

**Michigan Department of Civil Service
RETIREE BENEFITS BULLETIN**

DATE: November 2005

NUMBER: GIS 03-2005R

CONTACT:

EMPLOYEE BENEFITS DIVISION

TELEPHONE NO.:

**(517) 373-7977 Lansing area
(800) 505-5011 Out of area**

SUBJECT:

**IMPORTANT OPEN ENROLLMENT INFORMATION FOR
MEDICARE-ELIGIBLE RETIREES**

The Department of Civil Service is holding a special healthcare open enrollment period for Medicare-eligible retirees and spouses (or will become Medicare-eligible by September 30, 2006) currently enrolled in HMOs. This special open enrollment period runs from **November 17 to December 8, 2005**. For some Medicare-eligible retirees enrolled in HMOs, there may be **mandatory** changes in your healthcare coverage. See **Notice 1** and **Notice 2** for possible mandatory changes.

NOTICE 1

This notice is *only* for retirees who are Medicare-eligible (or will become Medicare-eligible by September 30, 2006) and who are enrolled in one of the following HMOs:

**PRIORITY HEALTH
CARE CHOICES
M-CARE
PHYSICIANS HEALTH PLAN (PHP)**

None of the above listed HMOs qualifies as a Medicare Advantage plan. If you are enrolled in one of these HMOs, your enrollment in the HMO will end on December 31, 2005. During this special open enrollment period, you may select one of the following Medicare Advantage Plans if you live in a county served by the HMO:

Blue Care Network (BCN) Medicare Advantage HMO*
Health Alliance Plan (HAP) Medicare Advantage HMO*
HealthPlus Medicare Advantage HMO*

* To enroll in one of these Medicare Advantage HMOs, you must live in a county served by the HMO. A list of the counties served by each HMO is included on the enclosed rate sheet and the comparison chart.

If you do not return an enrollment form for one of these HMOs by December 8, 2005, you will automatically be enrolled in the State Health Plan PPO effective January 1, 2006. You do not need to complete an enrollment form for the State Health Plan PPO. A new insurance ID card will be mailed to your current home address.

Notice 2 on the Other Side

NOTICE 2

This notice is *only* for retirees who are Medicare-eligible (or will become Medicare-eligible by September 30, 2006) and who are enrolled in one of the following HMOs:

**BLUE CARE NETWORK (BCN)
HEALTH ALLIANCE PLAN (HAP)
HEALTHPLUS**

On January 1, 2006, these plans will become Medicare Advantage Plans. The service area for these Medicare Advantage plans has changed and, as a result, you may not live in the service area for your Medicare Advantage HMO. Please review the service area for your HMO on the enclosed rate sheets or comparison chart to determine if you live in the service area for the Medicare Advantage HMO. If your county of residence will no longer be in your HMO's service area, your enrollment in the HMO will end on December 31, 2005. You may enroll in the State Health Plan PPO or another Medicare Advantage HMO, if you live in the service area.

If you currently live outside your Medicare Advantage HMO's service area and do not select a new Medicare Advantage HMO by December 8, 2005, you will automatically be enrolled in the State Health Plan PPO effective January 1, 2006. You do not need to complete an enrollment form for the State Health Plan PPO. A new insurance ID card will be mailed to your current home address.

Medicare Advantage HMOs (BCN, HAP and HealthPlus) will be mailing enrollment information and forms to those who live in the service area. Instructions will be included. If you are currently enrolled in BCN, HAP or HealthPlus and want to remain in that HMO, you must complete the enrollment form for that HMO. You do not need to complete an enrollment form to enroll in the State Health Plan PPO. If we do not receive an enrollment form from you by December 8, 2005, you will automatically be enrolled in the State Health Plan PPO effective January 1, 2006. All enrollment forms should be returned to:

Department of Civil Service
Employee Benefits Division
P. O. Box 30002
Lansing, MI 48909

Regardless of the option you select, all Medicare-eligible members will continue to be responsible for paying the Medicare Part B premium, which is deducted from your monthly Social Security check.

Questions concerning the information in this bulletin can be directed to the Employee Benefits Division at the Department of Civil Service. The telephone number is (800) 505-5011 or in Lansing (517) 373-7977.

