

CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION

RETIREMENT - MONTHLY RATES

FY2018-2019 GROUP INSURANCE PREMIUM RATES

EFFECTIVE OCTOBER 1, 2018

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.

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
BCBSM State Health Plan PPO - w/ Medicare Parts A&B	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	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
BCBSM State Health Plan PPO - 1 w/ Medicare, 1 w/o	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	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
State Dental Plan	Option	Retiree Share	State Share	Monthly TOTAL	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
State Vision Plan	Option	Retiree Share	State Share	Monthly TOTAL	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
Blue Care Network HMO - w/o Medicare	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$349.72	\$697.95	\$1,047.67	\$1,068.62
	Self and Spouse	\$699.46	\$1,395.90	\$2,095.36	\$2,137.27
	Self and Child(ren)	\$440.91	\$879.17	\$1,320.08	\$1,346.48
Blue Care Network HMO - w/ Medicare Parts A&B	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$51.10	\$289.58	\$340.68	\$347.49
	Self and Spouse	\$102.20	\$579.16	\$681.36	\$694.99
	Self and Child(ren)	\$92.36	\$523.40	\$615.76	\$628.08
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self, Spouse and Child(ren)	\$143.47	\$812.97	\$956.44	\$975.57
	Self w/o Medicare, Spouse w/Medicare	\$209.80	\$1,188.88	\$1,398.68	\$1,426.65
	Self w/ Medicare, Spouse w/o Medicare	\$209.80	\$1,188.88	\$1,398.68	\$1,426.65
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$251.07	\$1,422.70	\$1,673.77	\$1,707.25
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$251.07	\$1,422.70	\$1,673.77	\$1,707.25

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Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Health Alliance Plan HMO - w/o Medicare	Self	\$537.50	\$697.95	\$1,235.45	\$1,260.16
	Self and Spouse	\$1,075.01	\$1,395.90	\$2,470.91	\$2,520.33
	Self and Child(ren)	\$677.51	\$879.17	\$1,556.68	\$1,587.81
	Self, Spouse and Child(ren)	\$1,176.21	\$1,615.92	\$2,792.13	\$2,847.97
Health Alliance Plan HMO - w/ Medicare Parts A&B	Self	\$52.02	\$294.80	\$346.82	\$353.76
	Self and Spouse	\$104.05	\$589.59	\$693.64	\$707.51
	Self and Child(ren)	\$100.21	\$567.84	\$668.05	\$681.41
	Self, Spouse and Child(ren)	\$152.23	\$862.64	\$1,014.87	\$1,035.17
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$252.39	\$1,329.88	\$1,582.27	\$1,613.92
	Self w/ Medicare, Spouse w/o Medicare	\$252.39	\$1,329.88	\$1,582.27	\$1,613.92
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$298.57	\$1,604.93	\$1,903.50	\$1,941.57
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$298.57	\$1,604.93	\$1,903.50	\$1,941.57
Physicians 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
Priority Health Plan HMO - w/o Medicare	Self	\$566.49	\$697.95	\$1,264.44	\$1,289.73
	Self and Spouse	\$1,130.45	\$1,395.90	\$2,526.35	\$2,576.88
	Self and Child(ren)	\$712.38	\$879.17	\$1,591.55	\$1,623.38
	Self, Spouse and Child(ren)	\$1,314.55	\$1,615.92	\$2,930.47	\$2,989.08
Priority Health Plan HMO - w/ Medicare Parts A&B	Self	\$69.64	\$394.65	\$464.29	\$473.58
	Self and Spouse	\$139.29	\$789.29	\$928.58	\$947.15
	Self and Child(ren)	\$326.04	\$683.98	\$1,010.02	\$1,030.22
	Self, Spouse and Child(ren)	\$284.35	\$1,189.96	\$1,474.31	\$1,503.80
Priority Health Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$193.36	\$1,095.68	\$1,289.04	\$1,314.82
	Self w/ Medicare, Spouse w/o Medicare	\$193.36	\$1,095.68	\$1,289.04	\$1,314.82
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$275.22	\$1,559.55	\$1,834.77	\$1,871.47
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$275.22	\$1,559.55	\$1,834.77	\$1,871.47

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