.01	$ 137.01
	2	$ 108.55	$ 439.46	$ 274.01	$ 274.01
	3	$ 95.53	$ 386.73	$ 241.13	$ 241.13
	4	$ 149.81	$ 606.46	$ 378.13	$ 378.13
Blue Care Network, Great Lakes West	1	$ 54.27	$ 219.73	$ 137.00	$ 137.00
	2	$ 108.54	$ 439.46	$ 274.00	$ 274.00
	3	$ 95.52	$ 386.73	$ 241.12	$ 241.12
	4	$ 149.79	$ 606.46	$ 378.12	$ 378.12
Blue Care Network, Southeast Michigan	1	$ 50.76	$ 219.73	$ 135.25	$ 135.25
	2	$ 101.53	$ 439.46	$ 270.50	$ 270.50
	3	$ 89.34	$ 386.73	$ 238.04	$ 238.04
	4	$ 140.10	$ 606.46	$ 373.28	$ 373.28
Grand Valley Health Plan	1	$ 75.88	$ 219.73	$ 147.81	$ 147.81
This HMO is not authorized to accept employees in bargaining	2	$ 151.76	$ 439.46	$ 295.61	$ 295.61
unitsW22 and W41 (UAW) as new members. However,	3	$ 133.55	$ 386.73	$ 260.14	$ 260.14
employees who are already enrolled may remain enrolled.	4	$ 209.42	$ 606.46	$ 407.94	$ 407.94
Health Alliance Plan	1	$ 38.11	$ 215.98	$ 127.05	$ 127.05
	2	$ 76.55	$ 433.81	$ 255.18	$ 255.18
	3	$ 67.33	$ 381.53	$ 224.43	$ 224.43
	4	$ 105.77	$ 599.36	$ 352.56	$ 352.56
HealthPlus of Michigan	1	$ 39.90	$ 219.73	$ 129.81	$ 129.81
This HMO is not authorized to accept employees in bargaining	2	$ 79.80	$ 439.46	$ 259.63	$ 259.63
unitsW22 and W41 (UAW) in some zip codes as new members.	3	$ 70.22	$ 386.73	$ 228.47	$ 228.47
	4	$ 110.11	$ 606.46	$ 358.29	$ 358.29

1 Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).
2 Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.
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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FY 2012-2013 GROUP INSURANCE PREMIUM RATES
FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010, EFFECTIVE OCTOBER 14, 2012

For Bargaining Units: MSEA (A02, A31), MCO (C12), AFSCME (U11), and NON-REPRESENTED (Z60 – Z89)

		BIWEEKLY		BIWEEKLY [1] Part-time employees	
	Option [2]	Employee	State	Employee	State
PLAN NAME	(a)	(b)	(c)	(d)	(e)
McLaren Health Plan	1	$ 34.50	$ 195.49	$ 115.00	$ 115.00
This HMO is not authorized to accept employees in bargaining	2	$ 69.00	$ 390.99	$ 230.00	$ 230.00
units W22 and W41 (UAW) as new members.	3	$ 60.72	$ 344.07	$ 202.40	$ 202.40
	4	$ 95.22	$ 539.57	$ 317.40	$ 317.40
Physicians Health Plan	1	$ 41.55	$ 219.73	$ 130.64	$ 130.64
	2	$ 83.10	$ 439.46	$ 261.28	$ 261.28
	3	$ 73.12	$ 386.73	$ 229.92	$ 229.92
	4	$ 114.67	$ 606.46	$ 360.57	$ 360.57
Priority Health Plan, West	1	$ 54.41	$ 219.73	$ 137.07	$ 137.07
	2	$ 108.82	$ 439.46	$ 274.14	$ 274.14
	3	$ 95.76	$ 386.73	$ 241.24	$ 241.24
	4	$ 150.17	$ 606.46	$ 378.31	$ 378.31
Priority Health Plan, East	1	$ 54.41	$ 219.73	$ 137.07	$ 137.07
This HMO is not authorized to accept employees in bargaining units	2	$ 108.82	$ 439.46	$ 274.14	$ 274.14
W22 and W41 (UAW) in some zip codes as new members.	3	$ 95.76	$ 386.73	$ 241.24	$ 241.24
	4	$ 150.17	$ 606.46	$ 378.31	$ 378.31
Priority Health Plan, South	1	$ 54.41	$ 219.73	$ 137.07	$ 137.07
	2	$ 108.82	$ 439.46	$ 274.14	$ 274.14
	3	$ 95.76	$ 386.73	$ 241.24	$ 241.24
	4	$ 150.17	$ 606.46	$ 378.31	$ 378.31
Total Health Care	1	$ 26.87	$ 152.27	$ 89.57	$ 89.57
	2	$ 51.06	$ 289.32	$ 170.19	$ 170.19
	3	$ 61.81	$ 350.23	$ 206.02	$ 206.02
	4	$ 72.55	$ 411.14	$ 241.85	$ 241.85
VISION PLANS					
State Vision Plan	1	$ -	$ 2.80	$ 1.40	$ 1.40
	2	$ -	$ 4.93	$ 2.46	$ 2.46
	3	$ -	$ 6.02	$ 3.01	$ 3.01
	4	$ -	$ 8.16	$ 4.08	$ 4.08
Decline Vision Insurance	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
DENTAL PLANS					
State Dental Plan	1	$ 1.08	$ 20.48	$ 10.78	$ 10.78
	2	$ 1.97	$ 37.38	$ 19.67	$ 19.67
	3	$ 2.40	$ 45.52	$ 23.96	$ 23.96
	4	$ 3.28	$ 62.36	$ 32.82	$ 32.82
Preventive Dental Plan	1	$ -	$ 2.99	$ 1.50	$ 1.50
Employees in the Preventive Dental plan will receive	2	$ -	$ 5.21	$ 2.61	$ 2.61
a $100.00 lump sum payment on November 8, 2012.	3	$ -	$ 5.21	$ 2.61	$ 2.61
	4	$ -	$ 7.42	$ 3.71	$ 3.71
Midwestern Dental Plan (DMO)	1	$ -	$ 15.99	$ 8.00	$ 8.00
	2	$ -	$ 15.99	$ 8.00	$ 8.00
	3	$ -	$ 15.99	$ 8.00	$ 8.00
	4	$ -	$ 15.99	$ 8.00	$ 8.00
Decline Dental Insurance [3]	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

1 Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

2 Health, dental and vision options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

3 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.

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FY 2012-2013 GROUP INSURANCE PREMIUM RATES FOR LIFE INSURANCE—ALL EMPLOYEES
Effective October 14, 2012

		BIWEEKLY	
	Option	Employee	State
PLAN NAME/CODE	(a)	(b)	(c)
LIFE INSURANCE PLANS			
Dependent Life Options			
Spouse $1,500 and/or Child(ren) $1,000	F	$ 0.20	$ 0.00
Spouse $5,000 and/or Child(ren) $2,500	G	$ 0.60	$ 0.00
Spouse $10,000 and/or Child(ren) $5,000	H	$ 1.20	$ 0.00
Spouse $25,000 and/or Child(ren) $10,000	K	$ 4.00	$ 0.00
Child(ren) Only $10,000	L	$ 0.75	$ 0.00
Employee Life Options			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of $200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of $50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 25, 2012.			

Office of the State Employer, Employee Health Management
FY 2012-2013 BIWEEKLY LONG TERM DISABILITY PREMIUM RATES—ALL EMPLOYEES
Rates per $100 of Earnings*
Effective October 14, 2012

	Status	Employee	State
PLAN NAME	(a)	(b)	(c)
All employees except those represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.08	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.53	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.74	$ 0.92
Employees represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.13	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.58	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.79	$ 0.92
Calculation of Employee Contribution: Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

*Benefits are subject to maximums in the LTD booklet.

End of Rates
for Bargaining Units: **MSEA (A02, A31), MCO (C12), AFSCME (U11)**
Hired Prior to April 1, 2010.

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FY 2012-2013 GROUP INSURANCE PREMIUM RATES
FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010, EFFECTIVE OCTOBER 14, 2012

For Bargaining Units: MSEA (A02, A31), MCO (C12), AFSCME (U11), and NON-REPRESENTED (Z60 – Z89)

and Judicial Branch Employees

Note: When choosing a HMO or DMO plan, be sure to review availability in your area. The Zip Code List is available at www.michigan.gov/employeebenefits. Choose Insurance Open Enrollment.

