



Insurance Rates

For Defined Contribution Participants with the Graded Premium Subsidy

Rates Effective October 1, 2014 through September 30, 2015

If you are a state employee in the *Defined Contribution plan* with the Graded Premium Subsidy and you are *vested* (you have the equivalent of 10 years full-time state service), the state will pay a percentage of your monthly health, prescription drug, dental, and vision insurance premiums when you terminate employment and reach eligibility age. **Note:** If you transferred from the Defined Benefit plan to the Defined Contribution plan, do not use this rate sheet. Refer to the insurance rates published online by the Employee Benefits Division.

The state subsidy can be used with any state sponsored insurance plan. However, the amount the state will pay will not be more than it will pay under the Blue Cross Blue Shield Michigan PPO. Keep this in mind if you choose a plan with higher premiums.

The following pages provide subsidy rates if you have 10, 15, or 20 years of service. Use the instructions below to calculate the rates if you have a *different* total for your years of service.

Calculating the Amount You Pay

Step 1. Determine your years of service. If you're not sure, you can find your total hours in DCDS under Employee Info, Leave Balances, Hours Type, DEFC40 or go to the MI HR Self Service website under Personal Information, Leave Balances, DEF CONTRIB SERV HOURS 40. Divide your total hours by 2,080. Drop any fraction of a year to arrive at your years of service. **Note:** For most state employees, 2,080 hours equals one year of service. You cannot be credited with more than one year of service in any given year, and you cannot earn more than 80 hours of service in a pay period.

Step 2. Determine your insurance subsidy percentage. In the table below, find the percentage that applies to your years of service. The table shows the amounts you may be eligible for if you terminate employment in 2014-15. The graded subsidy is currently set at 30 percent with 10 years of service with an additional 3 percent credited for each year of service thereafter up to the maximum subsidy in place for active employees. The subsidy is determined by the Michigan Civil Service Commission, and it is subject to change even after you have retired.

2014-15 HEALTH INSURANCE SUBSIDY AMOUNTS											
Years of Service	10	11	12	13	14	15	16	17	18	19	20
Insurance Subsidy %	30	33	36	39	42	45	48	51	54	57	60

Step 3. Determine the state share. Begin by calculating the amount the state will pay under the Blue Cross Blue Shield Michigan PPO. On the BCBSM PPO chart, multiply the Monthly Total that applies to you by your Insurance Subsidy percentage to determine the State Share.

$$\text{Monthly Total BCBSM PPO (x) Insurance Subsidy \% = State Share}$$

If you prefer a different plan, follow the same calculation using the rates provided for that plan.

$$\text{Monthly Total (x) Insurance Subsidy \% = State Share}$$

Remember that the amount the state will pay will not be more than it will pay under the BCBSM PPO plan. If the rate amount is lower than what the state would pay under the BCBSM PPO, use the lesser amount.

Step 4. Determine the Amount You Pay. Subtract the State Share from the Monthly Total to determine the Amount You Pay per month.

$$\text{Monthly Total (-) State Share = Amount You Pay}$$

Continued health insurance coverage

COBRA protects your dependents after eligibility stops. If one of your dependents loses insurance eligibility, he or she may be able to pay for continued coverage for a limited time. A federal law known as Consolidated Omnibus Budget Reconciliation Act, or COBRA, allows your dependent spouse or child the option of paying for continued health insurance coverage for up to 36 months after a qualifying event. Your dependents will be notified of their options regarding COBRA. COBRA rates are included in this document. COBRA rates are not subsidized and include administrative fees.



Blue Cross Blue Shield Michigan PPO

	TOTAL UNSUBSIDIZED PREMIUM	YOUR COST			
		10 Years of Service	15 Years of Service	20 Years of Service	COBRA
Without Medicare					
Retiree Only	\$ 734.38	\$ 514.07	\$ 403.91	\$ 293.75	\$ 749.07
Retiree & Spouse	1,468.75	1,028.13	807.81	587.50	1,498.13
Retiree & Child(ren)	925.05	647.54	508.78	370.02	943.55
Retiree, Spouse & Child(ren)	1,700.25	1,190.18	935.14	680.10	1,734.26
With Medicare					
Retiree Only	\$ 385.05	\$ 269.54	\$ 211.78	\$ 154.02	\$ 392.75
Retiree & Spouse	770.12	539.08	423.57	308.05	785.52
Retiree & Child(ren)	575.74	403.02	316.66	230.30	587.25
Retiree, Spouse & Child(ren)	1,001.65	701.16	550.91	400.66	1,021.68
One With Medicare and One Without Medicare					
Retiree or Spouse with Medicare	\$ 1,119.43	\$ 783.60	\$ 615.69	\$ 447.77	\$ 1,141.82
Retiree or Spouse with Medicare & Child(ren)	1,350.95	945.67	743.02	540.38	1,377.97

