

**Michigan Department of Civil Service**  
**RETIREE BENEFITS BULLETIN**

DATE: <b>October 2007</b>	NUMBER: <b>GIS 01-2007R</b>
CONTACT: <b>MI HR Service Center</b>	TELEPHONE NO.: <b>(517) 335-0529 Lansing Area</b> <b>(877) 766-6447 Toll-Free</b>
SUBJECT: <p style="text-align: center;"><b>IMPORTANT</b> <b>INSURANCE INFORMATION FOR</b> <b>DEFINED BENEFIT RETIREES</b></p>	

### **OCTOBER 2007 INSURANCE RATES**

Premium rates for the State Health Plan PPO, administered by Blue Cross Blue Shield of Michigan (BCBSM), will increase by 4% for the 2007-2008 fiscal year. Retirees with Medicare will continue to have 100% of the State Health Plan PPO premiums paid by the State. Dental insurance rates will increase 5%. Vision rates will remain the same. Most HMO rates will increase effective October 1, 2007.

Enclosed for your information is an insurance rate chart, which is effective October 1, 2007. Premiums shown on the attached chart will be reflected in your October pension check.

### **BENEFIT CHANGES EFFECTIVE OCTOBER 1, 2007**

Care Choices, M-Care, and PHP-Jackson will no longer be available after October 1, 2007. If you are currently enrolled in one of these HMOs, you will need to contact the Office of Retirement Services (ORS) and select another health insurance carrier. You can enroll in another HMO if you live in their service area or in the State Health Plan PPO. Retirees with Medicare, please refer to the attached rate chart for HMO eligibility by county. Retirees without Medicare, please refer to the [HMO Postal Code List](#) available on the MDCS website at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs). Click on "Employee Benefits" at the left, then "HMO Eligibility" or call the MI HR Service Center at (877) 766-6447. If you do not elect another health insurance carrier, you will automatically default to the State Health Plan BCBSM PPO.

### **MEDICARE PART B**

Once you become eligible for Medicare, your state retiree health care coverage becomes your secondary insurance. You will be automatically enrolled in Medicare Part A, but do not forget to enroll in Medicare Part B as soon as you are eligible. You may sign up for Part B at your local Social Security office or by calling 1-800-772-1213. If you do not enroll in Medicare Part B, you may be personally responsible for portions of your health care claims. If you

become eligible for Medicare prior to age 65, be sure to enroll in Medicare Parts A and B and submit a copy of your Medicare card to ORS.

## **REMINDERS FOR HMO MEMBERS**

### Medicare Advantage

When you or your dependent become eligible for Medicare, you will need to submit an application for your HMO's Medicare Advantage plan if you wish to remain enrolled in your HMO. If you do not wish to enroll in a Medicare Advantage plan; if your HMO does not offer a Medicare Advantage plan; or if a Medicare Advantage plan is not available in your area, you may select the State Health Plan BCBSM PPO.

## **REMINDERS FOR MEMBERS OF BLUE CROSS BLUE SHIELD OF MICHIGAN**

### Support Program (800) 321-8074

Effective November 1, 2004, the SUPPORT Program was established. Through this program, you can obtain durable medical equipment with no copays or deductibles for supplies and equipment obtained within the network. Most durable equipment will be delivered directly to your home.

### CuraScript for Specialty Drugs (888) 773-7376

Effective November 1, 2005, CuraScript became the provider for oral and injectable *specialty* medications. Each patient will have a dedicated Patient Care Coordinator to make sure the patient receives optimum care. Drugs can be delivered directly to your home or to your physician's office. Express Scripts will continue as your mail order provider for your non-specialty prescription drugs.

### Blue Health Connection (800) 775-2583

This disease management program provides health educational materials, online health resources, a smoking cessation program, and a 24-hour nurse help line.

## **PLAN CHANGES**

If you wish to make changes to your State health, dental, or vision plans, use the following forms available on the ORS website at [www.michigan.gov/ors](http://www.michigan.gov/ors) or by contacting the MI HR Service Center. Send your completed form to ORS.

