State of Michigan
Employee Benefits Summary

Fiscal Year 2012-2013

As a State of Michigan classified employee*, you are entitled to a comprehensive benefits package, including health, dental, vision, life insurance, long-term disability, flexible spending accounts, and more.

*Non-career employees are not eligible for these benefits but may be eligible for retirement benefits.

State of Michigan
Civil Service Commission
Employee Benefits Division

Important Notice

This booklet is a summary of benefits provided to State of Michigan employees[1] and is not an agreement between any employee and the State of Michigan. More complete details on benefits are found in the official documents, such as the Civil Service Rules and Regulations, collective bargaining agreements, departmental work rules, and contracts with various benefit providers. If this booklet and an official document differ, the official document governs.

The New State Health Plan (NSHP) PPO and New HMO (NHMO) Plan Design for employees hired or rehired[2] on or after April 1, 2010, applies to employees in the following units:

MCO (C12), SEIU-517M (E42, H21, L32), AFSCME (U11), UAW (W22, W41), MSEA (A02, A31), MSPTA (T01), and Non-Exclusively Represented Employees (Y00, Y23, Y50, Y51, Y98, and Y99).

NSHP PPO Premium: The State will pay 80% of the total premium with enrolled employees paying 20%.

NHMO Premium: The State will pay up to 85% of the NHMO total Premium, capped at the dollar amount which the State pays for the same coverage under the NSHP PPO, with enrolled employees paying the remainder.

[1] Non-career employees are not eligible for these benefits but may be eligible for retirement benefits.

[2] Employees returning from recall or otherwise returning to State employment where there has been no break in service will be eligible for enrollment in the plan in which they were previously enrolled. For example, an employee covered by the State Health Plan PPO (SHP) who is placed on layoff and then recalled may enroll in the SHP upon recall; an employee covered by the New State Health Plan PPO (NSHP) who is placed on layoff and then recalled may enroll in the NSHP upon recall. However, a former employee with a break in service who is rehired on or after April 1, 2010, is eligible only for the NSHP or the NHMO. A rehire is simply a HRMN transaction code used to prevent an employee from having duplicate HRMN ID numbers. This type of hire code is used when an applicant is hired who had previously been issued a HRMN ID. All hires having the rehire transaction code had a break in service.

Where Would You Like to Go?

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

- Benefits Checklist
- Benefit Comparison Charts
- Enrollment & Eligibility
- Health Care Options
- Life Insurance
- Dental & Vision Options
- Life Event & Beneficiary Changes
- Insurance Rates
- Flexible Spending & Other Benefits
- Eligibility Documentation
- MI HR Self-Service
- Retirement Plans
- Provider Contact Information
- COBRA & HIPAA
- Contact Us
- LTD & LTC

Welcome!

If you would like to participate in the State of Michigan's health, vision, dental, employee/dependent life, long-term disability (LTD) and flexible spending account benefits, you must enroll within 31 days of your hire date.

Coverage will be effective on the first day of the bi-weekly payroll period following EITHER your first day of employment OR the date when the enrollment process is completed, whichever is later.

If you elect not to enroll for benefits within the first 31 days of hire, your next opportunity to enroll will be during the annual open enrollment period, which usually takes place in the month of August.

Throughout this benefits summary you will be instructed to contact the MI HR Service Center to enroll in your benefits selections. Please note that Legislative, and Judicial employees should contact their agency HR Office to complete enrollment.

Your Benefits Checklist

The checklist below will assist you with the benefit enrollment process.

- ☐ Review this booklet for basic information.
- ☐ Go to www.michigan.gov/employeebenefits to review benefit options. Click the "New Employee" link from the left menu.
- ☐ Determine which insurances you would like to enroll in.
- ☐ Contact the MI HR Service Center* toll free at (877) 766-6447 or (517) 335-0529 to enroll in your insurances. Hours are 7:00 a.m. to 6:00 p.m. Monday through Friday, except state holidays.
- ☐ Mail or fax dependent eligibility documentation to the MI HR Service Center, if applicable (See Eligibility Documentation)

** Legislative, and Judicial employees should contact their agency HR Office for assistance.*

Who can enroll?

You may choose to enroll your spouse and/or eligible dependents in your health, dental, vision, and life insurance plans at the time you enroll as a new employee, during any annual open enrollment period, or as the result of a life event. Any time a spouse or dependent is added to your insurance, you must submit dependent eligibility documentation (see Pages 17-19) within 31 days of the event. For more information, visit the Employee Benefits Division website at www.michigan.gov/employeebenefits.

Dual Eligibility

If you and your spouse or dependent are currently working for the State of Michigan and are both covered by State Health Plans (retiree or active, including State-sponsored HMO options), you may:

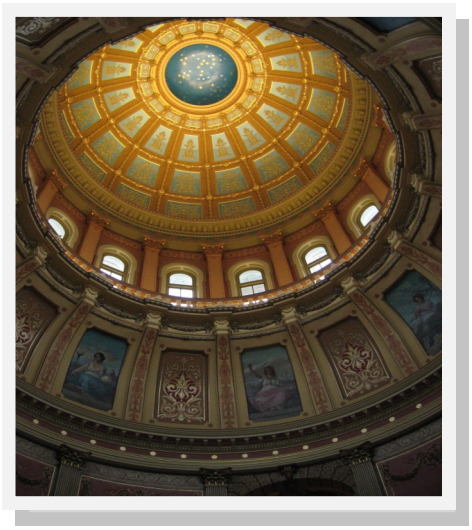
- Maintain separate coverage through your individual plans, **OR**
- Enroll in one plan with one of you as a dependent.

If you choose to maintain separate coverage, your child or children can only be listed on one plan, not both. This applies even if you are divorced.

Insurance Cards

Identification cards will be issued directly from individual carriers, when applicable.