Retiree's State Dental Plan

	TOTAL UNSUBSIDIZED PREMIUM	YOUR COST			
		10 Years of Service	15 Years of Service	20 Years of Service	COBRA
Retiree Only	\$ 43.65	\$ 30.56	\$ 24.01	\$ 17.46	\$ 44.52
Retiree & Spouse	79.54	55.68	43.75	31.82	81.13
Retiree & Child(ren)	97.16	68.01	53.44	38.86	99.10
Retiree, Spouse & Child(ren)	133.06	93.14	73.18	53.22	135.72

Retiree's State Vision Plan

	TOTAL UNSUBSIDIZED PREMIUM	YOUR COST			
		10 Years of Service	15 Years of Service	20 Years of Service	COBRA
Retiree Only	\$ 6.37	\$ 4.46	\$ 3.50	\$ 2.55	\$ 6.50
Retiree & Spouse	10.37	7.26	5.70	4.15	10.58
Retiree & Child(ren)	14.49	10.14	7.97	5.80	14.78
Retiree, Spouse & Child(ren)	18.48	12.94	10.16	7.39	18.85

Blue Care Network					
	TOTAL UNSUBSIDIZED PREMIUM	YOUR COST			
		10 Years of Service	15 Years of Service	20 Years of Service	COBRA
Without Medicare					
HMO Postal Code List available on the Employee Benefits Civil Service website.					
Retiree Only	\$ 954.94	\$ 734.63	\$ 624.47	\$ 514.31	\$ 974.04
Retiree & Spouse	1,909.88	1,469.26	1,248.94	1,028.63	1,948.08
Retiree & Child(ren)	1,203.22	925.71	786.95	648.19	1,227.28
Retiree, Spouse & Child(ren)	2,215.46	1,705.39	1,450.35	1,195.31	2,259.77
With Medicare					
Retiree Only	\$ 268.08	\$ 152.57	\$ 94.81	\$ 37.05	\$ 273.44
Retiree & Spouse	536.16	305.12	189.61	74.09	546.88
Retiree & Child(ren)	516.36	343.64	257.28	170.92	526.69
Retiree, Spouse & Child(ren)	784.44	483.95	333.70	183.45	800.13
With Medicare					
Retiree or Spouse with Medicare	\$ 1,223.02	\$ 887.19	\$ 719.28	\$ 551.36	\$ 1,247.48
Retiree or Spouse with Medicare & Child(ren)	1,471.30	1,066.02	863.37	660.73	1,500.73

Health Alliance Plan					
	TOTAL UNSUBSIDIZED PREMIUM	YOUR COST			
		10 Years of Service	15 Years of Service	20 Years of Service	COBRA
Without Medicare					
HMO Postal Code List available on the Employee Benefits Civil Service website.					
Retiree Only	\$ 1,009.40	\$ 789.09	\$ 678.93	\$ 568.77	\$ 1,029.59
Retiree & Spouse	2,018.80	1,578.18	1,357.86	1,137.55	2,059.18
Retiree & Child(ren)	1,271.87	994.36	855.60	716.84	1,297.31
Retiree, Spouse & Child(ren)	2,341.81	1,831.74	1,576.70	1,321.66	2,388.65
With Medicare					
Retiree Only	\$ 374.35	\$ 258.84	\$ 201.08	\$ 143.32	\$ 381.84
Retiree & Spouse	748.70	517.66	402.15	286.63	763.67
Retiree & Child(ren)	636.82	464.10	377.74	291.38	649.56
Retiree, Spouse & Child(ren)	1,011.17	710.68	560.43	410.18	1,031.39
One With Medicare and One Without Medicare					
Retiree or Spouse with Medicare	\$ 1,383.75	\$ 1,047.92	\$ 880.01	\$ 712.09	\$ 1,411.43
Retiree without Medicare, Spouse with Medicare & Child(ren)	1,646.22	1,240.94	1,038.29	835.55	1,679.14
Retiree with Medicare, Spouse without Medicare & Child(ren)	1,706.76	1,301.48	1,098.83	896.19	1,740.90

