

**Michigan Civil Service Commission  
RETIREE BENEFITS BULLETIN**

DATE: <b>October 2010</b>	NUMBER: <b>GIS 01-2010R</b>
CONTACT: <b>MI HR SERVICE CENTER</b>	TELEPHONE NO.: <b>(517) 335-0529 Lansing Area (877) 766-6447 Toll-Free</b>
SUBJECT: <b>IMPORTANT INSURANCE INFORMATION FOR Defined Benefit Retirees and Defined Contribution Retirees who Elected to Convert from the Defined Benefit Plan</b>  <b><i>Please Retain This Bulletin For Future Reference</i></b>	

### **OCTOBER 2010 INSURANCE RATES**

Attached is an insurance rate chart, which will take effect October 1, 2010. Premiums shown on the chart will be reflected in your October pension check.

Premium rates for the State Health Plan PPO (SHP PPO), administered by Blue Cross Blue Shield of Michigan (BCBSM), will increase by 15% for the 2010-2011 fiscal year. Retirees with Medicare will continue to have 100% of the SHP PPO premiums paid by the State of Michigan. Dental insurance rates will increase 5%. Vision rates will remain the same. HMO premium rates are also listed on the attached chart.

For members retired under the State Police Retirement Act, the above premium increases apply. To view the State Police retiree rates, go to [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). From the links on the left, click on "Insurance Rates", then "2010-2011 Insurance Rates". From the center of the page under 2010-2011 Retiree Insurance Rates, click on "State Police - Health, Dental, and Vision Insurance".

### **IMPORTANT MEDICARE ENROLLMENT INFORMATION**

#### **Medicare Parts A and B**

Medicare automatically enrolls you in Parts A and B. You **must** remain enrolled in Medicare Parts A and B to continue your health care coverage as a retiree. If you decline Medicare Part B, you may be **financially responsible** for up to 80% of your Part B health care claims.

## REMINDERS FOR MEMBERS OF BLUE CROSS BLUE SHIELD OF MICHIGAN

**SUPPORT Program** – Durable Medical Equipment, Prosthetic and Orthotic Devices, and Medical Supplies: (800) 321-8074

Through this program, you can obtain durable medical equipment, prosthetic and orthotic devices, and medical supplies with no copays or deductibles when they are obtained within the SUPPORT network.

**Walgreens Specialty Pharmacy for Specialty Drugs:** (866) 515-1355

Specialty drugs are prescription medications that require special handling, administration or monitoring. Specialty drugs treat complex and chronic conditions. You can fill prescriptions for specialty drugs at a retail pharmacy, but not all pharmacies will dispense specialty drugs. Call your pharmacy in advance to verify that it can fill your prescription. If your pharmacy cannot fill your specialty medication, prescriptions should be filled through Walgreens Specialty Pharmacy mail order service.

**Blue Health Connection Program:** (800) 775-2583

As a Blues member, you and your covered dependents can participate in several wellness programs offered through Blue Health Connection. Through this program, you have access to general health education, health coaching, a smoking cessation program, online health resources, and a 24-hour nurse help line.

## CHANGING INSURANCE CARRIERS

As a retiree, you are not restricted to an open enrollment window to make changes to your health insurance plan. Changes are subject to a “rolling enrollment window” with the following changes subject to a **six-month waiting period**:

- A. The retiree is enrolled in an HMO and wants to enroll in the SHP PPO.
- B. The retiree does not notify ORS within 30 days of a qualifying event (marriage, death, divorce or involuntary loss of coverage).
- C. The retiree is currently not enrolled in any insurance plan.

The six-month waiting period **is waived** when:

- A. The retiree is enrolled in the SHP PPO and wants to enroll in an HMO.
- B. The retiree is currently in an HMO and wants to transfer to a different HMO.
- C. The retiree is enrolled in an HMO and is moving out of the service area.
- D. The retiree notifies ORS within 30 days of a qualifying event (marriage, death, divorce or involuntary loss of coverage).