Special Enrollment Rights



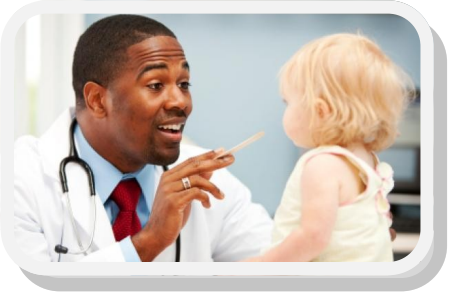
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' 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 CHIP (Children's Health Insurance Program) and (**2**) those who lose coverage under Medicaid or CHIP because they are no longer eligible (not because of nonpayment). 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 at (877) 766-6447 or (517) 335-0529. They are open from 7 am until 6 pm, Monday through Friday, except state holidays.

General Benefits Information

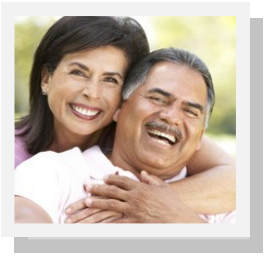
Life Event Changes



A marriage, birth, adoption, divorce, etc., can be entered either in your MI HR Self-Service account or by calling the MI HR Service Center* for assistance. When children become ineligible, you must contact the MI HR Service Center to stop insurance coverage. Changes must be processed within 31 days of the life event and must be substantiated with appropriate documentation (see Eligibility Documentation)

** Legislative, and Judicial employees should contact their agency HR Office for assistance.*

Beneficiary Changes



Beneficiary designation for final compensation and life insurance can be completed online in your MI HR Self-Service account at www.michigan.gov/selfserv.

The 401(k) Defined Contribution and 457 Plans (ING), and Accidental Duty Death carriers require an original signature to add or change beneficiaries. These forms can be printed from your MI HR Self-Service account. The beneficiary forms for the 401(k) Defined Contribution and 457 Plans should be mailed to the address on the form. The Accidental Duty Death form should be sent to your HR Office.

Flexible Spending Accounts

You may choose to enroll in the Dependent Care and/or the Health Care Spending Accounts.

Michigan's Flexible Spending Accounts let you pay for dependent care and out-of-pocket medical expenses with pre-tax dollars, making these expenses more affordable. The Flexible Spending Accounts are convenient and easy to use. With a little up-front planning, you can enjoy significant tax savings while paying for a wide array of out-of-pocket medical and dependent care expenses.

Other Benefit Programs

☐ Qualified Parking

Employees who park in non-state facilities may authorize bi-weekly payroll deduction on a pre-tax basis into a Qualified Parking Spending Account. From the account, employees can request reimbursement to cover their parking expenses.

☐ Accidental Death & Dismemberment

Mutual of Omaha is the administrator for this insurance. This is a Group Accidental Death & Dismemberment coverage offered through Mutual of Omaha Insurance Company and made available to State of Michigan employees. Premiums are fully paid by the employee.

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General Benefits Information

The following is a brief description of the various insurance benefits offered to State of Michigan employees. Complete details for each plan are available on the Civil Service Commission website at www.michigan.gov/employeebenefits.

Health Care Options

You may elect one of the following health insurance plans:

☐ State Health Plan - Preferred Provider Organization (PPO)

The State Health Plan PPO is administered by Blue Cross Blue Shield of Michigan (BCBSM).

- The State pays 80% of the premium for full-time employees.
- This plan provides health benefits using providers and facilities that are "in-network," meaning the providers and facilities have agreed to accept a discounted fee from BCBSM for services rendered.
- Provider network covers all 83 Michigan counties.
- There are deductible requirements.
- You must pay office and prescription drug co-pays.
- An emergency room co-pay will be required if the member is not admitted to the hospital.
- Retail pharmacy and mail order prescription medications are administered by BCBSM.
- Mental health and substance abuse treatment services are administered by Magellan Behavioral Health.

☐ Health Maintenance Organization (HMO) Plans

An HMO is a managed care plan that provides medical care through its network of physicians, pharmacies, contracted hospitals, and medical care suppliers in a particular service area.

- The employer will pay 80% of the total premium up to the amount paid for the same coverage code under the State Health Plan PPO.
- There are no deductible requirements.
- You must pay office and prescription drug co-pays.
- You can choose your own "primary care physician" who will provide direct care and make referrals from within the network.
- Your eligibility for enrollment is based on your postal code and bargaining unit.
- A zip code listing for each HMO can be viewed on the Civil Service Commission website at www.michigan.gov/employeebenefits. Click the "HMO Eligibility" link from the left menu.

☐ Catastrophic Health Plan

This is a hospitalization-only plan intended as an option for those employees who have coverage elsewhere. This plan does not cover prescription drug charges, office visit charges, medical equipment, psychiatric services, or other major medical services.

- The State will cover 100% of the premium cost for full-time employees and you will receive a $50 cash payment bi-weekly for being enrolled in this plan.
- Benefits under this plan are payable only after you have covered those expenses equal to one month's basic salary (your deductible requirement). The family deductible (two or more members) is equal to 1 1/2 month's basic salary.

General Benefits Information

Dental Care Options

You may select one of the following plans:

☐ State Dental Plan

The State Dental Plan is administered by Delta Dental.

- The State will pay 95% of the premium for full-time employees.
- This plan covers preventive services (exams and cleanings) at 100% of the "usual, customary, and reasonable charge."
- X-rays, oral surgery, extractions, restoratives, periodontics, and endodontic are covered at 90%.
- Orthodontics are covered at 60% up to $1,500.
- Sealants for children and prosthodontics (including repairs) are covered at 50%.

☐ Preventive Dental Plan

- The Preventive Dental Plan covers diagnostic exams, x-rays, and cleanings to the same extent as the State Dental Plan and is also administered by Delta Dental. No other services are covered.
- The State will pay 100% of the premium for full-time employees and you will receive a $100 lump sum cash payment each year (pro-rated for mid-year enrollment).

This plan is intended as an option if you have dental coverage elsewhere.

☐ Dental Maintenance Organization (DMO Midwestern Dental Plans)

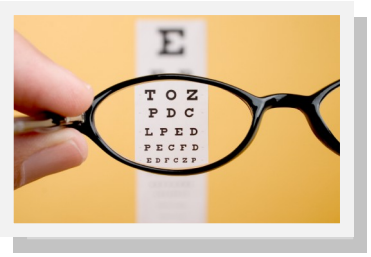
This is a managed care dental plan that provides all necessary dental care and services at Midwestern Dental Plans' dental care centers.