		BIWEEKLY		BIWEEKLY [1] Part-time employees	
	Option [2]	Employee	State	Employee	State
PLAN NAME	(a)	(b)	(c)	(d)	(e)
HEALTH PLANS					
New State Health Plan PPO	1	$ 48.65	$ 194.61	$ 121.63	$ 121.63
	2	$ 97.31	$ 389.24	$ 243.28	$ 243.28
	3	$ 85.63	$ 342.53	$ 214.08	$ 214.08
	4	$ 134.29	$ 537.15	$ 335.72	$ 335.72
Employee or Spouse with Medicare (State pays 100%)					
Catastrophic Health Plan	1	$ -	$ 15.81	$ 7.91	$ 7.91
Employees in the Catastrophic Health Plan will receive a	2	$ -	$ 31.62	$ 15.81	$ 15.81
$50 rebate with each paycheck beginning October 25, 2012.	3	$ -	$ 31.62	$ 15.81	$ 15.81
	4	$ -	$ 31.62	$ 15.81	$ 15.81
Decline Health Insurance Coverage [3]	(n/a)				
New Blue Care Network, Mid-Michigan	1	$ 38.68	$ 194.61	$ 116.65	$ 116.65
	2	$ 77.35	$ 389.24	$ 233.29	$ 233.29
	3	$ 68.07	$ 342.53	$ 205.30	$ 205.30
	4	$ 106.74	$ 537.15	$ 321.95	$ 321.95
New Blue Care Network, East Michigan	1	$ 34.86	$ 194.61	$ 114.74	$ 114.74
	2	$ 69.71	$ 389.24	$ 229.48	$ 229.48
	3	$ 61.35	$ 342.53	$ 201.94	$ 201.94
	4	$ 96.21	$ 537.15	$ 316.68	$ 316.68
New Blue Care Network, Great Lakes West	1	$ 38.94	$ 194.61	$ 116.77	$ 116.77
	2	$ 77.86	$ 389.24	$ 233.55	$ 233.55
	3	$ 68.52	$ 342.53	$ 205.52	$ 205.52
	4	$ 107.44	$ 537.15	$ 322.30	$ 322.30
New Blue Care Network, Southeast Michigan	1	$ 36.24	$ 194.61	$ 115.42	$ 115.42
	2	$ 72.46	$ 389.24	$ 230.85	$ 230.85
	3	$ 63.76	$ 342.53	$ 203.15	$ 203.15
	4	$ 99.99	$ 537.15	$ 318.57	$ 318.57
New Grand Valley Health Plan	1	$ 28.77	$ 163.02	$ 95.89	$ 95.89
This HMO is not authorized to accept employees in bargaining units	2	$ 57.54	$ 326.03	$ 191.78	$ 191.78
W22 and W41 (UAW) as new members. However, employees who	3	$ 50.63	$ 286.91	$ 168.77	$ 168.77
are already enrolled may remain enrolled.	4	$ 79.40	$ 449.92	$ 264.66	$ 264.66
New Health Alliance Plan	1	$ 32.43	$ 183.76	$ 108.09	$ 108.09
	2	$ 65.14	$ 369.10	$ 217.12	$ 217.12
	3	$ 57.29	$ 324.62	$ 190.95	$ 190.95
	4	$ 89.99	$ 509.96	$ 299.98	$ 299.98
New HealthPlus of Michigan	1	$ 33.21	$ 188.21	$ 110.71	$ 110.71
This HMO is not authorized to accept employees in bargaining units	2	$ 66.43	$ 376.42	$ 221.42	$ 221.42
W22 and W41 (UAW) in some zip codes as new members.	3	$ 58.46	$ 331.25	$ 194.85	$ 194.85
	4	$ 91.67	$ 519.46	$ 305.56	$ 305.56

[1] Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

[2] Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

[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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FY 2012-2013 GROUP INSURANCE PREMIUM RATES
FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010, EFFECTIVE OCTOBER 14, 2012

For Bargaining Units: MSEA (A02, A31), MCO (C12), AFSCME (U11), NON-REPRESENTED (Z60 – Z89)

and Judicial Branch Employees

		BIWEEKLY		BIWEEKLY [1] Part-time employees	
	Option [2]	Employee	State	Employee	State
PLAN NAME	(a)	(b)	(c)	(d)	(e)
New McLaren Health Plan	1	$ 28.52	$ 161.62	$ 95.07	$ 95.07
This HMO is not authorized to accept employees in bargaining	2	$ 57.04	$ 323.24	$ 190.14	$ 190.14
units W22 and W41 (UAW) as new members.	3	$ 50.20	$ 284.48	$ 167.34	$ 167.34
	4	$ 78.72	$ 446.08	$ 262.40	$ 262.40
New Physicians Health Plan	1	$ 27.79	$ 157.47	$ 92.63	$ 92.63
	2	$ 55.58	$ 314.94	$ 185.26	$ 185.26
	3	$ 48.91	$ 277.15	$ 163.03	$ 163.03
	4	$ 76.70	$ 434.62	$ 255.66	$ 255.66
New Priority Health Plan, West	1	$ 34.97	$ 194.61	$ 114.79	$ 114.79
	2	$ 69.92	$ 389.24	$ 229.58	$ 229.58
	3	$ 61.53	$ 342.53	$ 202.03	$ 202.03
	4	$ 96.49	$ 537.15	$ 316.82	$ 316.82
New Priority Health Plan, East	1	$ 34.97	$ 194.61	$ 114.79	$ 114.79
This HMO is not authorized to accept employees in bargaining	2	$ 69.92	$ 389.24	$ 229.58	$ 229.58
units W22 and W41 (UAW) in some zip codes as new members.	3	$ 61.53	$ 342.53	$ 202.03	$ 202.03
	4	$ 96.49	$ 537.15	$ 316.82	$ 316.82
New Priority Health Plan, South	1	$ 34.97	$ 194.61	$ 114.79	$ 114.79
	2	$ 69.92	$ 389.24	$ 229.58	$ 229.58
	3	$ 61.53	$ 342.53	$ 202.03	$ 202.03
	4	$ 96.49	$ 537.15	$ 316.82	$ 316.82
New Total Health Care	1	$ 24.69	$ 139.88	$ 82.28	$ 82.28
	2	$ 56.78	$ 321.73	$ 189.25	$ 189.25
	3	$ 46.90	$ 265.78	$ 156.34	$ 156.34
	4	$ 66.65	$ 377.68	$ 222.16	$ 222.16
VISION PLANS					
State Vision Plan	1	$ -	$ 2.80	$ 1.40	$ 1.40
	2	$ -	$ 4.93	$ 2.46	$ 2.46
	3	$ -	$ 6.02	$ 3.01	$ 3.01
	4	$ -	$ 8.16	$ 4.08	$ 4.08
Decline Vision Insurance		(n/a)	(n/a)	(n/a)	(n/a)
DENTAL PLANS					
State Dental Plan	1	$ 1.08	$ 20.48	$ 10.78	$ 10.78
	2	$ 1.97	$ 37.38	$ 19.67	$ 19.67
	3	$ 2.40	$ 45.52	$ 23.96	$ 23.96
	4	$ 3.28	$ 62.36	$ 32.82	$ 32.82
Preventive Dental Plan	1	$ -	$ 2.99	$ 1.50	$ 1.50
Employees in the Preventive Dental plan will receive	2	$ -	$ 5.21	$ 2.61	$ 2.61
a $100.00 lump sum payment on November 8, 2012.	3	$ -	$ 5.21	$ 2.61	$ 2.61
	4	$ -	$ 7.42	$ 3.71	$ 3.71
Midwestern Dental Plan (DMO)	1	$ -	$ 15.99	$ 8.00	$ 8.00
	2	$ -	$ 15.99	$ 8.00	$ 8.00
	3	$ -	$ 15.99	$ 8.00	$ 8.00
	4	$ -	$ 15.99	$ 8.00	$ 8.00
Decline Dental Insurance [3]	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

1 Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

2 Health, dental and vision options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

3 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.