## **Defined Benefit Retirement Health Care**

If you wish to make changes to your State Health, Dental or Vision plans (enroll, add or delete dependents), you may do so by using miAccount, the online account access tool available through the ORS website. If you have not yet registered in miAccount, go to [www.michigan.gov/orsmiaccount](http://www.michigan.gov/orsmiaccount) and click on “State Employees Retirement System – Defined Benefit Plan” in the center of the page. From the log-in page, click on “Register Now”. Once you are logged in, click on “Insurance Plans” from the links on the left.

If you are unable to access miAccount, you can use the Insurance Enrollment/Change Request (R0452G) available on the State Defined Benefit website at [www.michigan.gov/orsstatedb](http://www.michigan.gov/orsstatedb). On the left side of the screen, click on “Forms and Publications”. Please send your completed form to ORS.

### **HMO**

To enroll in an HMO, request the enrollment form directly from the HMO. HMO contact information is included with this mailing. Send your completed HMO form, along with the Insurance Enrollment/Change Request (R0452G) to ORS. If you make your changes through miAccount, you only need to submit the HMO form to ORS.

### **ADDITIONAL INFORMATION**

Information regarding COBRA rights to continue State sponsored group insurances is available on the Civil Service Commission website at: [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). From the left menu, click “COBRA”, then click “COBRA Notice – Retiree” in the center of the page.

The HIPAA Notice of Privacy Practices for the benefits plans is also available on the Civil Service Commission website at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). From the left menu, click on “HIPAA.” You may also contact the Employee Benefits Division at (800) 505-5011 or (517) 373-7977, or 711 for the Michigan Relay Center for hearing impaired.

### **QUESTIONS**

Questions regarding the information in this bulletin may be directed to MI HR Service Center toll-free at (877) 766-6447, Lansing area at (517) 335-0529 or the Michigan Relay Center for the hearing impaired at 711.

**STATE SPONSORED GROUP INSURANCE PLAN BENEFIT ADMINISTRATORS  
FOR RETIREES**

<p align="center"><b>STATE HEALTH PLAN PPO</b> BCBSM State of Michigan Service Center (800) 843-4876 <a href="http://www.bcbsm.com/som">www.bcbsm.com/som</a></p>	<p align="center"><b>MANAGED PHARMACY/MAIL SERVICE PRESCRIPTION DRUG PROGRAM</b> BCBSM State of Michigan Service Center (800) 843-4876 <a href="http://www.bcbsm.com/som">www.bcbsm.com/som</a></p>
<p align="center"><b>STATE VISION PLAN</b> BCBSM State of Michigan Service Center (800) 843-4876 <a href="http://www.bcbsm.com/som">www.bcbsm.com/som</a></p>	<p align="center"><b>SUPPORT PROGRAM DURABLE MEDICAL EQUIPMENT</b> (800) 321-8074</p>
<p align="center"><b>STATE DENTAL PLAN</b> Delta Dental Plan of Michigan (800) 524-0150 <a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a></p>	<p align="center"><b>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES</b> Magellan Health Services (866) 503-3158 <a href="http://www.magellanassist.com">www.magellanassist.com</a></p>
<p align="center"><b>HEALTH MAINTENANCE ORGANIZATIONS (HMOs)</b></p>	
<p align="center"><b>Blue Care Network:</b> <b>Great Lakes, Mid-Michigan, East Michigan-Flint, East Michigan-Saginaw and Southeast Michigan</b> (800) 662-6667 <b>BCN Advantage</b> (800) 450-3680 <a href="http://www.mibcn.com">www.mibcn.com</a></p>	<p align="center"><b>Physicians Health Plan of Mid-Michigan (Lansing)</b> (800) 832-9186 or (517) 364-8500 <a href="http://www.phpmm.org">www.phpmm.org</a></p>
<p align="center"><b>HealthPlus of Michigan</b> Flint (800) 332-9161 Saginaw (800) 942-8816</p> <p align="center"><b>HealthPlus Senior</b> (800) 332-9161 <a href="http://www.healthplus.com">www.healthplus.com</a></p>	<p align="center"><b>Priority Health West, Priority Health East and Priority Health South</b> (800) 446-5674 or (616) 942-1221</p> <p align="center"><b>Priority Medicare</b> (888) 389-6648 or (616) 464-8820 <a href="http://www.priority-health.com">www.priority-health.com</a></p>
<p align="center"><b>Health Alliance Plan</b> (800) 422-4641 or (313) 872-8100</p> <p align="center"><b>HAP Senior Plus</b> (800) 801-1770 or (313) 664-7015 <a href="http://www.hap.org">www.hap.org</a></p>	
<p align="center"><b>STATE OF MICHIGAN</b></p>	
<p align="center"><b>Office of Retirement Services</b> P.O. Box 30171 Lansing, MI 48909 (800) 381-5111</p>	<p align="center"><b>Employee Benefits Division</b> P.O. Box 30002 Lansing, MI 48909 (800) 505-5011</p>