- Use the [Group Insurance Application \(R329M\)](#) to enroll in the State Health Plan BCBSM PPO, State Dental plan or Vision plan.
- Use the [Group Insurance Change form \(R452X\)](#) to add or delete dependents on your insurances.

To enroll in an HMO, request the enrollment form directly from the HMO. HMO contact information is included with this mailing. Send your completed form to ORS.

As a retiree, you are not restricted to an open enrollment window for making changes to your health insurance plan. Changes are subject to a “rolling enrollment window” with the following changes subject to a six-month waiting period:

- A. The retiree is enrolled in an HMO and wants to enroll in the State Health Plan PPO;
- B. The retiree does not notify ORS within 30 days of the date of event (marriage, death, divorce or involuntary loss of coverage); or
- C. The retiree is currently not enrolled in any insurance plan.

The six-month waiting period is waived when:

- A. The retiree is enrolled in the State Health Plan PPO and wants to enroll in an HMO;
- B. The retiree is currently in an HMO and wants to transfer to a different HMO;
- C. The retiree is enrolled in an HMO and is moving out of the service area; or
- D. The retiree notifies ORS within 30 days of the date of event (marriage, death, divorce or involuntary loss of coverage).

## **ADDITIONAL INFORMATION**

Information regarding the State’s health care plans is available on-line. To view the Office of Retirement Services’ publication regarding retirement benefits, go to [www.michigan.gov/ors](http://www.michigan.gov/ors). Click on “State Employees Retirement System”, “Defined Benefit Plan”, “Forms and Publications”, then “[After You Retire: What Every Pension Recipient Should Know](#)”.

To view the Benefit Guide for the State of Michigan Retirees’ State Health Plan PPO on-line, go to [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs). From the links at the left, click on “Employee Benefits”, “Benefit Booklets”, “State Health Plan Benefit Information”, then “[Retirees State Health Plan PPO](#)” from the list of options in the center of the page. If you wish to receive a copy of the State Health Plan PPO Benefit Guide, please contact the State of Michigan BCBSM Customer Service Center at (800) 843-4876.

To view information about an HMO, go to [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs). From the links at the left, click on “Employee Benefits”, “Benefit Booklets”, “State Health Plan Benefit Information”, then “[Health Maintenance Organization Plans](#)” from the list of options in the center of the page and select an HMO plan to view.

Questions regarding the information in this bulletin can be directed to MI HR Service Center toll-free at (877) 766-6447 or in the Lansing area at (517) 335-0529.

**STATE SPONSORED GROUP INSURANCE PLAN  
BENEFIT ADMINISTRATORS  
FOR RETIREES**

<p><b>STATE HEALTH PLAN BLUE CROSS BLUE SHIELD PPO</b> BCBSM State of Michigan Service Center 800-843-4876 <a href="http://www.bcbsm.com">www.bcbsm.com</a></p>	<p><b>MANAGED PHARMACY/MAIL SERVICE PRESCRIPTION DRUG PROGRAM</b> Express Scripts 800-505-2324 <a href="http://www.express-scripts.com">www.express-scripts.com</a></p>
<p><b>STATE VISION PLAN</b> BCBSM State of Michigan Service Center 800-843-4876 <a href="http://www.bcbsm.com">www.bcbsm.com</a></p>	<p><b>DURABLE MEDICAL EQUIPMENT (For PPO Members Only)</b> SUPPORT 800-321-8074</p>
<p><b>STATE DENTAL PLAN</b> Delta Dental Plan of Michigan 800-524-0150 <a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a></p>	<p><b>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES</b> Magellan Behavioral of Michigan 866-503-3158 <a href="http://www.magellanassist.com">www.magellanassist.com</a></p>
<p align="center"><b>HEALTH MAINTENANCE ORGANIZATIONS (HMOs)</b></p>	
<p><b>Blue Care Network, Great Lakes Blue Care Network, Mid-Michigan Blue Care Network, East Michigan-Flint Blue Care Network, East Michigan-Saginaw Blue Care Network, Southeast Michigan</b> 800-662-6667 <b>BCN Advantage</b> 800-450-3680 <a href="http://www.mibcn.com">www.mibcn.com</a></p>	
<p><b>HealthPlus of Michigan</b> (Flint) 800-332-9161 (Saginaw) 800-942-8816 <b>HealthPlus Senior</b> 800-332-9161 <a href="http://www.healthplus.com">www.healthplus.com</a></p>	<p><b>Physicians Health Plan of Mid-Michigan (Lansing)</b> 800-832-9186 or 517-364-8500 <a href="http://www.phpmm.org">www.phpmm.org</a></p>
<p><b>Health Alliance Plan</b> 800-422-4641 or 313-872-8100 <b>HAP Senior Plus</b> 800-801-1770 or 313-664-7015 <a href="http://www.hap.org">www.hap.org</a></p>	<p><b>Priority Health</b> 800-446-5674 or 616-942-1221 <b>PriorityMedicare</b> 888-389-6648 or 616-464-8820 <a href="http://www.priority-health.com">www.priority-health.com</a></p>
<p align="center"><b>STATE OF MICHIGAN</b></p>	
<p><a href="#">Office of Retirement Services</a> P.O. Box 30171 Lansing, MI 48909 800-381-5111</p>	<p><a href="#">Employee Benefits Division</a> P.O. Box 30002 Lansing, MI 48909 800-505-5011</p>