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FY 2012-2013 GROUP INSURANCE PREMIUM RATES FOR LIFE INSURANCE—ALL EMPLOYEES

Effective October 14, 2012

		BIWEEKLY	
	Option	Employee	State
PLAN NAME	(a)	(b)	(c)
LIFE INSURANCE PLANS			
Dependent Life Options			
Spouse $1,500 and/or Child(ren) $1,000	F	$ 0.20	$ 0.00
Spouse $5,000 and/or Child(ren) $2,500	G	$ 0.60	$ 0.00
Spouse $10,000 and/or Child(ren) $5,000	H	$ 1.20	$ 0.00
Spouse $25,000 and/or Child(ren) $10,000	K	$ 4.00	$ 0.00
Child(ren) Only $10,000	L	$ 0.75	$ 0.00
Employee Life Options			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of $200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of $50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 25, 2012.			

Office of the State Employer, Employee Health Management
FY 2012-2013 BIWEEKLY LONG TERM DISABILITY PREMIUM RATES—ALL EMPLOYEES
Rates per $100 of Earnings*

Effective October 14, 2012

	Status	Employee	State
PLAN NAME	(a)	(b)	(c)
All employees except those represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.08	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.53	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.74	$ 0.92
Employees represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.13	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.58	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.79	$ 0.92
Calculation of Employee Contribution: Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

*Benefits are subject to maximums in the LTD booklet.

End of Rates
for Bargaining Units: **MSEA (A02, A31), MCO (C12), AFSCME (U11)**
Hired On or After April 1, 2010.

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FY 2012-2013 GROUP INSURANCE PREMIUM RATES EFFECTIVE OCTOBER 14, 2012

Bargaining Unit MSPTA (T01)

Note: When choosing a HMO or DMO plan, be sure to review availability in your area. The Zip Code List is available at www.michigan.gov/employeebenefits. Choose Insurance Open Enrollment.

		BIWEEKLY		BIWEEKLY DROP Rates	
	Option [1]	Employee	State	Employee	State
PLAN NAME	(a)	(b)	(c)	(d)	(e)
HEALTH PLANS					
COPS Trust Health Plan	1	$ 44.54	$ 219.73	$ 44.54	$ 219.73
	2	$ 89.12	$ 439.46	$ 89.12	$ 439.46
	3	$ 78.41	$ 386.73	$ 78.41	$ 386.73
	4	$ 122.98	$ 606.46	$ 122.98	$ 606.46
State Health Plan PPO	1	$ 54.93	$ 219.73	$ 16.95	$ 322.00
	2	$ 109.87	$ 439.46	$ 33.89	$ 643.99
	3	$ 96.68	$ 386.73	$ 21.35	$ 405.60
	4	$ 151.62	$ 606.46	$ 39.24	$ 745.49
Employee or Spouse with Medicare (State pays 100%)					
Catastrophic Health Plan	1	$ -	$ 15.81	$ -	$ -
Employees in the Catastrophic Health Plan will receive a	2	$ -	$ 31.62	$ -	$ -
$50 rebate with each paycheck beginning October 25, 2012.	3	$ -	$ 31.62	$ -	$ -
	4	$ -	$ 31.62	$ -	$ -
Decline Health Insurance Coverage [2]	(n/a)				
Blue Care Network, Mid-Michigan	1	$ 52.03	$ 219.73	$ 232.86	$ 322.00
	2	$ 104.07	$ 439.46	$ 465.73	$ 643.99
	3	$ 91.58	$ 386.73	$ 293.53	$ 405.60
	4	$ 143.62	$ 606.46	$ 541.78	$ 745.49
Blue Care Network, East Michigan	1	$ 54.28	$ 219.73	$ 244.91	$ 322.00
	2	$ 108.55	$ 439.46	$ 489.83	$ 643.99
	3	$ 95.53	$ 386.73	$ 308.71	$ 405.60
	4	$ 149.81	$ 606.46	$ 569.73	$ 745.49
Blue Care Network, Great Lakes West	1	$ 54.27	$ 219.73	$ 187.34	$ 322.00
	2	$ 108.54	$ 439.46	$ 374.69	$ 643.99
	3	$ 95.52	$ 386.73	$ 236.17	$ 405.60
	4	$ 149.79	$ 606.46	$ 436.17	$ 745.49
Blue Care Network, Southeast Michigan	1	$ 50.76	$ 219.73	$ 260.57	$ 322.00
	2	$ 101.53	$ 439.46	$ 521.15	$ 643.99
	3	$ 89.34	$ 386.73	$ 328.44	$ 405.60
	4	$ 140.10	$ 606.46	$ 606.06	$ 745.49
Grand Valley Health Plan	1	$ 75.88	$ 219.73	$ -	$ -
	2	$ 151.76	$ 439.46	$ -	$ -
	3	$ 133.55	$ 386.73	$ -	$ -
	4	$ 209.42	$ 606.46	$ -	$ -
Health Alliance Plan	1	$ 38.11	$ 215.98	$ 134.13	$ 322.00
	2	$ 76.55	$ 433.81	$ 268.27	$ 643.99
	3	$ 67.33	$ 381.53	$ 169.14	$ 405.60
	4	$ 105.77	$ 599.36	$ 312.73	$ 745.49
HealthPlus of Michigan	1	$ 39.90	$ 219.73	$ 181.59	$ 322.00
	2	$ 79.80	$ 439.46	$ 363.18	$ 643.99
	3	$ 70.22	$ 386.73	$ 228.92	$ 405.60
	4	$ 110.11	$ 606.46	$ 422.82	$ 745.49

[1] Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

[2] 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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FY 2012-2013 GROUP INSURANCE PREMIUM RATES EFFECTIVE OCTOBER 14, 2012

Bargaining Unit MSPTA (T01)

		BIWEEKLY		BIWEEKLY DROP Rates	
	Option [1]	Employee	State	Employee	State
PLAN NAME	(a)	(b)	(c)	(d)	(e)
McLaren Health Plan	1	$ 34.50	$ 195.49	$ -	$ -
	2	$ 69.00	$ 390.99	$ -	$ -
	3	$ 60.72	$ 344.07	$ -	$ -
	4	$ 95.22	$ 539.57	$ -	$ -
Physicians Health Plan	1	$ 41.55	$ 219.73	$ 138.89	$ 322.00
	2	$ 83.10	$ 439.46	$ 277.77	$ 643.99
	3	$ 73.12	$ 386.73	$ 174.93	$ 405.60
	4	$ 114.67	$ 606.46	$ 321.59	$ 745.49
Priority Health Plan, West	1	$ 54.41	$ 219.73	$ 177.69	$ 322.00
	2	$ 108.82	$ 439.46	$ 354.36	$ 643.99
	3	$ 95.76	$ 386.73	$ 223.35	$ 405.60
	4	$ 150.17	$ 606.46	$ 412.58	$ 745.49
Priority Health Plan, East	1	$ 54.41	$ 219.73	$ 177.69	$ 322.00
	2	$ 108.82	$ 439.46	$ 354.36	$ 643.99
	3	$ 95.76	$ 386.73	$ 223.35	$ 405.60
	4	$ 150.17	$ 606.46	$ 412.58	$ 745.49
Priority Health Plan, South	1	$ 54.41	$ 219.73	$ 177.69	$ 322.00
	2	$ 108.82	$ 439.46	$ 354.36	$ 643.99
	3	$ 95.76	$ 386.73	$ 223.35	$ 405.60
	4	$ 150.17	$ 606.46	$ 412.58	$ 745.49
Total Health Care	1	$ 26.87	$ 152.27	$ -	$ -
	2	$ 51.06	$ 289.32	$ -	$ -
	3	$ 61.81	$ 350.23	$ -	$ -
	4	$ 72.55	$ 411.14	$ -	$ -
VISION PLANS					
State Vision Plan	1	$ -	$ 2.80	$ 0.30	$ 2.64
	2	$ -	$ 4.93	$ 0.48	$ 4.31
	3	$ -	$ 6.02	$ 0.67	$ 6.02
	4	$ -	$ 8.16	$ 0.86	$ 7.67
Decline Vision Insurance	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
DENTAL PLANS					
State Dental Plan	1	$ 1.08	$ 20.48	$ 2.02	$ 18.13
	2	$ 1.97	$ 37.38	$ 3.67	$ 33.04
	3	$ 2.40	$ 45.52	$ 4.49	$ 40.36
	4	$ 3.28	$ 62.36	$ 6.14	$ 55.27
Preventive Dental Plan	1	$ -	$ 2.99	$ -	$ -
Employees in the Preventive Dental plan will receive	2	$ -	$ 5.21	$ -	$ -
a $100.00 lump sum payment on November 8, 2012.	3	$ -	$ 5.21	$ -	$ -
	4	$ -	$ 7.42	$ -	$ -
Midwestern Dental Plan (DMO)	1	$ -	$ 15.99	$ -	$ -
	2	$ -	$ 15.99	$ -	$ -
	3	$ -	$ 15.99	$ -	$ -
	4	$ -	$ 15.99	$ -	$ -
Decline Dental Insurance [2]	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

[1] Health, dental and vision options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

[2] 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.