Notice of Creditable Prescription Drug Coverage  
For Medicare-Eligible Employees, Retirees, and Dependents  
Enrolled in the State of Michigan Health Plans  
October 2010

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This notice is for all current State employees, retirees, and dependents with prescription drug coverage under a health plan offered by the State of Michigan [including the State Health Plan PPO and approved Health Maintenance Organizations (HMOs)] who are Medicare-eligible or will become Medicare-eligible within the next 12 months.

**IF YOU ARE NOT MEDICARE-ELIGIBLE AND WILL NOT BECOME MEDICARE-ELIGIBLE IN THE NEXT 12 MONTHS, YOU MAY DISREGARD THIS NOTICE.**

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If you are eligible for Medicare, you can enroll in a Medicare Part D prescription drug plan (Part D Plan) when you first become eligible for Medicare and each year thereafter between November 15 and December 31. All Part D Plans provide at least a standard level of coverage set by Medicare. You must decide whether to enroll in a Part D Plan or keep your State Health Plan prescription drug coverage. This notice gives important information to help you decide.

1. The State of Michigan has determined that the prescription drug coverage provided under its health plans is, on average for all plan participants, expected to pay out at least as much as the standard Medicare prescription drug coverage and is, therefore, considered creditable coverage.
2. Because the prescription drug coverage under the State health plans is creditable coverage, you can keep your State Health Plan prescription drug coverage; you do not have to enroll in a Part D Plan.
3. If you decide to enroll in a Part D Plan, you will not have to pay a penalty to enroll for Part D Plan coverage, unless you do not join the Part D Plan within 63 days after your State health plan prescription drug coverage ends.
4. Your current State Health Plan coverage pays for other health expenses (hospitalizations, doctor visits, etc.) in addition to prescription drugs. You will still be eligible to receive these other benefits if you choose to enroll in a Part D Plan.
5. If you decide to enroll in a Part D Plan, **your prescription drug coverage under the State health plan will stop** and we cannot guarantee that you will be eligible to restore coverage if you later discontinue your Part D Plan.
6. **You do not need to take any action if you wish to continue your prescription drug coverage under your current State health plan.**

**Please keep this Notice. If you enroll in a new Part D Plan approved by Medicare, you may be required to provide a copy of this Notice to avoid paying a higher premium amount.**

**This Notice of Creditable Coverage is provided by the Michigan Civil Service Commission, Employee Benefits Division, P.O. Box 30002, Lansing, MI 48909.**

For questions regarding **this notice only** (and not general Medicare information), please call the MI HR Service Center at (517) 335-0529 or (877) 766-6447 or 711 to reach the Michigan Relay Center for hearing impaired. You will receive this notice annually. You also may request a copy from the Employee Benefits Division or print a copy of this notice from the Employee Benefits section of the Michigan Civil Service Commission website at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs).

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**WHERE TO GET MORE INFORMATION ABOUT MEDICARE PART D:**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

1. Visit [www.medicare.gov](http://www.medicare.gov) for personalized information. The “Medicare & You” booklet is also available for download on this site.
  2. Call 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048 (TTY).
  3. Call your State Health Insurance Assistance Program for personalized help. Michigan residents may call 1-800-803-7174. For other states, look in the “Medicare & You” handbook for telephone numbers.
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For people with limited income and resources, help paying for Medicare prescription drug coverage may be available. Information about this help is available online from the Social Security Administration (SSA) at [www.socialsecurity.gov](http://www.socialsecurity.gov), or by phone at 1-800-772-1213 or 1-800-325-0778 (TTY).

