CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2012
FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010
FOR BARGAINING UNITS: MSEA (A02, A31), MCO (C12), AFSCME (U11), NON-REPRESENTATED (Z60 - Z89) and JUDICIAL BRANCH

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HAEX	**State Health Plan PPO**		
	Applicant Only	$ 527.08	$ 537.62
	Applicant & Spouse	$ 1,054.19	$ 1,075.28
	Applicant & Children	$ 927.69	$ 946.24
	Full Family	$ 1,454.78	$ 1,483.88
	Applicant Only w/Medicare	$ 421.66	$ 430.09
	Applicant & Spouse w/Medicare	$ 843.35	$ 860.22
	Applicant w/Medicare & Children	$ 742.15	$ 756.99
	Full Family w/Medicare	$ 1,163.83	$ 1,187.10
H2F0	**Catastrophic Health**		
	Applicant Only	$ 34.26	$ 34.93
	Applicant & Spouse	$ 68.51	$ 69.88
	Applicant & Children	$ 68.51	$ 69.88
	Full Family	$ 68.51	$ 69.88
VBWO	**State Vision Plan**		
	Applicant Only	$ 6.08	$ 6.20
	Applicant & Spouse	$ 10.67	$ 10.89
	Applicant & Children	$ 13.04	$ 13.30
	Full Family	$ 17.67	$ 18.02
DBEX	**State Dental Plan**		
	Applicant Only	$ 46.71	$ 47.66
	Applicant & Spouse	$ 85.25	$ 86.96
	Applicant & Children	$ 103.83	$ 105.89
	Full Family	$ 142.22	$ 145.06
DP00	**Preventive Dental Plan**		
	Applicant Only	$ 6.48	$ 6.61
	Applicant & Spouse	$ 11.29	$ 11.50
	Applicant & Children	$ 11.29	$ 11.50
	Full Family	$ 16.08	$ 16.40
DMEX	**Midwest Dental (DMO)**		
	Applicant Only	$ 34.65	$ 35.34
	Applicant & Spouse	$ 34.65	$ 35.34
	Applicant & Children	$ 34.65	$ 35.34
	Full Family	$ 34.65	$ 35.34
LUEX/LREX Emp. Life Only (Fire & Rescue Employees Only)		56¢/$1,000	(n/a)
LUEX/LAEX/LREX Employee Life (Only)	Plan E	46¢/$1,000	(n/a)
Dependent Life Options			
Sp $ 1,500 &/or Ch $ 1,000	Plan F	$ 0.43	(n/a)
Sp $ 5,000 &/or Ch $ 2,500	Plan G	$ 1.30	(n/a)
Sp $10,000 &/or Ch $ 5,000	Plan H	$ 2.60	(n/a)
Sp $25,000 &/or Ch $10,000	Plan K	$ 8.67	(n/a)
Child(ren) Only $10,000	Plan L	$ 1.63	(n/a)

		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HCEX	**BCN Mid Michigan**		
	Applicant Only	$ 505.47	$ 515.58
	Applicant & Spouse	$ 1,010.94	$ 1,031.16
	Applicant & Children	$ 889.63	$ 907.42
	Full Family	$ 1,395.10	$ 1,423.00
HD00	**BCN of East Michigan**		
	Applicant Only	$ 497.20	$ 507.14
	Applicant & Spouse	$ 994.40	$ 1,014.29
	Applicant & Children	$ 875.07	$ 892.57
	Full Family	$ 1,372.27	$ 1,399.72
HP00	**BCN Great Lakes West**		
	Applicant Only	$ 506.02	$ 516.14
	Applicant & Spouse	$ 1,012.04	$ 1,032.28
	Applicant & Children	$ 890.60	$ 908.41
	Full Family	$ 1,396.62	$ 1,424.55
HX00	**BCN of SE Michigan**		
	Applicant Only	$ 500.17	$ 510.17
	Applicant & Spouse	$ 1,000.34	$ 1,020.35
	Applicant & Children	$ 880.30	$ 897.91
	Full Family	$ 1,380.47	$ 1,408.08
HCOP	**COPS Trust Health Plan**		
	Applicant Only	$ 572.59	$ 584.04
	Applicant & Spouse	$ 1,145.26	$ 1,168.17
	Applicant & Children	$ 1,007.80	$ 1,027.96
	Full Family	$ 1,580.45	$ 1,612.06
HN00	**Grand Valley Health Plan**		
	Applicant Only	$ 415.53	$ 423.84
	Applicant & Spouse	$ 831.06	$ 847.68
	Applicant & Children	$ 731.33	$ 745.96
	Full Family	$ 1,146.86	$ 1,169.80
HI00	**Health Alliance Plan**		
	Applicant Only	$ 468.41	$ 477.78
	Applicant & Spouse	$ 940.85	$ 959.67
	Applicant & Children	$ 827.47	$ 844.02
	Full Family	$ 1,299.91	$ 1,325.91
HJ00	**Health Plus of Michigan**		
	Applicant Only	$ 479.75	$ 489.35
	Applicant & Spouse	$ 959.50	$ 978.69
	Applicant & Children	$ 844.36	$ 861.25
	Full Family	$ 1,324.11	$ 1,350.59

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HMCL	**McLaren Health Plan**		
	Applicant Only	$ 411.96	$ 420.20
	Applicant & Spouse	$ 823.95	$ 840.43
	Applicant & Children	$ 725.14	$ 739.64
	Full Family	$ 1,137.06	$ 1,159.80
HMEX	**Physicians Health Plan**		
	Applicant Only	$ 401.40	$ 409.43
	Applicant & Spouse	$ 802.80	$ 818.86
	Applicant & Children	$ 706.46	$ 720.59
	Full Family	$ 1,107.86	$ 1,130.02
HF00	**Priority Health Plan - West**		
	Applicant Only	$ 497.42	$ 507.37
	Applicant & Spouse	$ 994.84	$ 1,014.74
	Applicant & Children	$ 875.46	$ 892.97
	Full Family	$ 1,372.88	$ 1,400.34
HF01	**Priority Health Plan - East**		
	Applicant Only	$ 497.42	$ 507.37
	Applicant & Spouse	$ 994.84	$ 1,014.74
	Applicant & Children	$ 875.46	$ 892.97
	Full Family	$ 1,372.88	$ 1,400.34
HF02	**Priority Health Plan - South**		
	Applicant Only	$ 497.42	$ 507.37
	Applicant & Spouse	$ 994.84	$ 1,014.74
	Applicant & Children	$ 875.46	$ 892.97
	Full Family	$ 1,372.88	$ 1,400.34
HL00	**Total Health Care**		
	Applicant Only	$ 356.56	$ 363.69
	Applicant & Spouse	$ 820.09	$ 836.49
	Applicant & Children	$ 677.47	$ 691.02
	Full Family	$ 962.71	$ 981.96