Covered services	State Health Plan PPO	
Customer service phone number	1-800-843-4876	
Availability	In-network	Out-of-network
Preventive services	Preventive services subject to \$1,500 yearly maximum	
Health maintenance exam or annual gynecological exam	Covered – 100%, one per year	N/A
Pap smear screening – laboratory services only	Covered – 100%, one per year	N/A
Immunizations, annual flu shot and Hepatitis C screening for those at risk	Covered – 100%	N/A
Fecal occult blood screening	Covered – 100%	N/A
Flexible sigmoidoscopy	Covered – 100%	N/A
Colonoscopy	Covered – 100%, not subject to preventive maximum	N/A
Prostate specific antigen screening	Covered – 100%, one per year	N/A
Mammography		
Mammography screening	Covered – 100%, not subject to preventive maximum	N/A
Physician office services		
Office visits, consultations and urgent care visits	Covered – 100% after copay of up to \$10	N/A
Outpatient and home visits	Covered – 100% after deductible	N/A
Emergency medical care		
Hospital emergency room – medical emergency or accidental injury	Covered – 100%	N/A
Ambulance services – medically necessary	Covered – 100% after deductible	N/A
Diagnostic services		
Laboratory and pathology tests	Covered – 100% after deductible	N/A
Diagnostic tests and X-rays	Covered – 100% after deductible	N/A
Radiation therapy	Covered – 100% after deductible	N/A

BCN Advantage	HAP Medicare Advantage	HealthPlus Medicare Advantage
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%, limited to 60-day treatments per medical episode, per calendar year	Covered – 100%, limited to 60-day treatments per medical episode, per calendar year	Covered – 100%, limited to 60-day treatments per medical episode, per calendar year
Covered – 100% after \$10 copay	Covered – 100% after \$10 copay	Covered – 100% after \$10 copay
Covered – 100% after copay (see below)	Covered – 100% after copay (see below)	Covered – 100% after copay (see below)
N/A	N/A	N/A
<ul style="list-style-type: none"> \$10 for office visits, office consultations and urgent care visits \$10 for health maintenance exam and gynecological exam \$10 for physical therapy in physician’s office \$50 for emergency room service \$5 for generic or \$10 for brand-name prescription drugs (retail and mail order) 	<ul style="list-style-type: none"> \$10 for office visits, office consultations and urgent care visits \$10 for health maintenance exam and gynecological exam \$10 for physical therapy in physician’s office \$50 for emergency room service \$5 for generic or \$10 for brand-name prescription drugs (retail and mail order) 	<ul style="list-style-type: none"> \$10 for office visits, office consultations and urgent care visits \$10 for health maintenance exam and gynecological exam \$10 for physical therapy in physician’s office \$50 for emergency room service \$5 for generic or \$10 for brand-name prescription drugs (retail and mail order)
None	None	None
N/A	N/A	N/A

HMO benefit information

This summary of benefits is designed to provide an overview of available HMO coverage and is subject to the terms and conditions as dictated by the State of Michigan. Services must be obtained from participating plan physicians and providers. In cases of conflict between this summary and your contract, the terms and conditions of the contract govern. A detailed description of benefits and limitations is contained in your certificates and riders.

Covered services		State Health Plan PPO	
		In-network	Out-of-network
Other services (continued)			
Private duty nursing		Covered – 90% after deductible	N/A
Outpatient physical, speech and occupational therapy – facility and clinic services		Covered – 100% after deductible, up to 90 combined visits per year	N/A
Outpatient physical therapy – physician’s office		Covered – 100% after deductible, up to 90 combined visits per year	N/A
Prescription medications			
Prescription drugs		Covered – 100% after copay (see below), Administered by Express Scripts	N/A
Deductible, copays and out-of-pocket dollar maximums			
Deductible		\$200 per member, \$400 per family	N/A
Copays	<ul style="list-style-type: none"> Fixed dollar copays 	<ul style="list-style-type: none"> \$10 for office visits, office consultations and urgent care visits \$7 for generic, \$15 for preferred or \$30 for nonpreferred prescription drugs (retail and mail order) 	N/A
	<ul style="list-style-type: none"> Percent copays 	<ul style="list-style-type: none"> 10% for private duty nursing, chiropractic and acupuncture 	N/A
Annual out-of-pocket dollar maximums		\$1,000 per member, \$2,000 per family	N/A

State Health Plan PPO information
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 copay 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.

