

CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
 FY 2017-2018 GROUP INSURANCE PREMIUM RATES
MONTHLY RETIREE COBRA RATES – EFFECTIVE OCTOBER 1, 2017

Plan Name	Option	Retiree
BCBSM State Health Plan PPO - w/o Medicare	Self	\$889.89
	Self and Spouse	\$1,779.77
	Self and Child(ren)	\$1,120.94
	Self, Spouse and Child(ren)	\$2,060.29
Plan Name	Option	Retiree
BCBSM State Health Plan PPO - w/ Medicare Parts A&B	Self	\$466.59
	Self and Spouse	\$933.20
	Self and Child(ren)	\$697.66
	Self, Spouse and Child(ren)	\$1,213.76
Plan Name	Option	Retiree
BCBSM State Health Plan PPO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$1,356.48
	Self w/ Medicare, Spouse w/o Medicare	\$1,356.48
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,637.03
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,637.03
Plan Name	Option	Retiree
State Dental Plan	Self	\$47.64
	Self and Spouse	\$86.81
	Self and Child(ren)	\$106.04
	Self, Spouse and Child(ren)	\$145.22
Plan Name	Option	Retiree
State Vision Plan	Self	\$5.52
	Self and Spouse	\$8.98
	Self and Child(ren)	\$12.56
	Self, Spouse and Child(ren)	\$16.02
Plan Name	Option	Retiree
Blue Care Network HMO - w/o Medicare	Self	\$1,053.25
	Self and Spouse	\$2,106.51
	Self and Child(ren)	\$1,327.10
	Self, Spouse and Child(ren)	\$2,443.57
Plan Name	Option	Retiree
Blue Care Network HMO - w/ Medicare Parts A&B	Self	\$357.91
	Self and Spouse	\$715.82
	Self and Child(ren)	\$631.76
	Self, Spouse and Child(ren)	\$989.67
Plan Name	Option	Retiree
Blue Care Network HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$1,411.16
	Self w/ Medicare, Spouse w/o Medicare	\$1,411.16
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,685.01
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,685.01
Plan Name	Option	Retiree
Health Alliance Plan HMO - w/o Medicare	Self	\$1,189.17
	Self and Spouse	\$2,378.33
	Self and Child(ren)	\$1,498.38
	Self, Spouse and Child(ren)	\$2,758.87
Plan Name	Option	Retiree
Health Alliance Plan HMO - w/ Medicare Parts A&B	Self	\$444.48
	Self and Spouse	\$888.95
	Self and Child(ren)	\$753.69
	Self, Spouse and Child(ren)	\$1,198.16
Plan Name	Option	Retiree
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$1,633.64
	Self w/ Medicare, Spouse w/o Medicare	\$1,633.64
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,942.86
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$2,014.17

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Plan Name	Option	Retiree
Physician's Health Plan - HMO - w/o Medicare*	Self	\$1,328.86
	Self and Spouse	\$2,657.69
	Self and Child(ren)	\$1,673.83
	Self, Spouse and Child(ren)	\$3,076.69
Plan Name	Option	Retiree
Priority Health Plan HMO - w/o Medicare	Self	\$1,228.31
	Self and Spouse	\$2,454.17
	Self and Child(ren)	\$1,546.08
	Self, Spouse and Child(ren)	\$2,846.74
Plan Name	Option	Retiree
Priority Health Plan HMO - w/ Medicare Parts A&B	Self	\$498.50
	Self and Spouse	\$997.01
	Self and Child(ren)	\$1,033.47
	Self, Spouse and Child(ren)	\$1,531.98
Plan Name	Option	Retiree
Priority Health Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$1,321.84
	Self w/ Medicare, Spouse w/o Medicare	\$1,321.84
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,856.81
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,856.81

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