- The State will pay 100% of the premium for full-time employees.
- There are no member co-pays required for any covered dental care received at a dental center, except for an orthodontics co-pay for adults (age 19 and older).
- There are no benefit maximums.

Your postal code will determine if you are eligible to enroll in the DMO.

Vision Care

The State offers one vision plan



☐ State Vision Plan

The State Vision Plan covers routine vision examinations and glaucoma testing once every 12 months, and corrective lenses and eyeglass frames once every 24 months, unless your prescription changes.

- The State pays 100% of the premium for full-time employees.
- There is a co-payment for exams, lenses, and frames.

General Benefits Information

State Long-Term Disability (LTD) Plan

The State Long-Term Disability (LTD) Plan is an income continuation plan that is available to qualified enrollees during a period of total disability as defined by the Plan.

New employees can enroll within 31 days of hire. Otherwise, you can enroll during the annual Open Enrollment period.

Benefits are equal to 2/3 of your basic monthly salary. The State pays a portion of the total premium. The length of your benefit period and your portion of the premiums are based on your sick leave balance and regular wages.

There are two benefit plans; Plan I and II. Employees with less than 183 hours of sick leave are in Plan I. Employees accumulating 184 hours of sick leave are in Plan II, even if their sick leave balance drops below 184 hours.

Plan I pays a benefit until you are no longer totally disabled or 24 months, whichever occurs first. Plan II pays totally disabled employees until age 65 (age 70 for UAW members) or 12 months, whichever is greater. The Plan II benefit period for "mental/nervous" claims is limited to 24 months from the beginning of the time you are eligible to receive benefits. This limitation does not apply to mental health claims where you are under in-patient care or to UAW members.

Long-Term Care

Long-Term Care provides coverage for expenses that are not usually covered by health or disability insurance. This coverage can help protect you and your family from the high costs associated with prolonged nursing home stays, extended home care services, and other forms of daily care. New employees are able to sign up within 90 days of their hire date without having to show evidence of good health. The State does not contribute towards the premium for this coverage. Premiums are fully paid by the employee.

General Benefits Information

Employee Life Insurance Options

You may select one of the following life insurance plans:

☐ **State Life Insurance Plan**

The State will cover 100% of the premium cost of the State Life Insurance Plan. This is the traditional group life insurance plan that pays your designated beneficiaries a non-taxable death benefit equal to two times your basic annual salary rounded up to the next $1,000, up to a maximum of $200,000.

☐ **Reduced Benefit Life Insurance Plan**

The Reduced Benefit Life Insurance Plan pays your designated beneficiaries a non-taxable death benefit equal to 100% of your basic annual salary or up to a maximum of $50,000. You will receive a bi-weekly cash payment for selecting this reduced life insurance option.

NOTE: Both of the life insurance options above include a $100,000 duty death benefit.

Dependent Life Insurance Options

You have the option of enrolling your legal spouse and eligible children in one of the Dependent Life Insurance plans. These plans will cover your spouse and unmarried children between the ages of 14 days and 23 years. Unmarried dependent children between the ages of 19 and 23 are not required to have student eligibility to be enrolled in dependent life. The State does not contribute towards the premium for this coverage. Premiums are fully paid by the employee.

Retirement Benefits

Defined Contribution Retirement Plan

Employees hired on or after March 31, 1997* are enrolled in the Graded Premium Subsidy health insurance coverage offered by the State.

In the Graded Premium Subsidy plan, the state will pay a percentage of your monthly health, dental, and vision insurance premiums when you terminate employment and reach eligibility age as described in the publication *A Guide to Benefits for Defined Contribution Retirement Plan Participants* (coming soon).

The graded subsidy is currently set at 30 percent with 10 years of service with an additional 3 percent credited for each year of service thereafter up to the maximum subsidy in place for active employees. The subsidy is determined by the Michigan Civil Service Commission, and it is subject to change even after you have retired.

For further information about defined contribution visit www.michigan.gov/orsstatedc.

*Only applies to those employees who chose to elect this option during the retirement reform period in 2012.

401k Savings Plan

Employees hired on or after March 31, 1997 are enrolled in the 401(k) Defined Contribution Plan. The State will contribute an amount equal to 4% of your gross wages to your 401(k) for retirement. The State will also match up to 3% of your bi-weekly contributions. Contributions are subject to IRS guidelines. For more information about this 401(k) plan and to learn about investment options go to **https://stateofmi.ingplans.com** or call (800) 748-6128.

Retirement Benefits

Personal Healthcare Fund

Employees hired on or after January 1, 2012* may contribute to a personal, portable fund that you can use to pay your healthcare expenses in retirement. The Personal Healthcare Fund includes up to a 2 percent employer match into your 401(k) account and a lump sum credit to a tax deferred account when you terminate employment, assuming you meet eligibility requirements.

For further information about the personal healthcare fund visit http://www.michigan.gov/orsstatedc/0,4655,7-209-58657-273625--,00.html.

*May apply to those employees who chose to elect this option during the retirement reform period in 2012.

Matching Contributions

The Personal Healthcare Fund includes up to a 2 percent employer match into your 401(k) account if you contribute up to 2 percent of pay in addition to the 3 percent you contribute to qualify for the match you're already eligible for.

To review or change your current level of contributions, log into your ING account at stateofmi.ingplans.com or contact ING at (800) 748-6128.

Lump Sum Credit

The Personal Healthcare Fund also gives you a lump sum credit to a tax-deferred account (which may be your 401(k) or your 457) if you have at least 10 years of service when you first terminate employment following December 31, 2011. The amount of the lump sum credit will be based on a statutory formula, which includes your years of service as of March 31, 2012, the current value of your retiree health benefits, and an annual interest adjustment based on the Medical Care Component of the Consumer Price Index (not to exceed 4 percent). Each spring, you will receive an annual statement on the value of your lump sum amount.

401k Savings Plan

Employees hired on or after January 1, 2012 are enrolled in the 401(k) Defined Contribution Plan. The State will contribute an amount equal to 4% of your gross wages to your 401(k) for retirement. The State will also match up to 3% of your bi-weekly contributions. Contributions are subject to IRS guidelines. For more information about this 401(k) plan and to learn about investment options go to https://stateofmi.ingplans.com or call (800) 748-6128.

