

CIVIL SERVICE COMMISSION EMPLOYEE BENEFITS DIVISION
RETIREMENT - MONTHLY RATES
 FY 2016-2017 GROUP INSURANCE PREMIUM RATES
 EFFECTIVE OCTOBER 1, 2016

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

Note: Retirees/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, then select "Retiree Information" from the right hand menu.

Retirees' State Health Plan PPO - Blue Cross Blue Shield of Michigan				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
<i>Without Medicare</i>				
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
<i>With Medicare (Parts A & B)</i>				
Self	\$ -	\$ 457.44	\$ 457.44	\$ 466.59
Self and Spouse	\$ -	\$ 914.90	\$ 914.90	\$ 933.20
Self and Child(ren)	\$ -	\$ 683.98	\$ 683.98	\$ 697.66
Self, Spouse and Child(ren)	\$ -	\$ 1,189.96	\$ 1,189.96	\$ 1,213.76
<i>One With Medicare and One Without Medicare</i>				
Self W/O Medicare & Spouse W/Medicare	\$ -	\$ 1,329.88	\$ 1,329.88	\$ 1,356.48
Self W/ Medicare & Spouse W/O Medicare	\$ -	\$ 1,329.88	\$ 1,329.88	\$ 1,356.48
Self W/O Medicare & Spouse W/Medicare & Child(ren)	\$ -	\$ 1,604.93	\$ 1,604.93	\$ 1,637.03
Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ -	\$ 1,604.93	\$ 1,604.93	\$ 1,637.03

Retirees' State Dental Plan				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
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

Retirees' State Vision Plan				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
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

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Blue Care Network				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Without Medicare				
Self	\$ 310.25	\$ 697.95	\$ 1,008.20	\$ 1,028.36
Self and Spouse	\$ 620.51	\$ 1,395.90	\$ 2,016.41	\$ 2,056.74
Self and Child(ren)	\$ 391.17	\$ 879.17	\$ 1,270.34	\$ 1,295.75
Self, Spouse and Child(ren)	\$ 723.13	\$ 1,615.92	\$ 2,339.05	\$ 2,385.83
With 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)	\$ 91.95	\$ 521.08	\$ 613.03	\$ 625.29
Self, Spouse and Child(ren)	\$ 144.59	\$ 819.33	\$ 963.92	\$ 983.20
One With Medicare and One Without Medicare				
Self W/O Medicare & Spouse W/Medicare	\$ 203.86	\$ 1,155.23	\$ 1,359.09	\$ 1,386.27
Self W/ Medicare & Spouse W/O Medicare	\$ 203.86	\$ 1,155.23	\$ 1,359.09	\$ 1,386.27
Self W/O Medicare & Spouse W/Medicare & Child(ren)	\$ 243.18	\$ 1,378.05	\$ 1,621.23	\$ 1,653.65
Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ 243.18	\$ 1,378.05	\$ 1,621.23	\$ 1,653.65

Health Alliance Plan				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Without Medicare				
Self	\$ 428.29	\$ 697.95	\$ 1,126.24	\$ 1,148.76
Self and Spouse	\$ 856.58	\$ 1,395.90	\$ 2,252.48	\$ 2,297.53
Self and Child(ren)	\$ 539.92	\$ 879.17	\$ 1,419.09	\$ 1,447.47
Self, Spouse and Child(ren)	\$ 996.95	\$ 1,615.92	\$ 2,612.87	\$ 2,665.13
With Medicare (Parts A & B)				
Self	\$ 62.66	\$ 355.09	\$ 417.75	\$ 426.11
Self and Spouse	\$ 125.32	\$ 710.18	\$ 835.50	\$ 852.21
Self and Child(ren)	\$ 106.59	\$ 604.01	\$ 710.60	\$ 724.81
Self, Spouse and Child(ren)	\$ 169.25	\$ 959.10	\$ 1,128.35	\$ 1,150.92
One With Medicare and One Without Medicare				
Self W/O Medicare & Spouse W/Medicare	\$ 231.60	\$ 1,312.39	\$ 1,543.99	\$ 1,574.87
Self W/ Medicare & Spouse W/O Medicare	\$ 231.60	\$ 1,312.39	\$ 1,543.99	\$ 1,574.87
Self W/O Medicare & Spouse W/Medicare & Child(ren)	\$ 275.53	\$ 1,561.31	\$ 1,836.84	\$ 1,873.58
Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ 299.45	\$ 1,604.93	\$ 1,904.38	\$ 1,942.47

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	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Without Medicare (This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.)				
Self	\$ 551.14	\$ 697.95	\$ 1,249.09	\$ 1,274.07
Self and Spouse	\$ 1,102.26	\$ 1,395.90	\$ 2,498.16	\$ 2,548.12
Self and Child(ren)	\$ 694.19	\$ 879.17	\$ 1,573.36	\$ 1,604.83
Self, Spouse and Child(ren)	\$ 1,276.08	\$ 1,615.92	\$ 2,892.00	\$ 2,949.84

Priority Health Plan				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Without Medicare				
Self	\$ 443.30	\$ 697.95	\$ 1,141.25	\$ 1,164.08
Self and Spouse	\$ 884.32	\$ 1,395.90	\$ 2,280.22	\$ 2,325.82
Self and Child(ren)	\$ 557.32	\$ 879.17	\$ 1,436.49	\$ 1,465.22
Self, Spouse and Child(ren)	\$ 1,029.04	\$ 1,615.92	\$ 2,644.96	\$ 2,697.86
With Medicare (Parts A & B)				
Self	\$ 77.17	\$ 437.28	\$ 514.45	\$ 524.74
Self and Spouse	\$ 154.33	\$ 874.57	\$ 1,028.90	\$ 1,049.48
Self and Child(ren)	\$ 307.95	\$ 683.98	\$ 991.93	\$ 1,011.77
Self, Spouse and Child(ren)	\$ 316.42	\$ 1,189.96	\$ 1,506.38	\$ 1,536.51
One With Medicare and One Without Medicare				
Self W/O Medicare & Spouse W/Medicare	\$ 185.68	\$ 1,052.19	\$ 1,237.87	\$ 1,262.63
Self W/ Medicare & Spouse W/O Medicare	\$ 185.68	\$ 1,052.19	\$ 1,237.87	\$ 1,262.63
Self W/O Medicare & Spouse W/Medicare & Child(ren)	\$ 257.30	\$ 1,458.05	\$ 1,715.35	\$ 1,749.66
Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ 257.30	\$ 1,458.05	\$ 1,715.35	\$ 1,749.66