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**CIVIL SERVICE COMMISSION  
EMPLOYEE BENEFIT DIVISION**

**FY 2010 - 2011 GROUP INSURANCE PREMIUM RATES**

**RETIREMENT - MONTHLY RATES**

Effective October 1, 2010

Rates apply to retirees under the State's Defined Benefit Retirement Plan and to those who converted from the Defined Benefit Plan to the Defined Contribution plan.

<b>Retirees' State Health Plan - Blue Cross Blue Shield PPO</b>					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
121-BCBS					
G	Retiree Only	\$ 73.44	\$ 660.94	\$ 734.38	\$ 749.07
L	Retiree & Spouse	\$ 146.88	\$ 1,321.87	\$ 1,468.75	\$ 1,498.13
R	Retiree & Child(ren)	\$ 92.51	\$ 832.54	\$ 925.05	\$ 943.55
W	Retiree, Spouse & Child(ren)	\$ 170.03	\$ 1,530.22	\$ 1,700.25	\$ 1,734.26
H	Retiree 65+ Only	\$ -	\$ 385.05	\$ 385.05	\$ 392.75
M	Retiree 65+ & Spouse 65+	\$ -	\$ 770.12	\$ 770.12	\$ 785.52
S	Retiree 65+ & Child(ren)	\$ -	\$ 575.74	\$ 575.74	\$ 587.25
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ -	\$ 1,001.65	\$ 1,001.65	\$ 1,021.68
N	Retiree under 65 & Spouse 65+	\$ -	\$ 1,119.43	\$ 1,119.43	\$ 1,141.82
P	Retiree 65+ & Spouse under 65	\$ -	\$ 1,119.43	\$ 1,119.43	\$ 1,141.82
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ -	\$ 1,350.95	\$ 1,350.95	\$ 1,377.97
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ -	\$ 1,350.95	\$ 1,350.95	\$ 1,377.97

<b>Retirees' State Dental Plan</b>					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
DDR					
E	Retiree Only	\$ 4.37	\$ 39.28	\$ 43.65	\$ 44.52
S	Retiree & Spouse	\$ 7.95	\$ 71.59	\$ 79.54	\$ 81.13
C	Retiree & Child(ren)	\$ 9.72	\$ 87.44	\$ 97.16	\$ 99.10
F	Retiree, Spouse & Child(ren)	\$ 13.31	\$ 119.75	\$ 133.06	\$ 135.72

<b>Retirees' State Vision Plan</b>					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
VBR					
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

**Blue Care Network Mid-Michigan**

171		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 457.08	\$ 660.94	\$ 1,118.02	\$ 1,140.38
L	Retiree & Spouse	\$ 914.17	\$ 1,321.87	\$ 2,236.04	\$ 2,280.76
R	Retiree & Child(ren)	\$ 576.17	\$ 832.54	\$ 1,408.71	\$ 1,436.88
W	Retiree, Spouse & Child(ren)	\$ 1,063.59	\$ 1,530.22	\$ 2,593.81	\$ 2,645.69
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Clinton, Eaton, Ingham, and Jackson Counties.</b>					
H	Retiree 65+ Only	\$ 36.97	\$ 385.05	\$ 422.02	\$ 430.46
M	Retiree 65+ & Spouse 65+	\$ 73.92	\$ 770.12	\$ 844.04	\$ 860.92
S	Retiree 65+ & Child(ren)	\$ 136.94	\$ 575.74	\$ 712.68	\$ 726.93
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 133.05	\$ 1,001.65	\$ 1,134.70	\$ 1,157.39
N	Retiree under 65 & Spouse 65+	\$ 420.58	\$ 1,119.43	\$ 1,540.01	\$ 1,570.81
P	Retiree 65+ & Spouse under 65	\$ 420.58	\$ 1,119.43	\$ 1,540.01	\$ 1,570.81
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 479.72	\$ 1,350.95	\$ 1,830.67	\$ 1,867.28
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 479.72	\$ 1,350.95	\$ 1,830.67	\$ 1,867.28