Retirement Benefits

Defined Benefit Retirement Plan

The Defined Benefit Pension Retirement Plan is for all employee hired before March 31, 1997, unless you elected to transfer to the state's 401 (k) Defined Contribution retirement plan under P.A. 487 of 1996.

There are three plans within the Defined Benefit (DB) retirement plan; DB Classified, DB 30, and DB/DC Blend

DB Classified

As a DB Classified member, you'll remain an active contributing member of the DB plan until you terminate employment.

DB 30

As a DB 30 member, you'll remain an active contributing member of the DB plan until you reach 30 years of service. At that point, you'll become a participant in the Defined Contribution (DC) plan for future service. Your status in the DB plan will be *active noncontributing member.* When you retire, your retirement benefits will be comprised of your pension and the assets in your DC plan accounts. You remain eligible for retiree health insurance under the DB plan.

DB/DC Blend

As a DB/DC Blend member, you became a participant in the DC plan for future service beginning April 1, 2012. Your status in the DB plan is *active noncontributing member*. When you retire, your retirement benefits will be comprised of your pension and the assets in your DC plan accounts. You remain eligible for retiree health insurance under the DB plan.

For all DC blend plans please refer to ING for plan information at: https://stateofmi.ingplans.com or call (800) 748-6128.

For further information about the defined benefit plan visit www.michigan.gov/orsstatedb.

Information You Must Read

COBRA (Consolidated Omnibus Budget Reconciliation Act)

Several different events may trigger the loss of insurance coverage for employees (e.g., separation, leave, layoff, reduction of hours), spouses (e.g., divorce, death of employee), or dependent children (e.g., age 19 or older and not regularly attending school, reaching age 25, or marriage).

Under COBRA, if you, a spouse, or dependent should lose eligibility for state-sponsored group health, dental, or vision insurances, you may be eligible to continue these coverages for a period of time by paying the full premium directly to the State of Michigan. This full premium will include the amount previously paid as the "Employee's Share" plus the "State's Share" and, in some cases, an additional 2% service fee.

You may also be eligible to continue your life insurance coverage at no cost for you or your dependents if you are on a leave of absence or layoff from State service.

HIPAA (Health Insurance Portability & Accountability Act)

The Employee Benefits Division of the Civil Service Commission currently administers the following self-insured group health plans for State employees and retirees on behalf of the State of Michigan:

- State Health Plan PPO (BCBSM/Magellan)
- State Catastrophic Health Plan (BCBSM)
- State Vision Plan (BCBSM)
- State Dental Plan (Delta Dental)
- Preventive Dental Plan (Delta Dental)
- Flexible Spending Accounts (ADP)

The Health Insurance Portability & Accountability Act (HIPAA) and related rules require group health plans to protect the privacy of health information. Your rights under HIPAA are outlined in the Privacy Notice available on the Civil Service Commission website at www.michigan.gov/employeebenefits. Click the "HIPAA" link from the left menu.

Enrolling in Benefits

MI HR Self-Service

MI HR Self-Service is an online web-based tool designed to provide you with access to update and view your personnel information. As a new State employee, you will be provided access to MI HR Self-Service. This online tool allows you to update your personal records such as address and home phone, emergency contacts, e-mail address, beneficiaries, and direct deposits. During special enrollment periods, you can complete your Group Insurance Open Enrollment, Flexible Spending Account Open Enrollment, and/or make contributions during the State Employees Charitable Campaign (SECC). You can also get updated information and forms for insurance coverage, tax withholding, leave balances, earning statements, and more.

New Employees

MI HR Wallet Card

Employee ID: _____

MI HR Self-Service User Name: _____

MI HR Gateway http://www.michigan.gov/selfserv
MI HR Information https://mihrinfo.state.mi.us

MI HR Service Center
P.O. Box 30002
Lansing, MI 48909

Toll Free: (877) 766-6447
TDD: (517) 241-8046
Fax: (517) 241-5892

Hours of operation: 7:00 a.m. to 6:00 p.m. Monday through Friday

Your MI HR Self-Service account will be created one day after your HR Office enters your hire information into the system. Human Resources Management Network (HRMN) Central Security will create your Self-Service account and send the following correspondence to you:

- A letter will be mailed to the home address on file notifying you that your MI HR Self-Service account has been created. It will contain; your MI HR Self-Service username, a wallet card with your username, additional web addresses and contact information, pictured above.
- If you have a valid State of Michigan email address, an email with a temporary PIN, instructions on how to activate your MI HR Self-Service account and how to receive your new password will be emailed to you. If you do not have a valid email address, this information will be mailed to your home address on file.
- Once you've activated your account and received your password, a thank you notification will be sent to your valid State of Michigan email address or to your home address on file if you don't have a valid email address. The notification will also contain the address to the self-service login page.

If you have difficulty obtaining your first password or would like someone to walk you through the process, please contact the MI HR Service Center (*including Legislative, and Judicial employees*) at (877) 766-6447. Be sure to have your username and temporary PIN when you call.

MI HR Service Center

The MI HR Service Center has a staff of State of Michigan HR employees who are there to answer your benefit questions and assist you with benefits enrollment. Please

Note: Legislative, and Judicial employees should enroll for benefits by contacting their agency HR Office.

The MI HR Service Center is available from 7:00 a.m. to 6:00 p.m., Monday through Friday, except state holidays.

Documentation must be mailed/faxed to the MI HR Service Center within 31 days from the date you enroll dependents in your insurances.

See Eligibility Documentation for a list of acceptable documents.

Contact MI HR Service Center

Toll Free: (877) 766-6447
Lansing Area: (517) 335-0529
Relay Center: 711
Fax: (517) 241-5892

Mailing Address:
P.O. Box 30002
Lansing, MI 48909

Hours of Operation:
7:00 a.m. to 6:00 p.m.
Monday through Friday
(except on state holidays)

Legislative, and Judicial employees should enroll in benefits by contacting their agency HR Office.

