CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
COBRA PREMIUM RATES EFFECTIVE OCTOBER 1, 2012
FOR EMPLOYEES HIRED PRIOR TO 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		$ 598.09	$ 610.05
	Applicant & Spouse		$ 1,196.16	$ 1,220.09
	Applicant & Children		$ 1,052.63	$ 1,073.68
	Full Family		$ 1,650.72	$ 1,683.73
	Applicant Only w/Medicare		$ 478.47	$ 488.04
	Applicant & Spouse w/Medicare		$ 956.93	$ 976.07
	Applicant w/Medicare & Children		$ 842.10	$ 858.94
	Full Family w/Medicare		$ 1,320.57	$ 1,346.98
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	$ 591.77	$ 603.61
	Applicant & Spouse	$ 1,183.54	$ 1,207.21
	Applicant & Children	$ 1,041.52	$ 1,062.35
	Full Family	$ 1,633.29	$ 1,665.96
HD00	**BCN of East Michigan**		
	Applicant Only	$ 596.66	$ 608.59
	Applicant & Spouse	$ 1,193.31	$ 1,217.18
	Applicant & Children	$ 1,050.11	$ 1,071.11
	Full Family	$ 1,646.77	$ 1,679.71
HP00	**BCN Great Lakes West**		
	Applicant Only	$ 596.64	$ 608.57
	Applicant & Spouse	$ 1,193.29	$ 1,217.16
	Applicant & Children	$ 1,050.09	$ 1,071.09
	Full Family	$ 1,646.73	$ 1,679.66
HX00	**BCN of SE Michigan**		
	Applicant Only	$ 589.00	$ 600.78
	Applicant & Spouse	$ 1,178.01	$ 1,201.57
	Applicant & Children	$ 1,036.65	$ 1,057.38
	Full Family	$ 1,625.65	$ 1,658.16
HN00	**Grand Valley Health Plan**		
	Applicant Only	$ 649.42	$ 662.41
	Applicant & Spouse	$ 1,298.84	$ 1,324.82
	Applicant & Children	$ 1,142.98	$ 1,165.84
	Full Family	$ 1,792.40	$ 1,828.25
HI00	**Health Alliance Plan**		
	Applicant Only	$ 553.16	$ 564.22
	Applicant & Spouse	$ 1,111.08	$ 1,133.30
	Applicant & Children	$ 977.19	$ 996.73
	Full Family	$ 1,535.10	$ 1,565.80
HJ00	**Health Plus of Michigan**		
	Applicant Only	$ 565.35	$ 576.66
	Applicant & Spouse	$ 1,130.70	$ 1,153.31
	Applicant & Children	$ 995.02	$ 1,014.92
	Full Family	$ 1,560.37	$ 1,591.58
HMCL	**McLaren Health Plan**		
	Applicant Only	$ 500.83	$ 510.85
	Applicant & Spouse	$ 1,001.63	$ 1,021.66
	Applicant & Children	$ 881.39	$ 899.02
	Full Family	$ 1,382.26	$ 1,409.91

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		MONTHLY PREMIUM	
		Leave/Layoff (100%)	COBRA (102%)
HMEX	**Physicians Health Plan**		
	Applicant Only	$ 567.53	$ 578.88
	Applicant & Spouse	$ 1,135.06	$ 1,157.76
	Applicant & Children	$ 998.85	$ 1,018.83
	Full Family	$ 1,566.37	$ 1,597.70
HF00	**Priority Health Plan - West**		
	Applicant Only	$ 599.73	$ 611.72
	Applicant & Spouse	$ 1,199.46	$ 1,223.44
	Applicant & Children	$ 1,055.52	$ 1,076.63
	Full Family	$ 1,655.25	$ 1,688.36
HF01	**Priority Health Plan - East**		
	Applicant Only	$ 599.73	$ 611.72
	Applicant & Spouse	$ 1,199.46	$ 1,223.44
	Applicant & Children	$ 1,055.52	$ 1,076.63
	Full Family	$ 1,655.25	$ 1,688.36
HF02	**Priority Health Plan - South**		
	Applicant Only	$ 599.73	$ 611.72
	Applicant & Spouse	$ 1,199.46	$ 1,223.44
	Applicant & Children	$ 1,055.52	$ 1,076.63
	Full Family	$ 1,655.25	$ 1,688.36
HL00	**Total Health Care**		
	Applicant Only	$ 390.09	$ 397.89
	Applicant & Spouse	$ 897.21	$ 915.15
	Applicant & Children	$ 741.18	$ 756.00
	Full Family	$ 1,053.25	$ 1,074.32