BCN Advantage	HAP Medicare Advantage	HealthPlus Medicare Advantage
1-800-450-3680	1-888-497-7549	1-800-332-9161
Calhoun, Clinton, Eaton, Genesee, Ingham, Jackson, Kalamazoo, Kent, Lapeer, Livingston, Macomb, Muskegon, Oakland, Ottawa, Saginaw, Shiawassee, Washtenaw and Wayne counties	Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw and Wayne counties	Genesee, Lapeer and Shiawassee counties
Covered – 100% after \$10 copay	Covered – 100% after \$10 copay	Covered – 100% after \$10 copay
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100% after \$10 copay	Covered – 100% after \$10 copay	Covered – 100% after \$10 copay
Covered – 100% after \$10 copay	Covered – 100% after \$10 copay	Covered – 100% after \$10 copay
Covered – 100% after \$50 copay, waived if admitted	Covered – 100% after \$50 copay, waived if admitted	Covered – 100% after \$50 copay, waived if admitted
Covered – 100%, ground and air	Covered – 100%, ground and air	Covered – 100%, ground and air
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%

Covered services	State Health Plan PPO	
	In-network	Out-of-network
Hospital care		
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered – 100% after deductible, unlimited days	N/A
Inpatient consultations	Covered – 100% after deductible	N/A
Chemotherapy	Covered – 100% after deductible	N/A
Alternatives to hospital care		
Skilled nursing care	Covered – 100% after deductible, up to 120 days	N/A
Hospice care	Covered – 100%, limited to the lifetime dollar maximum that is adjusted by the state	N/A
Home health care	Covered – 100% after deductible, unlimited visits	N/A
Surgical services		
Surgery – includes related surgical services	Covered – 100% after deductible	N/A
Voluntary sterilization	Covered – 100% after deductible	N/A
Human organ transplants		
Liver, heart, lung, pancreas and other specified organ transplants – covered in designated facilities only	Covered – 100% after deductible, up to \$1 million maximum per transplant type	N/A
Organ and tissue transplants		
Bone marrow – specific criteria apply	Covered – 100% after deductible	N/A
Kidney, cornea and skin	Covered – 100% after deductible	N/A
Other services		
Allergy testing and injections	Covered – 100% after deductible	N/A
Acupuncture	Covered – 90% after deductible	N/A
Chiropractic spinal manipulation	Covered – 90% after deductible, up to 24 visits per calendar year	N/A
Durable medical equipment	Covered – 100% SUPPORT	Covered – 80% SUPPORT

BCN Advantage	HAP Medicare Advantage	HealthPlus Medicare Advantage
Hospital care		
Covered – 100%, unlimited days	Covered – 100%, unlimited days	Covered – 100%, unlimited days
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Alternatives to hospital care		
Covered – 100%, up to 730 days	Covered – 100%, up to 730 days	Covered – 100%, up to 730 days
Covered – 100% in facility, \$10 office visit fee for each home visit	Covered – 100% in facility, \$10 office visit fee for each home visit	Covered – 100% in facility, \$10 office visit fee for each home visit
Covered – 100% in facility, \$10 office visit fee for each home visit	Covered – 100% in facility, \$10 office visit fee for each home visit	Covered – 100% in facility, \$10 office visit fee for each home visit
Surgical services		
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Human organ transplants		
Covered – 100%, subject to medical criteria	Covered – 100%, subject to medical criteria	Covered – 100%, subject to medical criteria
Organ and tissue transplants		
Covered – 100%, subject to medical criteria	Covered – 100%, subject to medical criteria	Covered – 100%, subject to medical criteria
Covered – 100%, subject to medical criteria	Covered – 100%, subject to medical criteria	Covered – 100%, subject to medical criteria
Other services		
Covered – 100%	Covered – 100%	Covered – 100%
Not covered	Not covered	Not covered
Covered – 100% after \$10 copay when referred by primary care physician	Covered – 100% after \$10 copay when referred by primary care physician	Covered – 100% after \$10 copay when referred by primary care physician
Covered – 100%	Covered – 100%	Covered – 100%

**DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFIT DIVISION
FY 2005-2006 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES**