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Eligibility Documentation

Below is a listing of documents that can be used to prove dependent eligibility for insurance coverage. This documentation must be mailed/faxed to the MI HR Service Center* within 31 days from the date you enroll dependents in your insurances.

Forms can be found on the Employee Benefits Division website; Other Eligible Adult Individual (OEAI) required documentation can be found on the Enrollment Application and Affidavit form.

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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Provider Information

State-Sponsored Group Insurance Plan

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

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.org/stateofmi.aspx

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

Benefit Comparison Chart
&
Bi-weekly Insurance Rates

For The Benefit Year
October 2012 - September 2013

Where Would You Like to Go?

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

Comparison of Health Care Options

Comparison of Dental Care Options

Insurance Rates

Choose the selection that applies to you

Prior to April 1, 2010

On or after April 1, 2010

MSPTA (T01)

Comparison of Health Care Options Hired Prior to April 1, 2010

Disclaimer

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and /or co-pay amounts required by the State Health Plan PPO. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan.

Preventive Services

$1,500 per year per person (State Health Plan PPO only)

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100% after $10 office visit co-payment
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	Covered 100% after $10 office visit co-payment
Pap smear screening – laboratory services only [1]	Covered 100% 1 per year	Not Covered	Covered 100%
Well-baby and child care	Covered 100%	Not Covered	Covered 100% after $10 office visit co-payment
Immunizations [2], annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100%
Fecal occult blood screening [1]	Covered 100%	Not Covered	Covered
Flexible sigmoidoscopy [1]	Covered 100%	Not Covered	Covered
Colonoscopy [1 & 2]	Covered 100%	Not Covered	Covered
Prostate specific antigen screening [1]	Covered 100% one per year	Not Covered	Covered

[1] American Cancer Society guidelines apply

[2] Childhood immunizations and colonoscopy exams are excluded from the maximum limit

Mammography[1]

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Annual standard film mammography screening (covers digital mammography up to the standard film rate)	Covered 100% Not subject to preventative maximum	Covered 90% after deductible Not subject to preventative maximum	Covered 100%

[1] American Cancer Society guidelines apply

Comparison of Health Care Options Hired Prior to April 1, 2010

Physician Office Services

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Office visits, consultations and urgent care visits	Covered $15 co-pay, deductible not applicable	Covered 90% after deductible	$10 co-pay
Outpatient and home visits	Covered 100% after deductible	Covered 90% after deductible	$10 co-pay

Emergency Medical Care[2]

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Hospital emergency room for medical emergency or accidental injury	Covered 100% after a $50 co-pay if not admitted		$50 co-pay if not admitted
Ambulance services – medically necessary	Covered 100% after deductible		Covered 100%

[2] Emergency room and physician charges are covered 100% under the Catastrophic Health Plan. Ambulance is covered $25 maximum.

Diagnostic Services

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Laboratory and pathology tests	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Diagnostic tests and x-rays	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Radiation therapy	Covered 100% after deductible	Covered 90% after deductible	Covered 100%

Maternity Services

Includes care by a certified nurse midwife (State Health Plan PPO only)

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Prenatal and postnatal care	Covered 100% after deductible	Covered 90% after deductible	Office Visit $10 co-pay
Delivery and nursery care [3]	Covered 100% after deductible	Covered 90% after deductible	Covered 100%

Comparison of Health Care Options Hired Prior to April 1, 2010

Hospital Care

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered 100% after deductible, unlimited days	Covered 90% after deductible, unlimited days	Covered 100% Unlimited days
Inpatient consultations	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Chemotherapy	Covered 100% after deductible	Covered 90% after deductible	Covered 100%

Alternatives to Hospital Care

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Skilled nursing care up to 120 days per confinement (730 days for UAW)	Covered 100% after deductible		Covered 100% up to 730 days
Hospice care	Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State		Covered 100%
Home health care	Covered 100% after deductible, unlimited visits		Check with your HMO

Surgical Services

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Surgery—includes related surgical services.[4]	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Voluntary sterilization	Covered 100% after deductible	Covered 90% after deductible	Check with your HMO

[4] Inpatient hospital services are 100% covered after deductible under the Catastrophic Health Plan.

Comparison of Health Care Options Hired Prior to April 1, 2010

Human Organ Transplants

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% In designated facilities only. Up to $1 million lifetime maximum for each organ transplant		Covered 100% in designated facilities

Organ and Tissue Transplants

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Bone marrow—specific criteria apply	Covered 100% after deductible in designated facilities	Covered 90% after deductible	Covered 100% in designated facilities
Kidney, cornea, and skin	Covered 100% after deductible in designated facilities	Covered 90% after deductible	Covered 100% subject to medical criteria

Other Services

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Allergy testing and injections	Covered 100% after deductible	Covered 90% after deductible	Office visits: $10 co-pay Injections: Covered 100%
Acupuncture	Covered 90% after deductible if performed by or under the supervision of a M.D. or D.O.	Covered 90% after deductible if performed by or under the supervision of a M.D. or D.O.	Check with your HMO
Rabies treatment after initial emergency room visit	Covered 100% after deductible	Covered 90% after deductible	Office visits: $10 co-pay Injections: Covered 100%
Chiropractic/spinal manipulations [5]	Covered 100% after $15 co-pay Up to 24 visits per calendar year [6]	Covered 90% after deductible Up to 24 visits per calendar year [6]	Check with your HMO
Durable medical equipment	Covered 100%	Covered 80% after deductible	Covered
Prosthetic and orthotic appliances			

[5] MSEA employees are covered up to 36 visits per calendar year under the State Health Plan PPO.
[6] MSPTA covered 90% after deductible. Effective 10/1/2010 -$15 co-pay in-network. Covered 90% after deductible out-of-network

Comparison of Health Care Options Hired Prior to April 1, 2010

Other Services continued...

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Private duty nursing	Covered 90% after deductible		Covered
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reim-bursement of $300. (Additional wigs covered for children due to growth).	Upon meeting medical conditions, eligible for a lifetime maximum reim-bursement of $300. (Additional wigs covered for children due to growth).	Check with your HMO
Laser eye surgery (MSEA employees only)	$755 lifetime limit	$755 lifetime limit	Check with your HMO
Hearing care	$15 co-pay for office visit	Not covered [7]	Check with your HMO

[7] Not all areas have a network of hearing providers. If there is no network in your area, your provider may participate on a per claim basis. If your provider does not wish to participate, you may pay for services and submit a claim. You will be reimbursed up to the allowed amount for covered services.