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FY 2012-2013 GROUP INSURANCE PREMIUM RATES FOR LIFE INSURANCE FOR T01

Effective October 14, 2012

		BIWEEKLY	
	Option	**Employee**	**State**
PLAN NAME	(a)	(b)	(c)
LIFE INSURANCE PLANS			
Dependent Life Options			
Spouse $1,500 and/or Child(ren) $1,000	F	$ 0.20	0.00
Spouse $5,000 and/or Child(ren) $2,500	G	$ 0.60	0.00
Spouse $10,000 and/or Child(ren) $5,000	H	$ 1.20	0.00
Spouse $25,000 and/or Child(ren) $10,000	K	$ 4.00	0.00
Child(ren) Only $10,000	L	$ 0.75	0.00
Employee Life Options			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of $200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of $50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 25, 2012.			
The State shall pay 100% of the premium for LTD insurance coverage.			

End of Rates

for Bargaining Unit: **MSPTA (T01)**

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FY 2012-2013 DROP GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 14, 2012

Note: When choosing a HMO or DMO plan, be sure to review availability in your area. The Zip Code List is available at www.michigan.gov/employeebenefits. Choose Insurance Open Enrollment.

PLAN NAME	Option [1]	BIWEEKLY DROP PREMIUM Employee	State
HEALTH PLANS			
State Health Plan PPO	1	$ 16.95	$ 322.00
	2	$ 33.89	$ 643.99
	3	$ 21.35	$ 405.60
	4	$ 39.24	$ 745.49
Employee or Spouse with Medicare (State pays 100%)			
Decline Health Insurance Coverage [2]			
Blue Care Network, Mid-Michigan	1	$ 232.86	$ 322.00
	2	$ 465.73	$ 643.99
	3	$ 293.53	$ 405.60
	4	$ 541.78	$ 745.49
Blue Care Network, East Michigan	1	$ 244.91	$ 322.00
	2	$ 489.83	$ 643.99
	3	$ 308.71	$ 405.60
	4	$ 569.73	$ 745.49
Blue Care Network, Great Lakes West	1	$ 187.34	$ 322.00
	2	$ 374.69	$ 643.99
	3	$ 236.17	$ 405.60
	4	$ 436.17	$ 745.49
Blue Care Network, Southeast Michigan	1	$ 260.57	$ 322.00
	2	$ 521.15	$ 643.99
	3	$ 328.44	$ 405.60
	4	$ 606.06	$ 745.49
Health Alliance Plan	1	$ 134.13	$ 322.00
	2	$ 268.27	$ 643.99
	3	$ 169.14	$ 405.60
	4	$ 312.73	$ 745.49
HealthPlus of Michigan	1	$ 181.59	$ 322.00
	2	$ 363.18	$ 643.99
	3	$ 228.92	$ 405.60
	4	$ 422.82	$ 745.49
Physicians Health Plan	1	$ 138.89	$ 322.00
	2	$ 277.77	$ 643.99
	3	$ 174.93	$ 405.60
	4	$ 321.59	$ 745.49
Priority Health Plan, West	1	$ 177.69	$ 322.00
	2	$ 354.36	$ 643.99
	3	$ 223.35	$ 405.60
	4	$ 412.58	$ 745.49

[1] Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

[2] 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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FY 2012-2013 DROP GROUP INSURANCE PREMIUM RATES

EFFECTIVE OCTOBER 14, 2012

PLAN NAME	Option [1]	BIWEEKLY DROP PREMIUM Employee	State
Priority Health Plan, East	1	$ 177.69	$ 322.00
	2	$ 354.36	$ 643.99
	3	$ 223.35	$ 405.60
	4	$ 412.58	$ 745.49
Priority Health Plan, South	1	$ 177.69	$ 322.00
	2	$ 354.36	$ 643.99
	3	$ 223.35	$ 405.60
	4	$ 412.58	$ 745.49
VISION PLANS			
State Vision Plan	1	$ 0.30	$ 2.64
	2	$ 0.48	$ 4.31
	3	$ 0.67	$ 6.02
	4	$ 0.86	$ 7.67
Decline Vision Insurance			
DENTAL PLANS			
State Dental Plan	1	$ 2.02	$ 18.13
	2	$ 3.67	$ 33.04
	3	$ 4.49	$ 40.36
	4	$ 6.14	$ 55.27
Decline Dental Insurance [2]			

[1] Health, dental and vision options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

[2] 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.

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FY 2012-2013 GROUP INSURANCE PREMIUM RATES FOR LIFE INSURANCE—ALL EMPLOYEES

Effective October 14, 2012

		BIWEEKLY	
	Option	Employee	State
PLAN NAME	(a)	(b)	(c)
LIFE INSURANCE PLANS			
Dependent Life Options			
Spouse $1,500 and/or Child(ren) $1,000	F	$ 0.20	$ 0.00
Spouse $5,000 and/or Child(ren) $2,500	G	$ 0.60	$ 0.00
Spouse $10,000 and/or Child(ren) $5,000	H	$ 1.20	$ 0.00
Spouse $25,000 and/or Child(ren) $10,000	K	$ 4.00	$ 0.00
Child(ren) Only $10,000	L	$ 0.75	$ 0.00
Employee Life Options			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of $200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of $50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 25, 2012.			

Office of the State Employer, Employee Health Management
FY 2012-2013 BIWEEKLY LONG TERM DISABILITY PREMIUM RATES—ALL EMPLOYEES
Rates per $100 of Earnings*

Effective October 14, 2012

	Status	Employee	State
PLAN NAME	(a)	(b)	(c)
All employees except those represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.08	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.53	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.74	$ 0.92
Employees represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.13	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.58	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.79	$ 0.92
Calculation of Employee Contribution: Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

*Benefits are subject to maximums in the LTD booklet.

End of Rates
for DROP Command Officers and Lieutenants

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FY 2012-2013 DROP GROUP INSURANCE PREMIUM RATES

EFFECTIVE OCTOBER 14, 2012

Bargaining Unit MSPTA (T01)

Note: When choosing a HMO or DMO plan, be sure to review availability in your area. The Zip Code List is available at www.michigan.gov/employeebenefits. Choose Insurance Open Enrollment.

		BIWEEKLY DROP PREMIUM	
	Option [1]	Employee	State
HEALTH PLANS			
COPS Trust Health Plan	1	$ 44.54	$ 219.73
	2	$ 89.12	$ 439.46
	3	$ 78.41	$ 386.73
	4	$ 122.98	$ 606.46
State Health Plan PPO	1	$ 16.95	$ 322.00
	2	$ 33.89	$ 643.99
	3	$ 21.35	$ 405.60
	4	$ 39.24	$ 745.49
Employee or Spouse with Medicare (State pays 100%)			
Decline Health Insurance Coverage [2]			
Blue Care Network, Mid-Michigan	1	$ 232.86	$ 322.00
	2	$ 465.73	$ 643.99
	3	$ 293.53	$ 405.60
	4	$ 541.78	$ 745.49
Blue Care Network, East Michigan	1	$ 244.91	$ 322.00
	2	$ 489.83	$ 643.99
	3	$ 308.71	$ 405.60
	4	$ 569.73	$ 745.49
Blue Care Network, Great Lakes West	1	$ 187.34	$ 322.00
	2	$ 374.69	$ 643.99
	3	$ 236.17	$ 405.60
	4	$ 436.17	$ 745.49
Blue Care Network, Southeast Michigan	1	$ 260.57	$ 322.00
	2	$ 521.15	$ 643.99
	3	$ 328.44	$ 405.60
	4	$ 606.06	$ 745.49
Health Alliance Plan	1	$ 134.13	$ 322.00
	2	$ 268.27	$ 643.99
	3	$ 169.14	$ 405.60
	4	$ 312.73	$ 745.49
HealthPlus of Michigan	1	$ 181.59	$ 322.00
	2	$ 363.18	$ 643.99
	3	$ 228.92	$ 405.60
	4	$ 422.82	$ 745.49

Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

[2] 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.