**Blue Care Network East Michigan-Flint**

181		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 378.04	\$ 660.94	\$ 1,038.98	\$ 1,059.76
L	Retiree & Spouse	\$ 756.10	\$ 1,321.87	\$ 2,077.97	\$ 2,119.53
R	Retiree & Child(ren)	\$ 476.58	\$ 832.54	\$ 1,309.12	\$ 1,335.30
W	Retiree, Spouse & Child(ren)	\$ 880.22	\$ 1,530.22	\$ 2,410.44	\$ 2,458.65

**Rates for Retirees or Dependents with Medicare.**

**Service Area: Bay, Genesee, Gratiot, Lapeer, Midland, Shiawassee, and Tuscola Counties.**

H	Retiree 65+ Only	\$ 54.35	\$ 385.05	\$ 439.40	\$ 448.19
M	Retiree 65+ & Spouse 65+	\$ 108.68	\$ 770.12	\$ 878.80	\$ 896.38
S	Retiree 65+ & Child(ren)	\$ 133.80	\$ 575.74	\$ 709.54	\$ 723.73
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 147.29	\$ 1,001.65	\$ 1,148.94	\$ 1,171.92
N	Retiree under 65 & Spouse 65+	\$ 358.95	\$ 1,119.43	\$ 1,478.38	\$ 1,507.95
P	Retiree 65+ & Spouse under 65	\$ 358.95	\$ 1,119.43	\$ 1,478.38	\$ 1,507.95
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 397.57	\$ 1,350.95	\$ 1,748.52	\$ 1,783.49
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 397.57	\$ 1,350.95	\$ 1,748.52	\$ 1,783.49

**Blue Care Network East Michigan-Saginaw**

<b>Blue Care Network East Michigan-Saginaw</b>					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
191					
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 272.14	\$ 660.94	\$ 933.08	\$ 951.74
L	Retiree & Spouse	\$ 544.30	\$ 1,321.87	\$ 1,866.17	\$ 1,903.49
R	Retiree & Child(ren)	\$ 343.15	\$ 832.54	\$ 1,175.69	\$ 1,199.20
W	Retiree, Spouse & Child(ren)	\$ 634.54	\$ 1,530.22	\$ 2,164.76	\$ 2,208.06
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Saginaw County.</b>					
H	Retiree 65+ Only	\$ 54.35	\$ 385.05	\$ 439.40	\$ 448.19
M	Retiree 65+ & Spouse 65+	\$ 108.68	\$ 770.12	\$ 878.80	\$ 896.38
S	Retiree 65+ & Child(ren)	\$ 106.27	\$ 575.74	\$ 682.01	\$ 695.65
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 119.76	\$ 1,001.65	\$ 1,121.41	\$ 1,143.84
N	Retiree under 65 & Spouse 65+	\$ 253.05	\$ 1,119.43	\$ 1,372.48	\$ 1,399.93
P	Retiree 65+ & Spouse under 65	\$ 253.05	\$ 1,119.43	\$ 1,372.48	\$ 1,399.93
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 264.14	\$ 1,350.95	\$ 1,615.09	\$ 1,647.39
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 264.14	\$ 1,350.95	\$ 1,615.09	\$ 1,647.39

**Blue Care Network Southeast Michigan**

<b>Blue Care Network Southeast Michigan</b>					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
211					
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 418.83	\$ 660.94	\$ 1,079.77	\$ 1,101.37
L	Retiree & Spouse	\$ 837.67	\$ 1,321.87	\$ 2,159.54	\$ 2,202.73
R	Retiree & Child(ren)	\$ 527.97	\$ 832.54	\$ 1,360.51	\$ 1,387.72
W	Retiree, Spouse & Child(ren)	\$ 974.85	\$ 1,530.22	\$ 2,505.07	\$ 2,555.17
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.</b>					
H	Retiree 65+ Only	\$ 97.86	\$ 385.05	\$ 482.91	\$ 492.57
M	Retiree 65+ & Spouse 65+	\$ 195.70	\$ 770.12	\$ 965.82	\$ 985.14
S	Retiree 65+ & Child(ren)	\$ 187.90	\$ 575.74	\$ 763.64	\$ 778.91
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 244.90	\$ 1,001.65	\$ 1,246.55	\$ 1,271.48
N	Retiree under 65 & Spouse 65+	\$ 443.25	\$ 1,119.43	\$ 1,562.68	\$ 1,593.93
P	Retiree 65+ & Spouse under 65	\$ 443.25	\$ 1,119.43	\$ 1,562.68	\$ 1,593.93
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 492.46	\$ 1,350.95	\$ 1,843.41	\$ 1,880.28
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 492.46	\$ 1,350.95	\$ 1,843.41	\$ 1,880.28

