CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
MONTHLY RETIREE COBRA RATES – EFFECTIVE OCTOBER 1, 2014

State Health Plan BCBSM PPO	HA
Without Medicare	
Self	$ 749.07
Self and Spouse	$ 1,498.13
Self and Child(ren)	$ 943.55
Self, Spouse and Child(ren)	$ 1,734.26
With Medicare (Parts A & B)	
Self	$ 392.75
Self and Spouse	$ 785.52
Self and Child(ren)	$ 587.25
Self, Spouse and Child(ren)	$ 1,021.68
One With Medicare and One Without Medicare	
Self W/O Medicare & Spouse W/Medicare	$ 1,141.82
Self W/Medicare & Spouse W/O Medicare	$ 1,141.82
Self W/O Medicare & Spouse W/Medicare & Child(ren)	$ 1,377.97
Self W/Medicare & Spouse W/O Medicare & Child(ren)	$ 1,377.97

Blue Care Network	HBCN
Without Medicare	
Self	$ 974.04
Self and Spouse	$ 1,948.08
Self and Child(ren)	$ 1,227.28
Self, Spouse and Child(ren)	$ 2,259.77
With Medicare (Parts A & B)	
Self	$ 273.44
Self and Spouse	$ 546.88
Self and Child(ren)	$ 526.69
Self, Spouse and Child(ren)	$ 800.13
One With Medicare and One Without Medicare	
Self W/O Medicare & Spouse W/Medicare	$ 1,247.48
Self W/Medicare & Spouse W/O Medicare	$ 1,247.48
Self W/O Medicare & Spouse W/Medicare & Child(ren)	$ 1,500.73
Self W/Medicare & Spouse W/O Medicare & Child(ren)	$ 1,500.73

State Dental Plan	DB
Self	$ 44.52
Self and Spouse	$ 81.13
Self and Child(ren)	$ 99.10
Self, Spouse and Child(ren)	$ 135.72

State Vision Plan	VB
Self	$ 6.50
Self and Spouse	$ 10.57
Self and Child(ren)	$ 14.78
Self, Spouse and Child(ren)	$ 18.85

Health Alliance Plan	HI
Without Medicare	
Self	$ 1,029.59
Self and Spouse	$ 2,059.18
Self and Child(ren)	$ 1,297.31
Self, Spouse and Child(ren)	$ 2,388.65
With Medicare (Parts A & B)	
Self	$ 381.84
Self and Spouse	$ 763.67
Self and Child(ren)	$ 649.56
Self, Spouse and Child(ren)	$ 1,031.39
One With Medicare and One Without Medicare	
Self W/O Medicare & Spouse W/Medicare	$ 1,411.43
Self W/Medicare & Spouse W/O Medicare	$ 1,411.43
Self W/O Medicare & Spouse W/Medicare & Child(ren)	$ 1,679.14
Self W/Medicare & Spouse W/O Medicare & Child(ren)	$ 1,740.90

Health Plus	HJ
Without Medicare	
Self	$ 1,000.40
Self and Spouse	$ 2,000.79
Self and Child(ren)	$ 1,260.50
Self, Spouse and Child(ren)	$ 2,320.92
With Medicare (Parts A & B)	
Self	$ 274.38
Self and Spouse	$ 548.76
Self and Child(ren)	$ 603.64
Self, Spouse and Child(ren)	$ 878.02
One With Medicare and One Without Medicare	
Self W/O Medicare & Spouse W/Medicare	$ 1,274.78
Self W/Medicare & Spouse W/O Medicare	$ 1,274.78
Self W/O Medicare & Spouse W/Medicare & Child(ren)	$ 1,594.90
Self W/Medicare & Spouse W/O Medicare & Child(ren)	$ 1,594.90

Priority Health Plan	HPRI
Without Medicare	
Self	$ 1,084.01
Self and Spouse	$ 2,165.84
Self and Child(ren)	$ 1,364.43
Self, Spouse and Child(ren)	$ 2,512.29
With Medicare (Parts A & B)	
Self	$ 581.45
Self and Spouse	$ 1,162.90
Self and Child(ren)	$ 1,059.67
Self, Spouse and Child(ren)	$ 1,641.12
One With Medicare and One Without Medicare	
Self W/O Medicare & Spouse W/Medicare	$ 1,291.36
Self W/Medicare & Spouse W/O Medicare	$ 1,291.36
Self W/O Medicare & Spouse W/Medicare & Child(ren)	$ 1,769.58
Self W/Medicare & Spouse W/O Medicare & Child(ren)	$ 1,769.58

NON-MEDICARE MONTHLY RETIREE COBRA RATES

PHP - Lansing	HM
Without Medicare	
Self	$ 1,155.72
Self and Spouse	$ 2,311.43
Self and Child(ren)	$ 1,455.75
Self, Spouse and Child(ren)	$ 2,675.84