Retiree's State Health Plan					
Effective January 1, 2006					
		Retiree	State	MONTHLY	Retiree
121-BCBS		Share	Share	TOTAL	COBRA
G	Retiree Only	\$ 29.94	\$ 584.09	\$ 614.03	\$ 626.31
L	Retiree & Spouse	\$ 61.40	\$ 1,166.64	\$ 1,228.04	\$ 1,252.60
R	Retiree & Child(ren)	\$ 38.68	\$ 734.77	\$ 773.45	\$ 788.92
W	Retiree, Spouse & Child(ren)	\$ 71.08	\$ 1,350.54	\$ 1,421.62	\$ 1,450.05
H	Retiree 65+ Only	\$ -	\$ 321.95	\$ 321.95	\$ 328.39
M	Retiree 65+ & Spouse 65+	\$ -	\$ 643.91	\$ 643.91	\$ 656.78
S	Retiree 65+ & Child(ren)	\$ -	\$ 481.38	\$ 481.38	\$ 491.00
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ -	\$ 837.50	\$ 837.50	\$ 854.24
N	Retiree under 65 & Spouse 65+	\$ -	\$ 935.98	\$ 935.98	\$ 954.70
P	Retiree 65+ & Spouse under 65	\$ -	\$ 935.98	\$ 935.98	\$ 954.70
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ -	\$ 1,129.56	\$ 1,129.56	\$ 1,152.15
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ -	\$ 1,129.56	\$ 1,129.56	\$ 1,152.15

Retiree's State Dental Plan					
Effective January 1, 2006					
		Retiree	State	MONTHLY	Retiree
DDR		Share	Share	TOTAL	COBRA
E	Retiree Only	\$ 3.96	\$ 35.63	\$ 39.59	\$ 40.38
S	Retiree & Spouse	\$ 7.21	\$ 64.93	\$ 72.14	\$ 73.58
C	Retiree & Child(ren)	\$ 8.81	\$ 79.31	\$ 88.13	\$ 89.89
F	Retiree, Spouse & Child(ren)	\$ 12.06	\$ 108.63	\$ 120.69	\$ 123.10

Retiree's State Vision Plan					
Effective January 1, 2006					
		Retiree	State	MONTHLY	Retiree
VBR		Share	Share	TOTALS	COBRA
E	Retiree Only	\$ 0.64	\$ 5.73	\$ 6.37	\$ 6.50
S	Retiree & Spouse	\$ 1.05	\$ 9.32	\$ 10.36	\$ 10.57
C	Retiree & Child(ren)	\$ 1.45	\$ 13.04	\$ 14.49	\$ 14.78
F	Retiree, Spouse & Child(ren)	\$ 1.86	\$ 16.62	\$ 18.48	\$ 18.85

**DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFIT DIVISION
FY 2005-2006 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES**

Blue Care Network Mid Michigan					
Effective January 1, 2006					
Service Area: Clinton, Eaton, Ingham, Jackson, Livingston					
171		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
G	Retiree Only	\$ 101.22	\$ 584.09	\$ 685.31	\$ 699.02
L	Retiree & Spouse	\$ 203.98	\$ 1,166.64	\$ 1,370.62	\$ 1,398.03
R	Retiree & Child(ren)	\$ 128.03	\$ 734.77	\$ 862.80	\$ 880.06
W	Retiree, Spouse & Child(ren)	\$ 235.95	\$ 1,350.54	\$ 1,586.49	\$ 1,618.22
H	Retiree 65+ Only	\$ -	\$ 291.16	\$ 291.16	\$ 296.98
M	Retiree 65+ & Spouse 65+	\$ -	\$ 582.32	\$ 582.32	\$ 593.97
S	Retiree 65+ & Child(ren)	\$ -	\$ 468.65	\$ 468.65	\$ 478.02
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ -	\$ 759.81	\$ 759.81	\$ 775.01
N	Retiree under 65 & Spouse 65+	\$ -	\$ 935.98	\$ 935.98	\$ 954.70
P	Retiree 65+ & Spouse under 65	\$ -	\$ 935.98	\$ 935.98	\$ 954.70
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ -	\$ 1,129.56	\$ 1,129.56	\$ 1,152.15
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ -	\$ 1,129.56	\$ 1,129.56	\$ 1,152.15