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FY 2012-2013 DROP GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 14, 2012
Bargaining Unit MSPTA (T01)

		BIWEEKLY DROP PREMIUM	
	Option [1]	Employee	State
HEALTH PLANS			
Physicians Health Plan	1	$ 138.89	$ 322.00
	2	$ 277.77	$ 643.99
	3	$ 174.93	$ 405.60
	4	$ 321.59	$ 745.49
Priority Health Plan, West	1	$ 177.69	$ 322.00
	2	$ 354.36	$ 643.99
	3	$ 223.35	$ 405.60
	4	$ 412.58	$ 745.49
Priority Health Plan, East	1	$ 177.69	$ 322.00
	2	$ 354.36	$ 643.99
	3	$ 223.35	$ 405.60
	4	$ 412.58	$ 745.49
Priority Health Plan, South	1	$ 177.69	$ 322.00
	2	$ 354.36	$ 643.99
	3	$ 223.35	$ 405.60
	4	$ 412.58	$ 745.49
VISION PLANS			
State Vision Plan	1	$ 0.30	$ 2.64
	2	$ 0.48	$ 4.31
	3	$ 0.67	$ 6.02
	4	$ 0.86	$ 7.67
Decline Vision Insurance			
DENTAL PLANS			
State Dental Plan	1	$ 2.02	$ 18.13
	2	$ 3.67	$ 33.04
	3	$ 4.49	$ 40.36
	4	$ 6.14	$ 55.27
Decline Dental Insurance [2]			

Health, dental and vision options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

[2] 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.

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FY 2012-2013 GROUP INSURANCE PREMIUM RATES FOR LIFE INSURANCE—ALL EMPLOYEES

Effective October 14, 2012

		BIWEEKLY	
	Option	Employee	State
PLAN NAME	(a)	(b)	(c)
LIFE INSURANCE PLANS			
Dependent Life Options			
Spouse $1,500 and/or Child(ren) $1,000	F	$ 0.20	$ 0.00
Spouse $5,000 and/or Child(ren) $2,500	G	$ 0.60	$ 0.00
Spouse $10,000 and/or Child(ren) $5,000	H	$ 1.20	$ 0.00
Spouse $25,000 and/or Child(ren) $10,000	K	$ 4.00	$ 0.00
Child(ren) Only $10,000	L	$ 0.75	$ 0.00
Employee Life Options			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of $200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of $50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 25, 2012.			

Office of the State Employer, Employee Health Management
FY 2012-2013 BIWEEKLY LONG TERM DISABILITY PREMIUM RATES—ALL EMPLOYEES
Rates per $100 of Earnings*

Effective October 14, 2012

	Status	Employee	State
PLAN NAME	(a)	(b)	(c)
All employees except those represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.08	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.53	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.74	$ 0.92
Employees represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.13	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.58	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.79	$ 0.92
Calculation of Employee Contribution: Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

*Benefits are subject to maximums in the LTD booklet.

End of Rates
for DROP Troopers

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FY 2012-2013 COBRA PREMIUM RATES
EFFECTIVE OCTOBER 1, 2012
For Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

Note: When choosing a HMO or DMO plan, be sure to review availability in your area. The Zip Code List is available at www.michigan.gov/employeebenefits. Choose Insurance Open Enrollment.

		Hired Prior to April 1, 2010		Hired On or After April 1, 2010	
		MONTHLY PREMIUM		MONTHLY PREMIUM	
	Option [1]	Leave/Layoff (100%)	COBRA (102%)	Leave/Layoff (100%)	COBRA (102%)
HEALTH PLANS					
State Health Plan PPO	1	$ 598.09	$ 610.05	$ 529.71	$ 540.30
	2	$ 1,196.16	$ 1,220.09	$ 1,059.46	$ 1,080.65
	3	$ 1,052.63	$ 1,073.68	$ 932.32	$ 950.97
	4	$ 1,650.72	$ 1,683.73	$ 1,462.06	$ 1,491.30
	5	$ 478.47	$ 488.04	$ 423.77	$ 432.24
	6	$ 956.93	$ 976.07	$ 847.57	$ 864.52
	7	$ 842.10	$ 858.94	$ 745.86	$ 760.78
	8	$ 1,320.57	$ 1,346.98	$ 1,169.64	$ 1,193.04
Catastrophic Health Plan	1	$ 34.26	$ 34.93	$ 34.26	$ 34.93
	2	$ 68.51	$ 69.88	$ 68.51	$ 69.88
	3	$ 68.51	$ 69.88	$ 68.51	$ 69.88
	4	$ 68.51	$ 69.88	$ 68.51	$ 69.88
Blue Care Network, Mid-Michigan	1	$ 591.77	$ 603.61	$ 507.99	$ 518.15
	2	$ 1,183.54	$ 1,207.21	$ 1,015.98	$ 1,036.30
	3	$ 1,041.52	$ 1,062.35	$ 894.06	$ 911.94
	4	$ 1,633.29	$ 1,665.96	$ 1,402.05	$ 1,430.09
Blue Care Network, East Michigan	1	$ 596.66	$ 608.59	$ 499.69	$ 509.68
	2	$ 1,193.31	$ 1,217.18	$ 999.38	$ 1,019.37
	3	$ 1,050.11	$ 1,071.11	$ 879.45	$ 897.04
	4	$ 1,646.77	$ 1,679.71	$ 1,379.14	$ 1,406.72
Blue Care Network, Great Lakes West	1	$ 596.64	$ 608.57	$ 508.55	$ 518.72
	2	$ 1,193.29	$ 1,217.16	$ 1,017.10	$ 1,037.44
	3	$ 1,050.09	$ 1,071.09	$ 895.05	$ 912.95
	4	$ 1,646.73	$ 1,679.66	$ 1,403.60	$ 1,431.67
Blue Care Network, Southeast Michigan	1	$ 589.00	$ 600.78	$ 502.67	$ 512.72
	2	$ 1,178.01	$ 1,201.57	$ 1,005.34	$ 1,025.45
	3	$ 1,036.65	$ 1,057.38	$ 884.70	$ 902.39
	4	$ 1,625.65	$ 1,658.16	$ 1,387.37	$ 1,415.12
Grand Valley Health Plan	1	$ 649.42	$ 662.41	$ 421.83	$ 430.27
This HMO is not authorized to accept employees in bargaining units	2	$ 1,298.84	$ 1,324.82	$ 843.66	$ 860.53
W22 and W41 (UAW) as new members. However, employees who	3	$ 1,142.98	$ 1,165.84	$ 742.42	$ 757.27
are already enrolled may remain enrolled.	4	$ 1,792.40	$ 1,828.25	$ 1,164.25	$ 1,187.54
Health Alliance Plan	1	$ 553.16	$ 564.22	$ 470.65	$ 480.06
	2	$ 1,111.08	$ 1,133.30	$ 945.35	$ 964.26
	3	$ 977.19	$ 996.73	$ 831.43	$ 848.06
	4	$ 1,535.10	$ 1,565.80	$ 1,306.33	$ 1,332.46
HealthPlus of Michigan	1	$ 565.35	$ 576.66	$ 482.18	$ 491.82
This HMO is not authorized to accept employees in bargaining units	2	$ 1,130.70	$ 1,153.31	$ 964.36	$ 983.65
W22 and W41 (UAW) in some zip codes as new members.	3	$ 995.02	$ 1,014.92	$ 848.64	$ 865.61
	4	$ 1,560.37	$ 1,591.58	$ 1,330.82	$ 1,357.44

[1] Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family, 5 = Employee Only w/Medicare, 6 = Employee & Spouse w/Medicare, 7 = Employee w/Medicare & Children, 8 = Full Family w/Medicare.

