

CIVIL SERVICE COMMISSION EMPLOYEE BENEFITS DIVISION
RETIREMENT—MONTHLY RATES
FY 2017—2018 GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 1, 2017

For retirees in the Defined Benefit (DB) Retirement Plan and those who converted from the DB Plan to the Defined Contribution (DC) Plan.

Note: For retirees or dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, review the corresponding HMO coverage map to determine eligibility by visiting www.mi.gov/employeebenefits and selecting "Retiree Information" from the right hand menu.

| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
|---|--|---------------|-------------|---------------|---------------|
| BCBSM State Health Plan PPO—w/o Medicare | Self | \$174.49 | \$697.95 | \$872.44 | \$889.89 |
| | Self and Spouse | \$348.98 | \$1,395.90 | \$1,744.88 | \$1,779.77 |
| | Self and Child(ren) | \$219.79 | \$879.17 | \$1,098.96 | \$1,120.94 |
| | Self, Spouse and Child(ren) | \$403.98 | \$1,615.92 | \$2,019.90 | \$2,060.29 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| BCBSM State Health Plan PPO—w/ Medicare Parts A&B | Self | \$0.00 | \$457.44 | \$457.44 | \$466.59 |
| | Self and Spouse | \$0.00 | \$914.90 | \$914.90 | \$933.20 |
| | Self and Child(ren) | \$0.00 | \$683.98 | \$683.98 | \$697.66 |
| | Self, Spouse and Child(ren) | \$0.00 | \$1,189.96 | \$1,189.96 | \$1,213.76 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| BCBSM State Health Plan PPO—1 w/ Medicare, 1 w/o | Self w/o Medicare, Spouse w/ Medicare | \$0.00 | \$1,329.88 | \$1,329.88 | \$1,356.48 |
| | Self w/ Medicare, Spouse w/o Medicare | \$0.00 | \$1,329.88 | \$1,329.88 | \$1,356.48 |
| | Self w/o Medicare, Spouse w/Medicare & Child(ren) | \$0.00 | \$1,604.93 | \$1,604.93 | \$1,637.03 |
| | Self w/ Medicare, Spouse w/o Medicare & Child(ren) | \$0.00 | \$1,604.93 | \$1,604.93 | \$1,637.03 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| State Dental Plan | Self | \$4.67 | \$42.04 | \$46.71 | \$47.64 |
| | Self and Spouse | \$8.51 | \$76.60 | \$85.11 | \$86.81 |
| | Self and Child(ren) | \$10.40 | \$93.56 | \$103.96 | \$106.04 |
| | Self, Spouse and Child(ren) | \$14.24 | \$128.13 | \$142.37 | \$145.22 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| State Vision Plan | Self | \$0.54 | \$4.87 | \$5.41 | \$5.52 |
| | Self and Spouse | \$0.88 | \$7.93 | \$8.81 | \$8.98 |
| | Self and Child(ren) | \$1.23 | \$11.09 | \$12.32 | \$12.56 |
| | Self, Spouse and Child(ren) | \$1.57 | \$14.14 | \$15.71 | \$16.02 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| Blue Care Network HMO—w/o Medicare | Self | \$334.65 | \$697.95 | \$1,032.60 | \$1,053.25 |
| | Self and Spouse | \$669.31 | \$1,395.90 | \$2,065.21 | \$2,106.51 |
| | Self and Child(ren) | \$421.91 | \$879.17 | \$1,301.08 | \$1,327.10 |
| | Self, Spouse and Child(ren) | \$779.74 | \$1,615.92 | \$2,395.66 | \$2,443.57 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| Blue Care Network HMO—w/ Medicare Parts A&B | Self | \$52.63 | \$298.26 | \$350.89 | \$357.91 |
| | Self and Spouse | \$105.27 | \$596.51 | \$701.78 | \$715.82 |
| | Self and Child(ren) | \$92.91 | \$526.46 | \$619.37 | \$631.76 |
| | Self, Spouse and Child(ren) | \$145.54 | \$824.72 | \$970.26 | \$989.67 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| Blue Care Network HMO—1 w/ Medicare, 1 w/o | Self w/o Medicare, Spouse w/Medicare | \$207.52 | \$1,175.97 | \$1,383.49 | \$1,411.16 |
| | Self w/ Medicare, Spouse w/o Medicare | \$207.52 | \$1,175.97 | \$1,383.49 | \$1,411.16 |
| | Self w/o Medicare, Spouse w/Medicare & Child(ren) | \$247.80 | \$1,404.17 | \$1,651.97 | \$1,685.01 |
| | Self w/ Medicare, Spouse w/o Medicare & Child(ren) | \$247.80 | \$1,404.17 | \$1,651.97 | \$1,685.01 |

