

CIVIL SERVICE COMMISSION—EMPLOYEE BENEFITS DIVISION  
 FY 2017—2018 GROUP INSURANCE PREMIUM RATES  
**STATE POLICE RETIREMENT—MONTHLY RATES—EFFECTIVE OCTOBER 1, 2017**  
 For State Police Enlisted Retirees in the Defined Benefit (DB) Retirement Plan

**Note:** For retirees or dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, review the corresponding HMO coverage maps to determine eligibility by visiting [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits) and selecting "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	\$43.62	\$828.82	\$872.44	\$889.89
	Self and Spouse	\$87.24	\$1,657.64	\$1,744.88	\$1,779.77
	Self and Child(ren)	\$54.95	\$1,044.01	\$1,098.96	\$1,120.94
	Self, Spouse and Child(ren)	\$100.99	\$1,918.91	\$2,019.90	\$2,060.29
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
BCBSM State Health Plan PPO—w/ Medicare Parts A&B	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
	Self, Spouse and Child(ren)	\$0.00	\$1,189.96	\$1,189.96	\$1,213.76
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
BCBSM State Health Plan PPO—1 w/ Medicare, 1 w/o	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
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$0.00	\$1,604.93	\$1,604.93	\$1,637.03
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
State Dental Plan	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
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
State Vision Plan	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
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Blue Care Network HMO—w/o Medicare	Self	\$203.78	\$828.82	\$1,032.60	\$1,053.25
	Self and Spouse	\$407.57	\$1,657.64	\$2,065.21	\$2,106.51
	Self and Child(ren)	\$257.07	\$1,044.01	\$1,301.08	\$1,327.10
	Self, Spouse and Child(ren)	\$476.75	\$1,918.91	\$2,395.66	\$2,443.57
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Blue Care Network HMO—w/ Medicare Parts A&B	Self	\$0.00	\$350.89	\$350.89	\$357.91
	Self and Spouse	\$0.00	\$701.78	\$701.78	\$715.82
	Self and Child(ren)	\$0.00	\$619.37	\$619.37	\$631.76
	Self, Spouse and Child(ren)	\$0.00	\$970.26	\$970.26	\$989.67
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Blue Care Network HMO—1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$53.61	\$1,329.88	\$1,383.49	\$1,411.16
	Self w/ Medicare, Spouse w/o Medicare	\$53.61	\$1,329.88	\$1,383.49	\$1,411.16
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$47.04	\$1,604.93	\$1,651.97	\$1,685.01
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$47.04	\$1,604.93	\$1,651.97	\$1,685.01

Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Health Alliance Plan HMO—w/o Medicare	Self	\$337.03	\$828.82	\$1,165.85	\$1,189.17
	Self and Spouse	\$674.06	\$1,657.64	\$2,331.70	\$2,378.33
	Self and Child(ren)	\$424.99	\$1,044.01	\$1,469.00	\$1,498.38
	Self, Spouse and Child(ren)	\$785.86	\$1,918.91	\$2,704.77	\$2,758.87
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Health Alliance Plan HMO—w/ Medicare Parts A&B	Self	\$0.00	\$435.76	\$435.76	\$444.48
	Self and Spouse	\$0.00	\$871.52	\$871.52	\$888.95
	Self and Child(ren)	\$54.93	\$683.98	\$738.91	\$753.69
	Self, Spouse and Child(ren)	\$0.00	\$1,174.67	\$1,174.67	\$1,198.16
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Health Alliance Plan HMO—1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$271.73	\$1,329.88	\$1,601.61	\$1,633.64
	Self w/ Medicare, Spouse w/o Medicare	\$271.73	\$1,329.88	\$1,601.61	\$1,633.64
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$299.83	\$1,604.93	\$1,904.76	\$1,942.86
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$369.75	\$1,604.93	\$1,974.68	\$2,014.17
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Physician's Health Plan HMO—w/o Medicare*	Self	\$473.98	\$828.82	\$1,302.80	\$1,328.86
	Self and Spouse	\$947.94	\$1,657.64	\$2,605.58	\$2,657.69
	Self and Child(ren)	\$597.00	\$1,044.01	\$1,641.01	\$1,673.83
	Self, Spouse and Child(ren)	\$1,097.45	\$1,918.91	\$3,016.36	\$3,076.69
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Priority Health Plan HMO—w/o Medicare	Self	\$375.41	\$828.82	\$1,204.23	\$1,228.31
	Self and Spouse	\$748.41	\$1,657.64	\$2,406.05	\$2,454.17
	Self and Child(ren)	\$471.75	\$1,044.01	\$1,515.76	\$1,546.08
	Self, Spouse and Child(ren)	\$872.01	\$1,918.91	\$2,790.92	\$2,846.74
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Priority Health Plan HMO—w/ Medicare Parts A&B	Self	\$31.29	\$457.44	\$488.73	\$498.50
	Self and Spouse	\$62.56	\$914.90	\$977.46	\$997.01
	Self and Child(ren)	\$329.23	\$683.98	\$1,013.21	\$1,033.47
	Self, Spouse and Child(ren)	\$311.98	\$1,189.96	\$1,501.94	\$1,531.98
Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Priority Health Plan HMO—1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$0.00	\$1,295.92	\$1,295.92	\$1,321.84
	Self w/ Medicare, Spouse w/o Medicare	\$0.00	\$1,295.92	\$1,295.92	\$1,321.84
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$215.47	\$1,604.93	\$1,820.40	\$1,856.81
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$215.47	\$1,604.93	\$1,820.40	\$1,856.81

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