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FY 2012-2013 COBRA PREMIUM RATES
EFFECTIVE OCTOBER 1, 2012
For Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

		Hired Prior to April 1, 2010		Hired On or After April 1, 2010	
		MONTHLY PREMIUM		MONTHLY PREMIUM	
	Option [1]	Leave/Layoff (100%)	COBRA (102%)	Leave/Layoff (100%)	COBRA (102%)
McLaren Health Plan	1	$ 500.83	$ 510.85	$ 414.03	$ 422.31
This HMO is not authorized to accept employees in bargaining	2	$ 1,001.63	$ 1,021.66	$ 828.07	$ 844.63
units W22 and W41 (UAW) as new members.	3	$ 881.39	$ 899.02	$ 728.76	$ 743.34
	4	$ 1382.26	$ 1,409.91	$ 1,142.75	$ 1,165.61
Physicians Health Plan	1	$ 567.53	$ 578.88	$ 402.96	$ 411.02
	2	$ 1,135.06	$ 1,157.76	$ 805.92	$ 822.04
	3	$ 998.85	$ 1,018.83	$ 709.21	$ 723.39
	4	$ 1,566.37	$ 1,597.70	$ 1,112.17	$ 1,134.41
Priority Health Plan, West	1	$ 599.73	$ 611.72	$ 502.28	$ 512.33
	2	$ 1,199.46	$ 1,223.45	$ 1,004.56	$ 1,024.65
	3	$ 1,055.52	$ 1,076.63	$ 884.01	$ 901.69
	4	$ 1,655.25	$ 1,688.36	$ 1,386.29	$ 1,414.02
Priority Health Plan, East	1	$ 599.73	$ 611.72	$ 502.28	$ 512.33
This HMO is not authorized to accept employees in bargaining units	2	$ 1,199.46	$ 1,223.45	$ 1,004.56	$ 1,024.65
W22 and W41 (UAW) in some zip codes as new members.	3	$ 1,055.52	$ 1,076.63	$ 884.01	$ 901.69
	4	$ 1,655.25	$ 1,688.36	$ 1,386.29	$ 1,414.02
Priority Health Plan, South	1	$ 599.73	$ 611.72	$ 502.28	$ 512.33
	2	$ 1,199.46	$ 1,223.45	$ 1,004.56	$ 1,024.65
	3	$ 1,055.52	$ 1,076.63	$ 884.01	$ 901.69
	4	$ 1,655.25	$ 1,688.36	$ 1,386.29	$ 1,414.02
Total Health Care	1	$ 390.09	$ 397.89	$ 358.34	$ 365.51
	2	$ 897.21	$ 915.15	$ 824.19	$ 840.67
	3	$ 741.18	$ 756.00	$ 680.86	$ 694.48
	4	$ 1,053.25	$ 1,074.32	$ 967.52	$ 986.87
VISION PLANS					
State Vision Plan	1	$ 6.08	$ 6.20	$ 6.08	$ 6.20
	2	$ 10.67	$ 10.90	$ 10.67	$ 10.90
	3	$ 13.04	$ 13.30	$ 13.04	$ 13.30
	4	$ 17.67	$ 18.02	$ 17.67	$ 18.02
DENTAL PLANS					
State Dental Plan	1	$ 46.71	$ 47.66	$ 46.71	$ 47.66
	2	$ 85.25	$ 86.96	$ 85.25	$ 86.96
	3	$ 103.83	$ 105.89	$ 103.83	$ 105.89
	4	$ 142.22	$ 145.06	$ 142.22	$ 145.06
Preventive Dental Plan	1	$ 6.48	$ 6.61	$ 6.48	$ 6.61
	2	$ 11.29	$ 11.50	$ 11.29	$ 11.50
	3	$ 11.29	$ 11.50	$ 11.29	$ 11.50
	4	$ 16.08	$ 16.40	$ 16.08	$ 16.40
Midwestern Dental Plan (DMO)	1	$ 34.65	$ 35.34	$ 34.65	$ 35.34
	2	$ 34.65	$ 35.34	$ 34.65	$ 35.34
	3	$ 34.65	$ 35.34	$ 34.65	$ 35.34
	4	$ 34.65	$ 35.34	$ 34.65	$ 35.34

[1] Health, dental and vision options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

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FY 2012-2013 COBRA PREMIUM RATES FOR LIFE INSURANCE
ALL EMPLOYEES
Effective October 1, 2012

PLAN NAME	Option	MONTHLY PREMIUM Leave/Layoff (100%)	MONTHLY PREMIUM COBRA (102%)
LIFE INSURANCE PLANS			
Dependent Life Options			
Spouse $1,500 and/or Child(ren) $1,000	F	$ 0.43	$ (n/a)
Spouse $5,000 and/or Child(ren) $2,500	G	$ 1.30	$ (n/a)
Spouse $10,000 and/or Child(ren) $5,000	H	$ 2.60	$ (n/a)
Spouse $25,000 and/or Child(ren) $10,000	K	$ 8.67	$ (n/a)
Child(ren) Only $10,000	L	$ 1.63	$ (n/a)
Employee Life Options			
Employee Life Only (Fire & Rescue Employees Only)		$ 0.56/$1,000	$ (n/a)
Employee Life Only	E	$ 0.46/$1,000	$ (n/a)

Office of the State Employer, Employee Health Management
FY 2012-2013 BIWEEKLY LONG TERM DISABILITY PREMIUM RATES—ALL EMPLOYEES
Rates per $100 of Earnings*
Effective October 14, 2012

PLAN NAME	Status (a)	Employee (b)	State (c)
All employees except those represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.08	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.53	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.74	$ 0.92
Employees represented by bargaining units W22 and W41 (UAW)			
YIA0: Less than 184 hours sick leave	Plan I	$ 2.13	$ 0.92
YIA1: 184-527 hours sick leave	Plan IIA	$ 0.58	$ 0.92
YIA2: 528 hours or more sick leave	Plan IIB	$ 0.00	$ 0.92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	$ 1.79	$ 0.92

Calculation of Employee Contribution:
Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)

*Benefits are subject to maximums in the LTD booklet.

End of Rates
COBRA PREMIUM RATES
For Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

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FY 2012-2013 COBRA PREMIUM RATES
EFFECTIVE OCTOBER 1, 2012
For Bargaining Unit MSPTA (T01)

Note: When choosing a HMO or DMO plan, be sure to review availability in your area. The Zip Code List is available at www.michigan.gov/employeebenefits. Choose Insurance Open Enrollment.

		MONTHLY PREMIUM	
	Option [1]	Leave/Layoff (100%)	COBRA (102%)
HEALTH PLANS			
COPS Trust Health Plan	1	$ 572.59	584.04
	2	$ 1,145.26	1,168.17
	3	$ 1,007.80	1,027.96
	4	$ 1,580.45	1,612.06
State Health Plan PPO	1	$ 595.11	$ 607.01
	2	$ 1,190.21	$ 1,214.02
	3	$ 1,047.39	$ 1,068.34
	4	$ 1,642.50	$ 1,675.35
	5	$ 476.09	$ 485.61
	6	$ 952.17	$ 971.21
	7	$ 837.91	$ 854.67
	8	$ 1,314.00	$ 1,340.28
Catastrophic Health Plan	1	$ 34.26	$ 34.93
	2	$ 68.51	$ 69.88
	3	$ 68.51	$ 69.88
	4	$ 68.51	$ 69.88
Blue Care Network, Mid-Michigan	1	$ 588.83	$ 600.61
	2	$ 1,177.66	$ 1,201.21
	3	$ 1,036.34	$ 1,057.07
	4	$ 1,625.17	$ 1,657.67
Blue Care Network, East Michigan	1	$ 593.69	$ 605.56
	2	$ 1,187.37	$ 1,211.12
	3	$ 1,044.89	$ 1,065.79
	4	$ 1,638.58	$ 1,671.35
Blue Care Network, Great Lakes West	1	$ 593.67	$ 605.54
	2	$ 1,187.35	$ 1,211.10
	3	$ 1,044.87	$ 1,065.77
	4	$ 1,638.54	$ 1,671.31
Blue Care Network, Southeast Michigan	1	$ 586.07	$ 597.79
	2	$ 1,172.15	$ 1,195.59
	3	$ 1,031.49	$ 1,052.12
	4	$ 1,617.56	$ 1,649.91
Grand Valley Health Plan	1	$ 640.49	$ 653.30
	2	$ 1,280.98	$ 1,306.60
	3	$ 1,127.26	$ 1,149.81
	4	$ 1,767.75	$ 1,803.11
Health Alliance Plan	1	$ 550.53	$ 561.54
	2	$ 1,105.78	$ 1,127.90
	3	$ 972.53	$ 991.98
	4	$ 1,527.78	$ 1,558.34

[1] Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family, 5 = Employee Only w/Medicare, 6 = Employee & Spouse w/Medicare, 7 = Employee w/Medicare & Children, 8 = Full Family w/Medicare.

