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: NERE (Y00, Y23, Y50, Y51, Y52, Y98 & Y99), UAW (W22, W41), SEIU 517M (E42, H21, L32)

			MONTHLY PREMIUM	
			Leave/Layoff (100%)	COBRA (102%)
HAEX	**State Health Plan PPO**			
	Applicant Only		$ 529.71	$ 540.30
	Applicant & Spouse		$ 1,059.46	$ 1,080.65
	Applicant & Children		$ 932.32	$ 950.97
	Full Family		$ 1,462.06	$ 1,491.30
	Applicant Only w/Medicare		$ 423.77	$ 432.24
	Applicant & Spouse w/Medicare		$ 847.57	$ 864.52
	Applicant w/Medicare & Children		$ 745.86	$ 760.78
	Full Family w/Medicare		$ 1,169.64	$ 1,193.04
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	$ 507.99	$ 518.15
	Applicant & Spouse	$ 1,015.98	$ 1,036.30
	Applicant & Children	$ 894.06	$ 911.94
	Full Family	$ 1,402.05	$ 1,430.09
HD00	**BCN of East Michigan**		
	Applicant Only	$ 499.69	$ 509.68
	Applicant & Spouse	$ 999.38	$ 1,019.37
	Applicant & Children	$ 879.45	$ 897.04
	Full Family	$ 1,379.14	$ 1,406.72
HP00	**BCN Great Lakes West**		
	Applicant Only	$ 508.55	$ 518.72
	Applicant & Spouse	$ 1,017.10	$ 1,037.44
	Applicant & Children	$ 895.05	$ 912.95
	Full Family	$ 1,403.60	$ 1,431.67
HX00	**BCN of SE Michigan**		
	Applicant Only	$ 502.67	$ 512.72
	Applicant & Spouse	$ 1,005.34	$ 1,025.45
	Applicant & Children	$ 884.70	$ 902.39
	Full Family	$ 1,387.37	$ 1,415.12
HN00	**Grand Valley Health Plan**		
	Applicant Only	$ 421.83	$ 430.27
	Applicant & Spouse	$ 843.66	$ 860.53
	Applicant & Children	$ 742.42	$ 757.27
	Full Family	$ 1,164.25	$ 1,187.54
HI00	**Health Alliance Plan**		
	Applicant Only	$ 470.65	$ 480.06
	Applicant & Spouse	$ 945.35	$ 964.26
	Applicant & Children	$ 831.43	$ 848.06
	Full Family	$ 1,306.33	$ 1,332.46
HJ00	**Health Plus of Michigan**		
	Applicant Only	$ 482.18	$ 491.82
	Applicant & Spouse	$ 964.36	$ 983.65
	Applicant & Children	$ 848.64	$ 865.61
	Full Family	$ 1,330.82	$ 1,357.44
HMCL	**McLaren Health Plan**		
	Applicant Only	$ 414.03	$ 422.31
	Applicant & Spouse	$ 828.07	$ 844.63
	Applicant & Children	$ 728.76	$ 743.34
	Full Family	$ 1,142.75	$ 1,165.61

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HMEX	**Physicians Health Plan**		
	Applicant Only	$ 402.96	$ 411.02
	Applicant & Spouse	$ 805.92	$ 822.04
	Applicant & Children	$ 709.21	$ 723.39
	Full Family	$ 1,112.17	$ 1,134.41
HF00	**Priority Health Plan - West**		
	Applicant Only	$ 502.28	$ 512.33
	Applicant & Spouse	$ 1,004.56	$ 1,024.65
	Applicant & Children	$ 884.01	$ 901.69
	Full Family	$ 1,386.29	$ 1,414.02
HF01	**Priority Health Plan - East**		
	Applicant Only	$ 502.28	$ 512.33
	Applicant & Spouse	$ 1,004.56	$ 1,024.65
	Applicant & Children	$ 884.01	$ 901.69
	Full Family	$ 1,386.29	$ 1,414.02
HF02	**Priority Health Plan - South**		
	Applicant Only	$ 502.28	$ 512.33
	Applicant & Spouse	$ 1,004.56	$ 1,024.65
	Applicant & Children	$ 884.01	$ 901.69
	Full Family	$ 1,386.29	$ 1,414.02
HL00	**Total Health Care**		
	Applicant Only	$ 358.34	$ 365.51
	Applicant & Spouse	$ 824.19	$ 840.67
	Applicant & Children	$ 680.86	$ 694.48
	Full Family	$ 967.52	$ 986.87