**Blue Care Network West Michigan-Great Lakes**

Blue Care Network West Michigan-Great Lakes					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
311					
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 285.13	\$ 660.94	\$ 946.07	\$ 964.99
L	Retiree & Spouse	\$ 570.27	\$ 1,321.87	\$ 1,892.14	\$ 1,929.98
R	Retiree & Child(ren)	\$ 359.51	\$ 832.54	\$ 1,192.05	\$ 1,215.89
W	Retiree, Spouse & Child(ren)	\$ 664.66	\$ 1,530.22	\$ 2,194.88	\$ 2,238.78
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Allegan, Barry, Calhoun, Ionia, Kalamazoo, Kent, Montcalm, Muskegon, Newaygo, and Ottawa Counties.</b>					
H	Retiree 65+ Only	\$ 20.77	\$ 385.05	\$ 405.82	\$ 413.94
M	Retiree 65+ & Spouse 65+	\$ 41.52	\$ 770.12	\$ 811.64	\$ 827.87
S	Retiree 65+ & Child(ren)	\$ 76.06	\$ 575.74	\$ 651.80	\$ 664.84
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 55.97	\$ 1,001.65	\$ 1,057.62	\$ 1,078.77
N	Retiree under 65 & Spouse 65+	\$ 232.46	\$ 1,119.43	\$ 1,351.89	\$ 1,378.93
P	Retiree 65+ & Spouse under 65	\$ 232.46	\$ 1,119.43	\$ 1,351.89	\$ 1,378.93
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 246.92	\$ 1,350.95	\$ 1,597.87	\$ 1,629.83
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 246.92	\$ 1,350.95	\$ 1,597.87	\$ 1,629.83

**Health Alliance Plan**

Health Alliance Plan					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
201					
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 241.49	\$ 660.94	\$ 902.43	\$ 920.48
L	Retiree & Spouse	\$ 482.99	\$ 1,321.87	\$ 1,804.86	\$ 1,840.96
R	Retiree & Child(ren)	\$ 304.54	\$ 832.54	\$ 1,137.08	\$ 1,159.82
W	Retiree, Spouse & Child(ren)	\$ 563.42	\$ 1,530.22	\$ 2,093.64	\$ 2,135.51
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.</b>					
H	Retiree 65+ Only	\$ -	\$ 375.29	\$ 375.29	\$ 382.80
M	Retiree 65+ & Spouse 65+	\$ -	\$ 750.58	\$ 750.58	\$ 765.59
S	Retiree 65+ & Child(ren)	\$ 34.20	\$ 575.74	\$ 609.94	\$ 622.14
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 37.71	\$ 1,001.65	\$ 1,039.36	\$ 1,060.15
N	Retiree under 65 & Spouse 65+	\$ 158.29	\$ 1,119.43	\$ 1,277.72	\$ 1,303.27
P	Retiree 65+ & Spouse under 65	\$ 158.29	\$ 1,119.43	\$ 1,277.72	\$ 1,303.27
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 215.55	\$ 1,350.95	\$ 1,566.50	\$ 1,597.83
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 215.55	\$ 1,350.95	\$ 1,566.50	\$ 1,597.83