HealthPlus

	TOTAL UNSUBSIDIZED PREMIUM	YOUR COST			
		10 Years of Service	15 Years of Service	20 Years of Service	COBRA
Without Medicare					
HMO Postal Code List available on the Employee Benefits Civil Service website.					
Retiree Only	\$ 980.78	\$ 760.47	\$ 650.31	\$ 540.15	\$ 1,000.40
Retiree & Spouse	1,961.56	1,520.94	1,300.62	1,080.31	2,000.79
Retiree & Child(ren)	1,235.78	958.27	819.51	680.75	1,260.50
Retiree, Spouse & Child(ren)	2,275.41	1,765.34	1,510.30	1,255.26	2,320.92
One With Medicare and One Without Medicare					
Retiree Only	\$ 269.00	\$ 153.49	\$ 95.73	\$ 37.97	\$ 274.38
Retiree & Spouse	538.00	306.96	191.45	75.93	548.76
Retiree & Child(ren)	591.80	419.08	332.72	246.36	603.64
Retiree, Spouse & Child(ren)	860.80	560.31	410.06	259.81	878.02
One With Medicare and One Without Medicare					
Retiree or Spouse with Medicare	\$ 1,249.78	\$ 913.95	\$ 746.04	\$ 578.12	\$ 1,274.78
Retiree or Spouse with Medicare & Child(ren)	1,563.63	1,158.35	955.70	753.06	1,594.90

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	TOTAL UNSUBSIDIZED PREMIUM	YOUR COST			
		10 Years of Service	15 Years of Service	20 Years of Service	COBRA
Without Medicare					
HMO Postal Code List available on the Employee Benefits Civil Service website.					
Retiree Only	\$ 1,133.06	\$ 912.75	\$ 802.59	\$ 692.43	\$ 1,155.72
Retiree & Spouse	2,266.11	1,825.49	1,605.17	1,384.86	2,311.43
Retiree & Child(ren)	1,427.21	1,149.70	1,010.94	872.18	1,455.75
Retiree, Spouse & Child(ren)	2,623.37	2,113.30	1,858.26	1,603.22	2,675.84
Note: If you are age 65 or older, will become Medicare eligible, or have a dependent who is Medicare eligible, you cannot enroll in this HMO. See postal code list for eligibility.					

Priority Health Plan

	TOTAL UNSUBSIDIZED PREMIUM	YOUR COST			
		10 Years of Service	15 Years of Service	20 Years of Service	COBRA
Without Medicare					
HMO Postal Code List available on the Employee Benefits Civil Service website.					
Retiree Only	\$ 1,062.75	\$ 842.44	\$ 732.28	\$ 622.12	\$ 1,084.01
Retiree & Spouse	2,123.37	1,682.75	1,462.43	1,242.12	2,165.84
Retiree & Child(ren)	1,337.68	1,060.17	921.41	782.65	1,364.43
Retiree, Spouse & Child(ren)	2,463.03	1,952.96	1,697.92	1,442.88	2,512.29
With Medicare					
Retiree Only	\$ 570.05	\$ 454.54	\$ 396.78	\$ 339.02	\$ 581.45
Retiree & Spouse	1,140.10	909.06	793.55	678.03	1,162.90
Retiree & Child(ren)	1,038.89	866.17	779.81	693.45	1,059.67
Retiree, Spouse & Child(ren)	1,608.94	1,308.45	1,158.20	1,007.95	1,641.12
One With Medicare and One Without Medicare					
Retiree or Spouse with Medicare	\$ 1,266.04	\$ 930.21	\$ 762.30	\$ 594.38	\$ 1,291.36
Retiree or Spouse with Medicare & Child(ren)	1,734.88	1,329.60	1,126.95	924.31	1,769.58