Blue Care Network East Michigan-Flint					
Effective January 1, 2006					
Service Area: Genesee, Lapeer, Shiawassee					
181		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
G	Retiree Only	\$ 104.41	\$ 584.09	\$ 688.50	\$ 702.27
L	Retiree & Spouse	\$ 210.38	\$ 1,166.64	\$ 1,377.02	\$ 1,404.56
R	Retiree & Child(ren)	\$ 132.06	\$ 734.77	\$ 866.83	\$ 884.17
W	Retiree, Spouse & Child(ren)	\$ 243.35	\$ 1,350.54	\$ 1,593.89	\$ 1,625.77
H	Retiree 65+ Only	\$ -	\$ 321.95	\$ 321.95	\$ 328.39
M	Retiree 65+ & Spouse 65+	\$ -	\$ 643.91	\$ 643.90	\$ 656.78
S	Retiree 65+ & Child(ren)	\$ -	\$ 481.38	\$ 481.38	\$ 491.01
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ -	\$ 822.23	\$ 822.23	\$ 838.67
N	Retiree under 65 & Spouse 65+	\$ -	\$ 935.98	\$ 935.98	\$ 954.70
P	Retiree 65+ & Spouse under 65	\$ -	\$ 935.98	\$ 935.98	\$ 954.70
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ -	\$ 1,129.56	\$ 1,129.56	\$ 1,152.15
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ -	\$ 1,129.56	\$ 1,129.56	\$ 1,152.15

**DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFIT DIVISION
FY 2005-2006 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES**

Blue Care Network East Michigan-Saginaw					
Effective January 1, 2006					
Service Area: Saginaw					
		Retiree	State	MONTHLY	Retiree
191		Share	Share	TOTAL	COBRA
G	Retiree Only	\$ 93.96	\$ 584.09	\$ 678.05	\$ 691.61
L	Retiree & Spouse	\$ 189.45	\$ 1,166.64	\$ 1,356.09	\$ 1,383.21
R	Retiree & Child(ren)	\$ 118.90	\$ 734.77	\$ 853.67	\$ 870.74
W	Retiree, Spouse & Child(ren)	\$ 219.15	\$ 1,350.54	\$ 1,569.69	\$ 1,601.08
H	Retiree 65+ Only	\$ -	\$ 321.95	\$ 321.95	\$ 328.39
M	Retiree 65+ & Spouse 65+	\$ -	\$ 643.91	\$ 643.90	\$ 656.78
S	Retiree 65+ & Child(ren)	\$ -	\$ 481.38	\$ 481.38	\$ 491.01
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ -	\$ 819.52	\$ 819.52	\$ 835.91
N	Retiree under 65 & Spouse 65+	\$ -	\$ 935.98	\$ 935.98	\$ 954.70
P	Retiree 65+ & Spouse under 65	\$ -	\$ 935.98	\$ 935.98	\$ 954.70
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ -	\$ 1,129.56	\$ 1,129.56	\$ 1,152.15
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ -	\$ 1,129.56	\$ 1,129.56	\$ 1,152.15

Blue Care Network Southeast Michigan					
Effective January 1, 2006					
Service Area: Macomb, Oakland, Washtenaw, Wayne					
		Retiree	State	MONTHLY	Retiree
211		Share	Share	TOTAL	COBRA
G	Retiree Only	\$ 101.70	\$ 584.09	\$ 685.79	\$ 699.51
L	Retiree & Spouse	\$ 204.96	\$ 1,166.64	\$ 1,371.60	\$ 1,399.03
R	Retiree & Child(ren)	\$ 128.65	\$ 734.77	\$ 863.42	\$ 880.69
W	Retiree, Spouse & Child(ren)	\$ 237.09	\$ 1,350.54	\$ 1,587.63	\$ 1,619.38
H	Retiree 65+ Only	\$ -	\$ 314.96	\$ 314.96	\$ 321.26
M	Retiree 65+ & Spouse 65+	\$ -	\$ 629.92	\$ 629.92	\$ 642.52
S	Retiree 65+ & Child(ren)	\$ -	\$ 481.38	\$ 481.38	\$ 491.01
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ -	\$ 807.55	\$ 807.55	\$ 823.70
N	Retiree under 65 & Spouse 65+	\$ -	\$ 935.98	\$ 935.98	\$ 954.70
P	Retiree 65+ & Spouse under 65	\$ -	\$ 935.98	\$ 935.98	\$ 954.70
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ -	\$ 1,129.56	\$ 1,129.56	\$ 1,152.15
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ -	\$ 1,129.56	\$ 1,129.56	\$ 1,152.15

**DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFIT DIVISION
FY 2005-2006 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES**

Blue Care Network West Michigan-Great Lakes					
Effective January 1, 2006					
Service Area: Calhoun, Kalamazoo, Kent, Muskegon, Ottawa					
		Retiree	State	MONTHLY	Retiree
311		Share	Share	TOTAL	COBRA
G	Retiree Only	\$ 60.67	\$ 584.09	\$ 644.76	\$ 657.66
L	Retiree & Spouse	\$ 122.87	\$ 1,166.64	\$ 1,289.51	\$ 1,315.30
R	Retiree & Child(ren)	\$ 77.62	\$ 734.77	\$ 812.39	\$ 828.64
W	Retiree, Spouse & Child(ren)	\$ 145.30	\$ 1,350.54	\$ 1,495.84	\$ 1,525.76
H	Retiree 65+ Only	\$ -	\$ 272.89	\$ 272.89	\$ 278.35
M	Retiree 65+ & Spouse 65+	\$ -	\$ 545.78	\$ 545.78	\$ 556.70
S	Retiree 65+ & Child(ren)	\$ -	\$ 440.52	\$ 440.52	\$ 449.33
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ -	\$ 713.41	\$ 713.41	\$ 727.68
N	Retiree under 65 & Spouse 65+	\$ -	\$ 917.65	\$ 917.65	\$ 936.00
P	Retiree 65+ & Spouse under 65	\$ -	\$ 917.65	\$ 917.65	\$ 936.00
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ -	\$ 1,085.28	\$ 1,085.28	\$ 1,106.99
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ -	\$ 1,085.28	\$ 1,085.28	\$ 1,106.99

Health Alliance Plan					
Effective January 1, 2006					
Service Area: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne					
		Retiree	State	MONTHLY	Retiree
201		Share	Share	TOTAL	COBRA
G	Retiree Only	\$ 45.68	\$ 584.09	\$ 629.77	\$ 642.37
L	Retiree & Spouse	\$ 92.90	\$ 1,166.64	\$ 1,259.54	\$ 1,284.73
R	Retiree & Child(ren)	\$ 58.74	\$ 734.77	\$ 793.51	\$ 809.38
W	Retiree, Spouse & Child(ren)	\$ 110.53	\$ 1,350.54	\$ 1,461.07	\$ 1,490.29
H	Retiree 65+ Only	\$ -	\$ 262.21	\$ 262.21	\$ 267.45
M	Retiree 65+ & Spouse 65+	\$ -	\$ 524.42	\$ 524.42	\$ 534.91
S	Retiree 65+ & Child(ren)	\$ -	\$ 425.95	\$ 425.95	\$ 434.47
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ -	\$ 725.95	\$ 725.95	\$ 740.47
N	Retiree under 65 & Spouse 65+	\$ -	\$ 891.98	\$ 891.98	\$ 909.82
P	Retiree 65+ & Spouse under 65	\$ -	\$ 891.98	\$ 891.98	\$ 909.82
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ -	\$ 1,093.51	\$ 1,093.51	\$ 1,115.38
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ -	\$ 1,093.51	\$ 1,093.51	\$ 1,115.38

**DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFIT DIVISION
FY 2005-2006 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES**

