

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY2021 COBRA MONTHLY PREMIUM RATES EFFECTIVE OCTOBER 1, 2020
For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 517M, Judicial Branch,
and Non-Represented (Z60-Z89)

PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
(HAEX) State Health Plan PPO	Applicant Only	\$636.75	\$649.49
	Applicant & Spouse	\$1,432.68	\$1,461.33
	Applicant & Children	\$1,114.31	\$1,136.60
	Full Family	\$1,910.24	\$1,948.45
(HAEX) State Health Plan PPO w/Medicare	Option	Leave/Layoff (100%)	COBRA (102%)
	Applicant Only w/Medicare	\$509.40	\$519.59
	Applicant & Spouse w/Medicare	\$1,146.14	\$1,169.07
	Applicant w/Medicare & Children	\$891.45	\$909.28
	Full Family w/Medicare	\$1,528.19	\$1,558.76
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
(HDHP) State High Deductible Health Plan with HSA ¹	Applicant Only	\$541.67	\$552.50
	Applicant & Spouse	\$1,220.33	\$1,244.74
	Applicant & Children	\$948.75	\$967.73
	Full Family	\$1,626.08	\$1,658.61
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[H2C0] Catastrophic Health Plan	Applicant Only	\$34.26	\$34.94
	Applicant & Spouse	\$68.51	\$69.88
	Applicant & Children	\$68.51	\$69.88
	Full Family	\$68.51	\$69.88
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HBCN] Blue Care Network	Applicant Only	\$589.66	\$601.45
	Applicant & Spouse	\$1,326.74	\$1,353.28
	Applicant & Children	\$1,031.91	\$1,052.55
	Full Family	\$1,768.98	\$1,804.36
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HI00] Health Alliance Plan	Applicant Only	\$628.96	\$641.54
	Applicant & Spouse	\$1,415.16	\$1,443.46
	Applicant & Children	\$1,100.68	\$1,122.69
	Full Family	\$1,886.88	\$1,924.62
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HMCL] McLaren Health Plan	Applicant Only	\$611.95	\$624.19
	Applicant & Spouse	\$1,376.90	\$1,404.44
	Applicant & Children	\$1,070.92	\$1,092.34
	Full Family	\$1,835.86	\$1,872.58
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HMEX] Physicians Health Plan	Applicant Only	\$621.74	\$634.18
	Applicant & Spouse	\$1,398.92	\$1,426.90
	Applicant & Children	\$1,088.05	\$1,109.81
	Full Family	\$1,865.23	\$1,902.54
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HPRI] Priority Health Plan	Applicant Only	\$671.39	\$684.82
	Applicant & Spouse	\$1,510.63	\$1,540.84
	Applicant & Children	\$1,174.93	\$1,198.43
	Full Family	\$2,014.17	\$2,054.45

¹ The State High Deductible Health Plan with HSA is a new offering during BOE Part 2 and the coverage is effective January 1, 2021. The \$750 or \$1,500 contribution from the state to the HSA is not available to non State of Michigan employees, departed employees, or employees on Waived Rights Leave of Absence.

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PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[VEYE] State Vision Plan	Applicant Only	\$4.96	\$5.06
	Applicant & Spouse	\$11.16	\$11.38
	Applicant & Children	\$8.68	\$8.85
	Full Family	\$14.88	\$15.17
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DBEX] State Dental Plan	Applicant Only	\$42.94	\$43.79
	Applicant & Spouse	\$85.87	\$87.59
	Applicant & Children	\$96.60	\$98.53
	Full Family	\$139.54	\$142.33
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DPC0] Preventive Dental Plan	Applicant Only	\$5.53	\$5.64
	Applicant & Spouse	\$11.05	\$11.28
	Applicant & Children	\$12.44	\$12.68
	Full Family	\$17.96	\$18.32
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
LUEX/LAEX/LREX Employee Life (Only)	Applicant Only	61¢/\$1,000	(n/a)
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000 - Plan F	\$0.43	(n/a)
	Sp \$ 5,000 &/or Ch \$ 2,500 - Plan G	\$1.30	(n/a)
	Sp \$10,000 &/or Ch \$ 5,000 - Plan H	\$2.60	(n/a)
	Sp \$25,000 &/or Ch \$10,000 - Plan K	\$8.67	(n/a)
	Child(ren) Only \$10,000 - Plan L	\$1.63	(n/a)
	Sp \$50,000 &/or Ch \$15,000 - Plan M	\$16.51	(n/a)
	Child(ren) Only \$15,000 - Plan N	\$2.45	(n/a)