Mental Health/Substance Abuse

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Mental Health Benefits -**Inpatient**	Covered 100% up to 365 days per year [8]	Covered 50% up to 365 days per year	Check with your HMO
Mental Health Benefits -**Outpatient**	As necessary 90% of network rates 10% co-pay	As necessary 50% of network rates	
Alcohol & Chemical Dependency Benefits -**Inpatient**	Covered 100% [9] Halfway House 100%	Covered 50% [9] Halfway House 50%	
Alcohol & Chemical Dependency Benefits -**Outpatient**	$3,500 per calendar year 90% of network rates 10% co-pay [10]	$3,500 per calendar year 50% of network rates	

[8] Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

[9] Up to two 28-day admissions per year. There must be at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

[10] $3,500 per calendar year limitation pertains to services for chemical dependency only.

Comparison of Health Care Options Hired Prior to April 1, 2010

Prescription Drugs

Prescription medications for the State Health Plan PPO are covered under the Participating Pharmacy ID Card Plan administered by BCBSM. The co-pays for prescription drugs (both retail and mail order) are based on the employee's bargaining unit.

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

To check the co-pay for drugs you may be taking, visit BCBSM website at http://www.bcbsm.com/som or contact BCBSM at (800) 843-4876. The Preferred/Non-preferred list of drugs is updated periodically as new drugs are added.

For information about HMO prescription drug coverage, check with the HMO provider.

Employee Group	Generic	Brand Name Preferred	Brand Name Non-Preferred
Non-Exclusively Represented Employees (NERE) (including Judicial employees)	Retail $10 Mail Order$20	Retail $20 Mail Order $40	Retail $40 Mail Order $80
Institutional Unit represented by AFSCME	Retail $10 Mail Order$20	Retail $20 Mail Order $40	Retail $40 Mail Order $80
HSS, S & E, and Technical Units represented by SEIU Local 517M	Retail $10 Mail Order$20	Retail $20 Mail Order $40	Retail $40 Mail Order $80
Labor and Trades, Safety and Regulatory Units represented by MSEA	Retail $10 Mail Order$20	Retail $20 Mail Order $40	Retail $40 Mail Order $80
Security Unit represented by MCO	Retail $10 Mail Order$20	Retail $20 Mail Order $40	Retail $40 Mail Order $80
Human Services and Administrative Support Units represented by UAW [11]	Retail $10 Mail Order $20	Retail $20 Mail Order $40	Retail $40 Mail Order $80

[11] The prescription drug program will promote the use of generic drugs. Prescription medications on the maintenance drug list (MDL) used on a long term basis will be available only through mail order home delivery per the terms of the contract.

Comparison of Health Care Options Hired Prior to April 1, 2010

Outpatient Physical, Speech, and Occupational Therapy

Combined maximum of 90 visits per calendar year.

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Outpatient physical, speech and occupational therapy – facility and clinic services	Covered 100% after deductible	Covered 100% after deductible	Office visit: $10 co-pay
Outpatient physical therapy – physician's office	Covered 100% after deductible	Covered 90% after deductible	Office visit: $10 co-pay

Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Deductible	$300 per member $600 per family	$600 per member $1,200 per family	None
Fixed dollar co-pays	$15 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. $50 for emergency room visits, if not admitted	Not applicable, but deductible and co-pay apply	$10 for office visits $50 for emergency room visits, if not admitted
Percent co-pays	10% for private duty nursing, chiropractic manipulation (for MCO members) and acupuncture	10% for most services	None
Annual out-of-pocket dollar maximums [12]	$1,000 per member $2,000 per family	$2,000 per member $4,000 per family	None

[12] The out-of-pocket limit does not apply to deductibles, fixed dollar co-payments, or private duty nursing co-payments.

Comparison of Dental Care Options

Dental Care Options

Covered Services	**State Dental Plan (Delta)**		**DMO Plan (Midwestern)**	**Preventive Dental Plan (Delta)**
	Premier/ Non-Part*	**PPO***		
Diagnostic Exams and Consultations (2 per year)	100%	100%	100%	100%
Preventive Services				
♦ Teeth cleaning (3 per year)	100%	100%	100%	100%
♦ Topical fluoride (under age 19)[1]	100%	100%	100%	100%
♦ Space maintainers (under age 14)	100%	100%	100%	100%
♦ Sealants (under age 14)	50%	70%	100%	Not Covered
Radiographs	90%	100%	100%	Not Covered
Brush Biopsy	100%	100%	N/A	100%
Oral Surgery	90%	90%	100%	100%
Extractions	90%	100%	100%	Not Covered
Minor Restoratives	90%	100%	100%	Not Covered
Major Restoratives	90%	90%	100%	Not Covered
Endodontics	90%	100%	100%	Not Covered
Periodontics	90%	100%	100%	Not Covered
Prosthodontics	50%	70%	100%	Not Covered
Prosthodontics Repair	50%	100%	100%	Not Covered
Orthodontics				
♦ Up to age 19	60%	75%	100%	Not Covered
♦ 19 and over	60%	75%	$1,250 co-pay	Not Covered
Benefit Maximums				
♦ Annual (Oct. – Sept.)	$1,500	$1,500	None	None
♦ Lifetime Orthodontics	$1,500	$1,500	None	N/A

[1]MSPTA (T01) Topical fluoride age 14 and younger.

*If you have the State Dental Plan as your dental coverage, the level of coverage is determined by the provider you choose. To verify that a Dentist is a Participating Dentist, you can use Delta Dental's online Dentist Directory at www.deltadentalmi.com or call (800) 524-0150.

This benefit summary is a brief explanation only. All plan provisions (including exclusions and limitations) are subject to the specific terms of the State and Preventive Dental Plans and the Group Dental Services Agreement (Midwestern Dental Plans, Inc.).

