CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2012-2013 T01 DROP GROUP INSURANCE PREMIUM RATES
(EFFECTIVE OCTOBER 14, 2012)

HEALTH PLANS				
		BIWEEKLY		
PLAN NAME/CODE	Option	Employee	State	Total
HAEX State Health Plan PPO	1	$ 16.95	$ 322.00	$ 338.94
	2	$ 33.89	$ 643.99	$ 677.88
	3	$ 21.35	$ 405.60	$ 426.95
	4	$ 39.24	$ 745.49	$ 784.73
HCEX BCN Mid-Michigan	1	$ 232.86	$ 322.00	$ 554.86
	2	$ 465.73	$ 643.99	$ 1,109.72
	3	$ 293.53	$ 405.60	$ 699.12
	4	$ 541.78	$ 745.49	$ 1,287.28
HD00 BCN East Michigan	1	$ 244.91	$ 322.00	$ 566.91
	2	$ 489.83	$ 643.99	$ 1,133.82
	3	$ 308.71	$ 405.60	$ 714.30
	4	$ 569.73	$ 745.49	$ 1,315.23
HX00 BCN SE Michigan	1	$ 260.57	$ 322.00	$ 582.57
	2	$ 521.15	$ 643.99	$ 1,165.14
	3	$ 328.44	$ 405.60	$ 734.04
	4	$ 606.06	$ 745.49	$ 1,351.56
HP00 BCN Great Lakes West	1	$ 187.34	$ 322.00	$ 509.34
	2	$ 374.69	$ 643.99	$ 1,018.68
	3	$ 236.17	$ 405.60	$ 641.77
	4	$ 436.17	$ 745.49	$ 1,181.67
HCOP COPS Trust Health Plan	1	$ 44.54	$ 219.73	$ 264.27
(For T01 only)	2	$ 89.12	$ 439.46	$ 528.58
	3	$ 78.41	$ 386.73	$ 465.14
	4	$ 122.98	$ 606.46	$ 729.44
HI00 Health Alliance Plan	1	$ 134.13	$ 322.00	$ 456.13
	2	$ 268.27	$ 643.99	$ 912.26
	3	$ 169.14	$ 405.60	$ 574.74
	4	$ 312.73	$ 745.49	$ 1,058.22
HJ00 HealthPlus of Michigan	1	$ 181.59	$ 322.00	$ 503.58
	2	$ 363.18	$ 643.99	$ 1,007.17
	3	$ 228.92	$ 405.60	$ 634.52
	4	$ 422.82	$ 745.49	$ 1,168.32

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HEALTH PLANS				
		BIWEEKLY		
PLAN NAME/CODE	Option	Employee	State	Total
HF00 Priority Health Plan - West	1	$ 177.69	$ 322.00	$ 499.68
	2	$ 354.36	$ 643.99	$ 998.35
	3	$ 223.35	$ 405.60	$ 628.95
	4	$ 412.58	$ 745.49	$ 1,158.07
HF01 Priority Health - East	1	$ 177.69	$ 322.00	$ 499.68
	2	$ 354.36	$ 643.99	$ 998.35
	3	$ 223.35	$ 405.60	$ 628.95
	4	$ 412.58	$ 745.49	$ 1,158.07
HF02 Priority Health - South	1	$ 177.69	$ 322.00	$ 499.68
	2	$ 354.36	$ 643.99	$ 998.35
	3	$ 223.35	$ 405.60	$ 628.95
	4	$ 412.58	$ 745.49	$ 1,158.07
HMEX Physicians Health Plan	1	$ 138.89	$ 322.00	$ 460.89
	2	$ 277.77	$ 643.99	$ 921.76
	3	$ 174.93	$ 405.60	$ 580.53
	4	$ 321.59	$ 745.49	$ 1,067.08

STATE DENTAL PLAN				
		BIWEEKLY		
	Option	Employee	State	Total
Employee Only	1	$ 2.02	$ 18.13	$ 20.15
Employee & Spouse	2	$ 3.67	$ 33.04	$ 36.71
Employee & Child(ren)	3	$ 4.49	$ 40.36	$ 44.85
Employee, Spouse & Child(ren)	4	$ 6.14	$ 55.27	$ 61.41

STATE VISION PLAN				
		BIWEEKLY		
	Option	Employee	State	Total
Employee Only	1	$ 0.30	$ 2.64	$ 2.94
Employee & Spouse	2	$ 0.48	$ 4.31	$ 4.79
Employee & Child(ren)	3	$ 0.67	$ 6.02	$ 6.69
Employee, Spouse & Child(ren)	4	$ 0.86	$ 7.67	$ 8.53