HealthPlus					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
622					
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 382.44	\$ 660.94	\$ 1,043.38	\$ 1,064.25
L	Retiree & Spouse	\$ 764.89	\$ 1,321.87	\$ 2,086.76	\$ 2,128.50
R	Retiree & Child(ren)	\$ 482.12	\$ 832.54	\$ 1,314.66	\$ 1,340.95
W	Retiree, Spouse & Child(ren)	\$ 890.42	\$ 1,530.22	\$ 2,420.64	\$ 2,469.05
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Arenac, Bay, Genesee, Lapeer, Oakland, Saginaw, Shiawassee, St. Clair and Tuscola Counties.</b>					
H	Retiree 65+ Only	\$ -	\$ 380.23	\$ 380.23	\$ 387.83
M	Retiree 65+ & Spouse 65+	\$ -	\$ 760.46	\$ 760.46	\$ 775.67
S	Retiree 65+ & Child(ren)	\$ 261.80	\$ 575.74	\$ 837.54	\$ 854.29
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 216.12	\$ 1,001.65	\$ 1,217.77	\$ 1,242.13
N	Retiree under 65 & Spouse 65+	\$ 304.18	\$ 1,119.43	\$ 1,423.61	\$ 1,452.08
P	Retiree 65+ & Spouse under 65	\$ 304.18	\$ 1,119.43	\$ 1,423.61	\$ 1,452.08
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 282.81	\$ 1,350.95	\$ 1,633.76	\$ 1,666.44
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 282.81	\$ 1,350.95	\$ 1,633.76	\$ 1,666.44

PHP- Lansing					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
878					
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility. This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.</b>					
G	Retiree Only	\$ 294.18	\$ 660.94	\$ 955.12	\$ 974.22
L	Retiree & Spouse	\$ 588.37	\$ 1,321.87	\$ 1,910.24	\$ 1,948.44
R	Retiree & Child(ren)	\$ 370.54	\$ 832.54	\$ 1,203.08	\$ 1,227.14
W	Retiree, Spouse & Child(ren)	\$ 681.17	\$ 1,530.22	\$ 2,211.39	\$ 2,255.62

Priority West					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
555					
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 239.41	\$ 660.94	\$ 900.35	\$ 918.36
L	Retiree & Spouse	\$ 476.99	\$ 1,321.87	\$ 1,798.86	\$ 1,834.84
R	Retiree & Child(ren)	\$ 300.72	\$ 832.54	\$ 1,133.26	\$ 1,155.93
W	Retiree, Spouse & Child(ren)	\$ 556.44	\$ 1,530.22	\$ 2,086.66	\$ 2,128.39

Priority West (con't)					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
555					
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Allegan, Antrim, Benzie, Crawford, Grand Traverse, Kalkaska, Kent, Leenanau, Manistee, Montcalm, Muskegon, Oceana, Osceola, and Ottawa Counties.</b>					
H	Retiree 65+ Only	\$ 214.27	\$ 385.05	\$ 599.32	\$ 611.31
M	Retiree 65+ & Spouse 65+	\$ 428.52	\$ 770.12	\$ 1,198.64	\$ 1,222.61
S	Retiree 65+ & Child(ren)	\$ 483.08	\$ 575.74	\$ 1,058.82	\$ 1,080.00
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 656.49	\$ 1,001.65	\$ 1,658.14	\$ 1,691.30
N	Retiree under 65 & Spouse 65+	\$ 198.05	\$ 1,119.43	\$ 1,317.48	\$ 1,343.83
P	Retiree 65+ & Spouse under 65	\$ 198.05	\$ 1,119.43	\$ 1,317.48	\$ 1,343.83
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 426.03	\$ 1,350.95	\$ 1,776.98	\$ 1,812.52
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 426.03	\$ 1,350.95	\$ 1,776.98	\$ 1,812.52

Priority East					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility. This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.</b>					
G	Retiree Only	\$ 239.41	\$ 660.94	\$ 900.35	\$ 918.36
L	Retiree & Spouse	\$ 476.99	\$ 1,321.87	\$ 1,798.86	\$ 1,834.84
R	Retiree & Child(ren)	\$ 300.72	\$ 832.54	\$ 1,133.26	\$ 1,155.93
W	Retiree, Spouse & Child(ren)	\$ 556.44	\$ 1,530.22	\$ 2,086.66	\$ 2,128.39

Priority South					
		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility. This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.</b>					
G	Retiree Only	\$ 239.41	\$ 660.94	\$ 900.35	\$ 918.36
L	Retiree & Spouse	\$ 476.99	\$ 1,321.87	\$ 1,798.86	\$ 1,834.84
R	Retiree & Child(ren)	\$ 300.72	\$ 832.54	\$ 1,133.26	\$ 1,155.93
W	Retiree, Spouse & Child(ren)	\$ 556.44	\$ 1,530.22	\$ 2,086.66	\$ 2,128.39