Return to
Benefit Summary Menu

Return to
Comparison Chart Menu

End of Section

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Comparison of Health Care Options - Hired On or After April 1, 2010

Disclaimer

This is intended as an easy-to-read summary for employees hired or rehired on or after April, 1, 2010. It is not a contract. Additional limitations and exclusions may apply to covered services. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and /or co-pay amounts required by the New State Health Plan PPO. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan.

Preventive Services

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100% after $20 office visit co-payment
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	Covered 100% after $20 office visit co-payment
Pap smear screening – laboratory services only [1]	Covered 100% 1 per year	Not Covered	Covered 100%
Well-baby and child care	Covered 100%	Not Covered	Covered 100% after $20 office visit co-payment
Immunizations [2], annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100%
Fecal occult blood screening [1]	Covered 100%	Not Covered	Check with HMO
Flexible sigmoidoscopy [1]	Covered 100%	Not Covered	Check with HMO
Colonoscopy [1 & 2]	Covered 100%	Not Covered	Check with HMO
Prostate specific antigen screening [1]	Covered 100% one per year	Not Covered	Check with HMO

[1] American Cancer Society guidelines apply

[2] Childhood immunizations and colonoscopy exams are excluded from the maximum limit

Mammography[1]

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Annual standard film mammography screening (covers digital mammography up to the standard film rate)	Covered 100% Not subject to preventative maximum	Covered 80% after deductible Not subject to preventative maximum	Covered 100%

[1] American Cancer Society guidelines apply

Comparison of Health Care Options - Hired On or After April 1, 2010

Physician Office Services

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Office visits, consultations and urgent care visits	$20 co-pay, deductible not applicable	Covered 80% after deductible	$20 co-pay
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	$20 co-pay

Emergency Medical Care[2]

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Hospital emergency room for medical emergency or accidental injury	$200 co-pay if not admitted		$200 co-pay if not admitted
Ambulance services – medically necessary	Covered 90% after deductible		Covered 100%

[2] Emergency room and physician charges are covered 100% under the Catastrophic Health Plan. Ambulance is covered $25 maximum.

Alternatives to Hospital Care

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Skilled nursing care up to 120 days per confinement	Covered 90% after deductible		Covered 100%
Hospice care	Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State		Covered 100%
Home health care	Covered 90% after deductible, unlimited visits		Check with your HMO

Surgical Services

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Surgery—includes related surgical services.[4]	Covered 90% after deductible	Covered 80% after deductible	Covered 100%
Voluntary sterilization	Covered 90% after deductible	Covered 80% after deductible	Check with your HMO

[4] Inpatient hospital services are 100% covered after deductible under the Catastrophic Health Plan.

Comparison of Health Care Options - Hired On or After April 1, 2010

Human Organ Transplants

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 90% In designated facilities only. Up to $1 million lifetime maximum for each organ transplant		Covered 100% in designated facilities

Organ and Tissue Transplants

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Bone marrow—specific criteria apply	Covered 90% after deductible in designated facilities	Covered 80% after deductible	Covered 100% in designated facilities
Kidney, cornea, and skin	Covered 90% after deductible in designated facilities	Covered 80% after deductible	Covered 100% subject to medical criteria

Other Services

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Allergy testing and injections	Covered 90% after deductible	Covered 80% after deductible	Check with your HMO
Acupuncture	Covered 80% after deductible if performed by or under the supervision of a M.D. or D.O.	Covered 80% after deductible if performed by or under the supervision of a M.D. or D.O.	Check with your HMO
Rabies treatment after initial emergency room visit	Covered 90% after deductible	Covered 80% after deductible	Check with your HMO
Chiropractic/spinal manipulation	$20 co-pay Up to 24 visits per calendar year	Covered 80% after deductible Up to 24 visits per calendar year	Check with your HMO
Durable medical equipment -*Support Program*	Covered 100%	Covered 80% of approved charges	Check with your HMO
Prosthetic and orthotic appliances - *Support Program*	Covered 100%	Covered 80% of approved charges	Check with your HMO

Comparison of Health Care Options - Hired On or After April 1, 2010

Other Services continued...

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Private duty nursing	Covered 80% after deductible		Covered
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of $300. (Additional wigs covered for children due to growth).	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of $300. (Additional wigs covered for children due to growth).	Check with your HMO
Laser eye surgery (MSEA employees only)	$755 lifetime limit	$755 lifetime limit	Check with your HMO
Hearing Care Exam	$20 co-pay for office visit	Covered 80% after deductible	Check with your HMO

Mental Health/Substance Abuse

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Mental Health Benefits -**Inpatient**	Covered 100% up to 365 days per year [6]	Covered 50% up to 365 days per year	Check with your HMO
Mental Health Benefits -**Outpatient**	As necessary 90% of network rates 10% co-pay	As necessary 50% of network rates	Check with your HMO
Alcohol & Chemical Dependency Benefits -**Inpatient**	Covered 100% [7] Halfway House 100%	Covered 50% [8] Halfway House 50%	Check with your HMO
Alcohol & Chemical Dependency Benefits -**Outpatient**	$3,500 per calendar year 90% of network rates 10% co-pay [8]	$3,500 per calendar year 50% of network rates	Check with your HMO

[6] Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

[7] Up to two 28-day admissions per year. There must be at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

[8] $3,500 per calendar year limitation pertains to services for chemical dependency only.

Comparison of Health Care Options - Hired On or After April 1, 2010

Prescription Drugs

Prescription medications for the New State Health Plan PPO are covered under the Participating Pharmacy ID Card Plan administered by BCBSM.

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

To check the co-pay for drugs you may be taking, visit BCBSM website at http://www.bcbsm.com/som or contact BCBSM at (800) 843-4876. The Preferred/Non-preferred list of drugs is updated periodically as new drugs are added.