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FY 2012-2013 COBRA PREMIUM RATES
EFFECTIVE OCTOBER 1, 2012
For Bargaining Unit MSPTA (T01)

		MONTHLY PREMIUM	
	Option [1]	Leave/Layoff (100%)	COBRA (102%)
HealthPlus of Michigan	1	$ 562.53	$ 573.78
	2	$ 1,125.06	$ 1,147.56
	3	$ 990.05	$ 1,009.85
	4	$ 1,552.58	$ 1,583.63
McLaren Health Plan	1	$ 498.32	$ 508.29
	2	$ 996.65	$ 1,016.58
	3	$ 877.05	$ 894.59
	4	$ 1,375.38	$ 1,402.89
Physicians Health Plan	1	$ 566.11	$ 577.43
	2	$ 1,132.21	$ 1,154.85
	3	$ 996.34	$ 1,016.27
	4	$ 1,562.45	$ 1.593.70
Priority Health Plan, West	1	$ 593.97	$ 605.85
	2	$ 1,187.94	$ 1,211.70
	3	$ 1,045.39	$ 1,066.30
	4	$ 1,639.36	$ 1,672.15
Priority Health Plan, East	1	$ 593.97	$ 605.85
	2	$ 1,187.94	$ 1,211.70
	3	$ 1,045.39	$ 1,066.30
	4	$ 1,639.36	$ 1,672.15
Priority Health Plan, South	1	$ 593.97	$ 605.85
	2	$ 1,187.94	$ 1,211.70
	3	$ 1,045.39	$ 1,066.30
	4	$ 1,639.36	$ 1,672.15
Total Health Care	1	$ 388.15	$ 395.91
	2	$ 737.49	$ 752.24
	3	$ 892.75	$ 910.61
	4	$ 1,048.01	$ 1,068.97
DENTAL PLANS			
State Dental Plan	1	$ 46.71	$ 47.66
	2	$ 85.25	$ 86.96
	3	$ 103.83	$ 105.89
	4	$ 142.22	$ 145.06
Preventive Dental Plan	1	$ 6.48	$ 6.61
	2	$ 11.29	$ 11.50
	3	$ 11.29	$ 11.50
	4	$ 16.08	$ 16.40
Midwestern Dental Plan (DMO)	1	$ 34.65	$ 35.34
	2	$ 34.65	$ 35.34
	3	$ 34.65	$ 35.34
	4	$ 34.65	$ 35.34

[1] Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family

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FY 2012-2013 COBRA PREMIUM RATES FOR LIFE INSURANCE

ALL EMPLOYEES

Effective October 1, 2012

PLAN NAME	Option	MONTHLY PREMIUM Leave/Layoff (100%)	MONTHLY PREMIUM COBRA (102%)
VISION PLANS			
State Vision Plan	1	$ 6.08	$ 6.20
	2	$ 10.67	$ 10.90
	3	$ 13.04	$ 13.30
	4	$ 17.67	$ 18.02
LIFE INSURANCE PLANS			
Dependent Life Options			
Spouse $1,500 and/or Child(ren) $1,000	F	$ 0.43	(n/a)
Spouse $5,000 and/or Child(ren) $2,500	G	$ 1.30	(n/a)
Spouse $10,000 and/or Child(ren) $5,000	H	$ 2.60	(n/a)
Spouse $25,000 and/or Child(ren) $10,000	K	$ 8.67	(n/a)
Child(ren) Only $10,000	L	$ 1.63	(n/a)
Employee Life Options			
Employee Life Only (Fire & Rescue Employees Only)		$ 0.56/$1,000	(n/a)
Employee Life Only	E	$ 0.46/$1,000	(n/a)

End of Rates

COBRA PREMIUM RATES

For Bargaining Unit MSPTA (T01)

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FY 2012-2013 COBRA PREMIUM RATES
EFFECTIVE OCTOBER 1, 2012
For Bargaining Units: MSEA (A02, A31), MCO (C12), AFSCME (U11) and Judicial Branch Employees

Note: When choosing a HMO or DMO plan, be sure to review availability in your area. The Zip Code List is available at www.michigan.gov/employeebenefits. Choose Insurance Open Enrollment.

		Hired Prior to April 1, 2010		Hired On or After April 1, 2010	
		MONTHLY PREMIUM		MONTHLY PREMIUM	
	Option [1]	Leave/Layoff (100%)	COBRA (102%)	Leave/Layoff (100%)	COBRA (102%)
HEALTH PLANS					
State Health Plan PPO	1	$ 595.11	$ 607.01	$ 527.08	$ 537.62
	2	$ 1,190.21	$ 1,214.02	$ 1,054.19	$ 1,075.28
	3	$ 1,047.39	$ 1,068.34	$ 927.69	$ 946.24
	4	$ 1,642.50	$ 1,675.35	$ 1,454.78	$ 1,483.88
	5	$ 476.09	$ 485.61	$ 421.66	$ 430.09
	6	$ 952.17	$ 971.21	$ 843.35	$ 860.22
	7	$ 837.91	$ 854.67	$ 742.15	$ 756.99
	8	$ 1,314.00	$ 1,340.28	$ 1,163.83	$ 1,187.10
Catastrophic Health Plan	1	$ 34.26	$ 34.93	$ 34.26	$ 34.93
	2	$ 68.51	$ 69.88	$ 68.51	$ 69.81
	3	$ 68.51	$ 69.88	$ 68.51	$ 69.81
	4	$ 68.51	$ 69.88	$ 68.51	$ 69.81
Blue Care Network, Mid-Michigan	1	$ 588.83	$ 600.61	$ 505.47	$ 515.58
	2	$ 1,177.66	$ 1,201.21	$ 1,010.94	$ 1,031.16
	3	$ 1,036.34	$ 1,057.07	$ 889.63	$ 907.42
	4	$ 1,625.17	$ 1,657.67	$ 1,395.10	$ 1,423.00
Blue Care Network, East Michigan	1	$ 593.69	$ 605.56	$ 497.20	$ 507.14
	2	$ 1,187.37	$ 1,211.12	$ 994.40	$ 1,014.29
	3	$ 1,044.89	$ 1,065.79	$ 875.07	$ 892.57
	4	$ 1,638.58	$ 1,671.35	$ 1,372.27	$ 1,399.72
Blue Care Network, Great Lakes West	1	$ 593.67	$ 605.54	$ 506.02	$ 516.14
	2	$ 1,187.35	$ 1,211.10	$ 1,012.04	$ 1,032.28
	3	$ 1,044.87	$ 1,065.77	$ 890.60	$ 908.41
	4	$ 1,638.54	$ 1,671.31	$ 1,396.62	$ 1,424.55
Blue Care Network, Southeast Michigan	1	$ 586.07	$ 597.79	$ 500.17	$ 510.77
	2	$ 1,172.15	$ 1,195.59	$ 1,000.34	$ 1,020.35
	3	$ 1,031.49	$ 1,052.12	$ 880.30	$ 897.91
	4	$ 1,617.56	$ 1,649.91	$ 1,380.47	$ 1,408.08
Grand Valley Health Plan	1	$ 640.49	$ 653.30	$ 415.53	$ 423.84
	2	$ 1,280.98	$ 1,306.60	$ 831.06	$ 847.68
	3	$ 1,127.26	$ 1,149.81	$ 731.33	$ 745.96
	4	$ 1,767.75	$ 1,803.11	$ 1,146.86	$ 1,169.80
Health Alliance Plan	1	$ 550.53	$ 561.54	$ 468.41	$ 477.78
	2	$ 1,105.78	$ 1,127.90	$ 940.85	$ 959.67
	3	$ 972.53	$ 991.98	$ 827.47	$ 844.02
	4	$ 1,527.78	$ 1,558.34	$ 1,299.91	$ 1,325.91
HealthPlus of Michigan	1	$ 562.53	$ 573.78	$ 479.75	$ 489.35
	2	$ 1,125.06	$ 1,147.56	$ 959.50	$ 978.69
	3	$ 990.05	$ 1,009.85	$ 844.36	$ 861.25
	4	$ 1,552.58	$ 1,583.63	$ 1,324.11	$ 1,350.59

[1] Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family, 5 = Employee Only w/Medicare, 6 = Employee & Spouse w/Medicare, 7 = Employee w/Medicare & Children, 8 = Full Family w/Medicare.