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| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
|--|--|---------------|-------------|---------------|---------------|
| Health Alliance Plan HMO—w/o Medicare | Self | \$467.90 | \$697.95 | \$1,165.85 | \$1,189.17 |
| | Self and Spouse | \$935.80 | \$1,395.90 | \$2,331.70 | \$2,378.33 |
| | Self and Child(ren) | \$589.83 | \$879.17 | \$1,469.00 | \$1,498.38 |
| | Self, Spouse and Child(ren) | \$1,088.85 | \$1,615.92 | \$2,704.77 | \$2,758.87 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| Health Alliance Plan HMO—w/ Medicare Parts A&B | Self | \$65.36 | \$370.40 | \$435.76 | \$444.48 |
| | Self and Spouse | \$130.73 | \$740.79 | \$871.52 | \$888.95 |
| | Self and Child(ren) | \$110.84 | \$628.07 | \$738.91 | \$753.69 |
| | Self, Spouse and Child(ren) | \$176.20 | \$998.47 | \$1,174.67 | \$1,198.16 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| Health Alliance Plan HMO—1 w/ Medicare, 1 w/o | Self w/o Medicare, Spouse w/Medicare | \$271.73 | \$1,329.88 | \$1,601.61 | \$1,633.64 |
| | Self w/ Medicare, Spouse w/o Medicare | \$271.73 | \$1,329.88 | \$1,601.61 | \$1,633.64 |
| | Self w/o Medicare, Spouse w/Medicare & Child(ren) | \$299.83 | \$1,604.93 | \$1,904.76 | \$1,942.86 |
| | Self w/ Medicare, Spouse w/o Medicare & Child(ren) | \$369.75 | \$1,604.93 | \$1,974.68 | \$2,014.17 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| Physician's Health Plan HMO—w/o Medicare* | Self | \$604.85 | \$697.95 | \$1,302.80 | \$1,328.86 |
| | Self and Spouse | \$1,209.68 | \$1,395.90 | \$2,605.58 | \$2,657.69 |
| | Self and Child(ren) | \$761.84 | \$879.17 | \$1,641.01 | \$1,673.83 |
| | Self, Spouse and Child(ren) | \$1,400.44 | \$1,615.92 | \$3,016.36 | \$3,076.69 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| Priority Health Plan HMO—w/o Medicare | Self | \$506.28 | \$697.95 | \$1,204.23 | \$1,228.31 |
| | Self and Spouse | \$1,010.15 | \$1,395.90 | \$2,406.05 | \$2,454.17 |
| | Self and Child(ren) | \$636.59 | \$879.17 | \$1,515.76 | \$1,546.08 |
| | Self, Spouse and Child(ren) | \$1,175.00 | \$1,615.92 | \$2,790.92 | \$2,846.74 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| Priority Health Plan HMO—w/ Medicare Parts A&B | Self | \$73.31 | \$415.42 | \$488.73 | \$498.50 |
| | Self and Spouse | \$146.62 | \$830.84 | \$977.46 | \$997.01 |
| | Self and Child(ren) | \$329.23 | \$683.98 | \$1,013.21 | \$1,033.47 |
| | Self, Spouse and Child(ren) | \$311.98 | \$1,189.96 | \$1,501.94 | \$1,531.98 |
| Plan Name | Option | Retiree Share | State Share | Monthly TOTAL | Monthly COBRA |
| Priority Health Plan HMO—1 w/ Medicare, 1 w/o | Self w/o Medicare, Spouse w/Medicare | \$194.39 | \$1,101.53 | \$1,295.92 | \$1,321.84 |
| | Self w/ Medicare, Spouse w/o Medicare | \$194.39 | \$1,101.53 | \$1,295.92 | \$1,321.84 |
| | Self w/o Medicare, Spouse w/Medicare & Child(ren) | \$273.06 | \$1,547.34 | \$1,820.40 | \$1,856.81 |
| | Self w/ Medicare, Spouse w/o Medicare & Child(ren) | \$273.06 | \$1,547.34 | \$1,820.40 | \$1,856.81 |

* (This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.)