The chart below shows the NSHP and NHMO prescription drug member co-pays:

Generic	Brand Name Preferred	Brand Name Non-Preferred
Retail $10 Mail Order $20	Retail $30 Mail Order $60	Retail $60 Mail Order $120

Comparison of Health Care Options - Hired On or After April 1, 2010

Outpatient Physical, Speech, and Occupational Therapy

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Outpatient physical, speech and occupational therapy – facility and clinic services	Covered 90% after deductible		Check with HMO
Outpatient physical therapy – physician's office	Covered 90% after deductible	Covered 80% after deductible	Check with HMO

Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums

	New State Health Plan PPO		NHMO Benefits
	In-network	Out-of-network	
Deductible	$400 per member $800 per family	$800 per member $1,600 per family	None
Fixed dollar co-pays	$20 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. $200 for emergency room visits, if not admitted	Not applicable	$20 for office visits $200 for emergency room visits, if not admitted
Coinsurance	10% for most services and 20% for private duty nursing and acupuncture	20% for most services. MHSA at 50%	None
Annual out-of-pocket dollar maximums [9]	$1,500 per member $3,000 per family	$3,000 per member $6,000 per family	None

[9] The out-of-pocket limit does not apply to deductibles, fixed dollar co-payments, or private duty nursing co-payments.

When Were You Hired?

Prior to April 1, 2010

On or after April 1, 2010

Rates - NERE, SEIU & UAW Hired prior to April 1, 2010

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.

Rates - NERE, SEIU & UAW Hired prior to April 1, 2010

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)

Rates - Life Insurance & Long Term Disability

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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Rates - NERE, SEIU & UAW Hired on or after April 1, 2010

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.

Rates - NERE, SEIU & UAW Hired on or after April 1, 2010

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 (1/1/2002 for MSEA represented bargaining units A02 and A31) whose regular work schedule is 40 hours or less per bi-weekly 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.

Rates - Life Insurance & Long Term Disability

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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Rates-AFSCME, MCO, MSEA, Non-Represented (Z60-Z89) & Judicial prior to April 1, 2010

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.

Rates-AFSCME, MCO, MSEA, Non-Represented (Z60-Z89) & Judicial prior to April 1, 2010

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

		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.

Rates - Life Insurance & Long Term Disability

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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Rates-AFSCME, MCO, MSEA, Non-Represented (Z60-Z89) & Judicial Hired on or after April 1, 2010

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

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.

Rates-AFSCME, MCO, MSEA, Non-Represented (Z60-Z89) & Judicial Hired on or after April 1, 2010

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.

Rates - Life Insurance & Long Term Disability

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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Rates - MSPTA

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.

Rates - MSPTA

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.

Rates - Life Insurance - MSPTA

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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Rates - DROP Command Officers

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.

Rates - DROP Command Officers

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.

Rates - Life Insurance & Long Term Disability

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
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Rates – MSPTA DROP Trooper

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.

Rates – MSPTA DROP Trooper

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.

Rates - Life Insurance & Long Term Disability

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.

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COBRA –NERE, SEIU & UAW

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.

COBRA –NERE, SEIU & UAW

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	$ 1157.76	$ 805.92	$ 822.04
	3	$ 998.85	$ 1018.83	$ 709.21	$ 723.39
	4	$ 1,566.37	$ 1597.70	$ 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.

COBRA - Life Insurance & Long Term Disability

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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COBRA - MSPTA

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.

COBRA - MSPTA

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

COBRA - Life Insurance

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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Benefit Summary Menu

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Comparison Chart Menu

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COBRA -AFSCME, MCO, MSEA, Non-Represented (Z60-Z89) & Judicial Branch

FY 2012-2013 COBRA PREMIUM RATES
EFFECTIVE OCTOBER 1, 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.

		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.

COBRA -AFSCME, MCO, MSEA, Non-Represented (Z60-Z89) & Judicial Branch

FY 2012-2013 COBRA PREMIUM RATES
EFFECTIVE OCTOBER 1, 2012
For Bargaining Units: MSEA (A02, A31), MCO (C12), AFSCME (U11), Non-Represented (Z60-Z89) 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

COBRA - Life Insurance

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)

Benefits Summary

Mailing Address:
P.O. Box 30002
Lansing, MI 48909

Toll Free: (877) 766-6447
Lansing Area: (517) 335-0529
MI Relay Center: 711
Fax: (517) 241-5892

Hours of operation
7:00 a.m. to 6:00 p.m. Monday through Friday
(except on state holidays)

Employee Benefits Division Website
www.michigan.gov/employeebenefits

MI HR Self-Service & MI HR Information
www.michigan.gov/selfserv

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.

When were you hired?

Prior to April 1, 2010

On or after April 1, 2010

Which union are you represented by?

None (NERE)

UAW

SEIU Local 517M

MCO

MSEA

AFSCME

MSPTA

Choose the Position that Applies to You:

DROP Troopers

DROP Command Officers

Which union are you represented by?

None (NERE)

UAW

SEIU Local 517M

MCO

MSPTA

AFSCME

MSEA

What Retirement Plan are you Enrolled In?

You're a member of the Defined Benefit (DB) plan if you were hired before March 31, 1997, and you:

- Elected the DB Classified plan under P.A. 264 of 2011
- Elected the DB 30 plan under P.A. 264 of 2011 and you have not yet reached 30 years of service.

Defined Benefits

You're a participant in the Defined Contribution (DC) plan if you:

- Were newly hired by the State of Michigan on or after March 31, 1997.
- Began you state employment under the DB plan and chose to transfer to the DC plan under P.A. of 1996. (You retain the DB insurance Subsidy.)

Defined Contribution

You're a participant of Personal Healthcare Trust if you:

- Were newly hired by the State of Michigan on or after January 1, 2012.
- Elected to participate in this plan under P.A. of 2011.
- If you are not vested and are rehired by the State of Michigan after January 1, 2014

Personal Healthcare Trust

You're a member of the DB plan AND a participant in the DC plan if you:

- Elected the DB 30 plan under P.A. 264 of 2011 and you have reached 30 years of service.
- Elected the DB/DC Blend plan under P.A. 264 of 2011, and thus became a DC plan participant April 1, 2012.
- Began your state employment under the DB plan, left, and then returned to state employment on or after January 1, 2012, and before January 1, 2014.

Defined Benefits

Defined Contribution

When Were You Hired?

Prior to April 1, 2010

On or after April 1, 2010

Which union are you represented by?

None (NERE)

UAW

SEIU Local 517M

MCO

MSEA

AFSCME

MSPTA

None (Judicial)