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FY 2012-2013 COBRA PREMIUM RATES
EFFECTIVE OCTOBER 1, 2012
For Bargaining Units: MSEA (A02, A31), MCO (C12), AFSCME (U11) and Judicial Branch Employees

		Hired Prior to April 1, 2010		Hired On or After April 1, 2010	
		MONTHLY PREMIUM		MONTHLY PREMIUM	
	Option [1]	Leave/Layoff (100%)	COBRA (102%)	Leave/Layoff (100%)	COBRA (102%)
McLaren Health Plan	1	$ 498.32	$ 508.29	$ 411.96	$ 420.20
	2	$ 996.65	$ 1,016.58	$ 823.95	$ 840.43
	3	$ 877.05	$ 894.59	$ 725.14	$ 739.64
	4	$ 1,375.38	$ 1,402.89	$ 1,137.06	$ 1,159.80
Physicians Health Plan	1	$ 566.11	$ 577.43	$ 401.40	$ 409.43
	2	$ 1,132.21	$ 1,154.85	$ 802.80	$ 818.86
	3	$ 996.34	$ 1,016.27	$ 706.46	$ 720.59
	4	$ 1,562.45	$ 1,593.70	$ 1,107.86	$ 1,130.02
Priority Health Plan, West	1	$ 593.97	$ 605.85	$ 497.42	$ 507.37
	2	$ 1,187.94	$ 1,211.70	$ 994.84	$ 1,014.74
	3	$ 1,045.39	$ 1,066.30	$ 875.46	$ 892.97
	4	$ 1,639.36	$ 1,672.15	$ 1,372.88	$ 1,400.34
Priority Health Plan, East	1	$ 593.97	$ 605.85	$ 497.42	$ 507.37
	2	$ 1,187.94	$ 1,211.70	$ 994.84	$ 1,014.74
	3	$ 1,045.39	$ 1,066.30	$ 875.46	$ 892.97
	4	$ 1,639.36	$ 1,672.15	$ 1,372.88	$ 1,400.34
Priority Health Plan, South	1	$ 593.97	$ 605.85	$ 497.42	$ 507.37
	2	$ 1,187.94	$ 1,211.70	$ 994.84	$ 1,014.74
	3	$ 1,045.39	$ 1,066.30	$ 875.46	$ 892.97
	4	$ 1,639.36	$ 1,672.15	$ 1,372.88	$ 1,400.34
Total Health Care	1	$ 388.15	$ 395.91	$ 356.56	$ 363.69
	2	$ 737.49	$ 752.24	$ 820.09	$ 836.49
	3	$ 892.75	$ 910.61	$ 677.47	$ 691.02
	4	$ 1,048.01	$ 1,068.97	$ 962.71	$ 981.96
VISION PLANS					
State Vision Plan	1	$ 6.08	$ 6.20	$ 6.08	$ 6.20
	2	$ 10.67	$ 10.90	$ 10.67	$ 10.90
	3	$ 13.04	$ 13.30	$ 13.04	$ 13.30
	4	$ 17.67	$ 18.02	$ 17.67	$ 18.02
DENTAL PLANS					
State Dental Plan	1	$ 46.71	$ 47.66	$ 46.71	$ 47.66
	2	$ 85.25	$ 86.96	$ 85.25	$ 86.96
	3	$ 103.83	$ 105.89	$ 103.83	$ 105.89
	4	$ 142.22	$ 145.06	$ 142.22	$ 145.06
Preventive Dental Plan	1	$ 6.48	$ 6.61	$ 6.48	$ 6.61
	2	$ 11.29	$ 11.50	$ 11.29	$ 11.50
	3	$ 11.29	$ 11.50	$ 11.29	$ 11.50
	4	$ 16.08	$ 16.40	$ 16.08	$ 16.40
Midwestern Dental Plan (DMO)	1	$ 34.65	$ 35.34	$ 34.65	$ 35.34
	2	$ 34.65	$ 35.34	$ 34.65	$ 35.34
	3	$ 34.65	$ 35.34	$ 34.65	$ 35.34
	4	$ 34.65	$ 35.34	$ 34.65	$ 35.34

[1] Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family

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FY 2012-2013 COBRA PREMIUM RATES FOR LIFE INSURANCE
ALL EMPLOYEES
Effective October 1, 2012

PLAN NAME	Option	MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
LIFE INSURANCE PLANS			
Dependent Life Options			
Spouse $1,500 and/or Child(ren) $1,000	F	$ 0.43	$ (n/a)
Spouse $5,000 and/or Child(ren) $2,500	G	$ 1.30	$ (n/a)
Spouse $10,000 and/or Child(ren) $5,000	H	$ 2.60	$ (n/a)
Spouse $25,000 and/or Child(ren) $10,000	K	$ 8.67	$ (n/a)
Child(ren) Only $10,000	L	$ 1.63	$ (n/a)
Employee Life Options			
Employee Life Only (Fire & Rescue Employees Only)		$ 0.56/$1,000	$ (n/a)
Employee Life Only	E	$ 0.46/$1,000	$ (n/a)

[1] Health options are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family

End of Rates
COBRA PREMIUM RATES
For Bargaining Units: MSEA (A02, A31), MCO (C12), AFSCME (U11)

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Choose the Status that Applies to You:

Active Employee
(*currently in pay status*)

COBRA
(*including medical leave of absence, layoff or separation*)

Judicial Branch or Non-Represented (Z60-Z89)

DROP*

* Deferred Retirement Option Plan (DROP) is a supplemental benefit program available to members of the Michigan State Police Retirement System.

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Which union are you represented by?

None (NERE)

UAW

SEIU Local 517M

MCO

MSPTA

AFSCME

MSEA

Choose the Position that Applies to You:

DROP Troopers

DROP Command Officers

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Which union are you represented by?

None (NERE)

UAW

SEIU Local 517M

MCO

MSPTA

AFSCME

MSEA

None (Judicial)

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Were you hired before April 1, 2010?

Yes

No

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Were you hired before April 1, 2010?

Yes

No

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State-Sponsored Group Insurance Plan Benefit Administrators

STATE HEALTH PLAN PPO
BCBSM State of Michigan Service Center
(800) 843-4876
www.bcbsm.com/som
Open enrollment information
www.bcbs.com/som/emp/open-enrollment.shtml

STATE CATASTROPHIC HEALTH PLAN
BCBSM State of Michigan Service Center
(800) 843-4876
www.bcbsm.com/som

MANAGED PHARMACY/MAIL SERVICE PRESCRIPTION DRUG PROGRAM
BCBSM State of Michigan Service Center
(800) 843-4876
www.bcbsm.com/som

STATE VISION PLAN
BCBSM State of Michigan Service Center
(800) 843-4876
www.bcbsm.com/som

MENTAL HEALTH/ SUBSTANCE ABUSE SERVICES
Magellan Behavioral of Michigan
(866) 503-3158
www.magellanassist.com

STATE DENTAL PLAN and PREVENTIVE DENTAL PLAN
Delta Dental Plan of Michigan
(800) 524-0150
www.deltadentalmi.com

STATE LONG TERM DISABILITY (LTD) PLAN
Citizens Management, Inc.
(800) 324-9901

DENTAL MAINTENANCE ORGANIZATION (DMO)
Midwestern Dental Plans, Inc.
(800) 544-6374
www.midwesterndental.com

Provider Information

Health Maintenance Organizations (HMOs)

Blue Care Network, East
Blue Care Network, Great Lakes West
Blue Care Network, Mid-Michigan
Blue Care Network, Southeast
(800) 662-6667
www.bcbsm.com/som
Open enrollment information
www.bcbs.com/som/emp/open-enrollment.shtml

Grand Valley Health Plan
(800) 335-1977
(616) 949-2410
www.gvhp.com

Health Alliance Plan
(800) 422-4641
www.hap.org

HealthPlus of Michigan
(Flint) (800) 332-9161
(Saginaw) (800) 942-8816
www.healthplus.com

McLaren Health Plan
(888) 327-0671
www.mclarenhealthplan.org

Physicians Health Plan (Lansing)
(517) 364-8500 or (800) 832-9186
www.phpstateofmichigan.com

Priority Health, West
Priority Health, East
Priority Health, South
(800) 446-5674
www.priority-health.com

Total Health Care
(313) 871-2000 or (800) 826-2862
www.totalhealthcareonline.com