HealthPlus					
Effective January 1, 2006					
Service Area: Genesee, Lapeer, Shiawassee					
		Retiree	State	MONTHLY	Retiree
622		Share	Share	TOTAL	COBRA
G	Retiree Only	\$ 72.64	\$ 584.09	\$ 656.73	\$ 669.86
L	Retiree & Spouse	\$ 146.82	\$ 1,166.64	\$ 1,313.46	\$ 1,339.73
R	Retiree & Child(ren)	\$ 92.71	\$ 734.77	\$ 827.48	\$ 844.03
W	Retiree, Spouse & Child(ren)	\$ 173.07	\$ 1,350.54	\$ 1,523.61	\$ 1,554.08
H	Retiree 65+ Only	\$ -	\$ 269.25	\$ 269.25	\$ 274.64
M	Retiree 65+ & Spouse 65+	\$ -	\$ 538.50	\$ 538.50	\$ 549.27
S	Retiree 65+ & Child(ren)	\$ 93.23	\$ 481.38	\$ 574.61	\$ 586.10
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 6.36	\$ 837.50	\$ 843.86	\$ 860.74
N	Retiree under 65 & Spouse 65+	\$ -	\$ 925.98	\$ 925.98	\$ 944.50
P	Retiree 65+ & Spouse under 65	\$ -	\$ 925.98	\$ 925.98	\$ 944.50
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 6.57	\$ 1,129.56	\$ 1,136.13	\$ 1,158.85
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 6.57	\$ 1,129.56	\$ 1,136.13	\$ 1,158.85

The following HMO's are not available to retirees or spouse who are Medicare eligible or will become Medicare eligible by September 30, 2006.

Care Choices					
Effective January 1, 2006					
		Retiree	State	MONTHLY	Retiree
444		Share	Share	TOTAL	COBRA
G	Retiree Only	\$ 41.21	\$ 584.09	\$ 625.30	\$ 637.81
L	Retiree & Spouse	\$ 83.96	\$ 1,166.64	\$ 1,250.60	\$ 1,275.61
R	Retiree & Child(ren)	\$ 52.86	\$ 734.77	\$ 787.63	\$ 803.38
W	Retiree, Spouse & Child(ren)	\$ 97.21	\$ 1,350.54	\$ 1,447.75	\$ 1,476.71

M-Care					
Effective January 1, 2006					
PP Code		Retiree	State	MONTHLY	Retiree
777		Share	Share	TOTAL	COBRA
G	Retiree Only	\$ -	\$ 515.40	\$ 515.40	\$ 525.71
L	Retiree & Spouse	\$ -	\$ 1,030.80	\$ 1,030.80	\$ 1,051.42
R	Retiree & Child(ren)	\$ -	\$ 649.40	\$ 649.40	\$ 662.39
W	Retiree, Spouse & Child(ren)	\$ -	\$ 1,193.15	\$ 1,193.15	\$ 1,217.01

**DEPARTMENT OF CIVIL SERVICE
EMPLOYEE BENEFIT DIVISION
FY 2005-2006 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES**

Priority Health Plan					
Effective January 1, 2006					
		Retiree	State	MONTHLY	Retiree
555		Share	Share	TOTAL	COBRA
G	Retiree Only	\$ 61.55	\$ 584.09	\$ 645.64	\$ 658.55
L	Retiree & Spouse	\$ 123.30	\$ 1,166.64	\$ 1,289.94	\$ 1,315.74
R	Retiree & Child(ren)	\$ 77.89	\$ 734.77	\$ 812.66	\$ 828.91
W	Retiree, Spouse & Child(ren)	\$ 145.79	\$ 1,350.54	\$ 1,496.33	\$ 1,526.26

PHP- Lansing					
Effective January 1, 2006					
		Retiree	State	MONTHLY	Retiree
878		Share	Share	TOTAL	COBRA
G	Retiree Only	\$ 121.71	\$ 584.09	\$ 705.80	\$ 719.92
L	Retiree & Spouse	\$ 244.97	\$ 1,166.64	\$ 1,411.61	\$ 1,439.84
R	Retiree & Child(ren)	\$ 154.27	\$ 734.77	\$ 889.04	\$ 906.82
W	Retiree, Spouse & Child(ren)	\$ 283.61	\$ 1,350.54	\$ 1,634.15	\$ 1,666.83

PHP - Jackson					
Effective January 1, 2006					
		Retiree	State	MONTHLY	Retiree
888		Share	Share	TOTAL	COBRA
G	Retiree Only	\$ 98.94	\$ 584.09	\$ 683.03	\$ 696.69
L	Retiree & Spouse	\$ 199.41	\$ 1,166.64	\$ 1,366.05	\$ 1,393.37
R	Retiree & Child(ren)	\$ 125.56	\$ 734.77	\$ 860.33	\$ 877.54
W	Retiree, Spouse & Child(ren)	\$ 230.86	\$ 1,350.54	\$ 1,581.40	\$ 1,613.03