Notice of Creditable Prescription Drug Coverage  
For Medicare-Eligible Employees, Retirees, and Dependents  
Enrolled in the State of Michigan Health Plans  
October 1, 2007

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This notice is for all current State employees, retirees, and dependents with prescription drug coverage under a health plan offered by the State of Michigan [including the State Health Plan PPO and approved Health Maintenance Organizations (HMOs)] who are Medicare-eligible or will become Medicare-eligible within the next 12 months.

**IF YOU ARE NOT MEDICARE-ELIGIBLE AND WILL NOT BECOME MEDICARE-ELIGIBLE IN THE NEXT 12 MONTHS, YOU MAY DISREGARD THIS NOTICE.**

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If you are eligible for Medicare, you can enroll in a Medicare Part D prescription drug plan (Part D Plan) when you first become eligible for Medicare and each year thereafter between November 15 and December 31. All Part D Plans provide at least a standard level of coverage set by Medicare. You must decide whether to enroll in a Part D Plan **or** keep your State health plan prescription drug coverage. This notice gives important information to help you decide:

1. The State of Michigan has determined that the prescription drug coverage provided under its health plans is, on average for all plan participants, expected to pay out at least as much as the standard Medicare prescription drug coverage and is, therefore, considered creditable coverage.
2. Because the prescription drug coverage under the State health plans is creditable coverage, you can keep your State health plan prescription drug coverage; you do not have to enroll in a Part D Plan.
3. If you decide to enroll in a Part D Plan, you will not have to pay a penalty to enroll for Part D Plan coverage, unless you do not join the Part D Plan within 63 days after your State health plan prescription drug coverage ends.
4. Your current State health plan coverage pays for other health expenses (hospitalizations, doctor visits, etc.) in addition to prescription drugs. You will still be eligible to receive these other benefits if you choose to enroll in a Part D Plan.
5. If you decide to enroll in a Part D Plan, **your prescription drug coverage under the State health plan will stop** and we cannot guarantee that you will be eligible to restore coverage if you later discontinue your Part D Plan.
6. **You do not need to take any action if you wish to continue your prescription drug coverage under your current State health plan.**

**Please keep this Notice. If you enroll in a new Part D Plan approved by Medicare, you may be required to provide a copy of this Notice to avoid paying a higher premium amount.**

**This Notice of Creditable Coverage is provided by the Michigan Department of Civil Service, Employee Benefits Division, P.O. Box 30002, Lansing, MI 48909.**

For questions regarding **this notice only** (and not general Medicare information), please call the MI HR Service Center at (517) 335-0529 or (877) 766-6447 or TDD for the hearing impaired (517) 241-8046. You will receive this notice annually. You also may request a copy from the Employee Benefits Division or print a copy of this notice from the Employee Benefits section of the Michigan Department of Civil Service website at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs).

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### **WHERE TO GET MORE INFORMATION ABOUT MEDICARE PART D:**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

1. Visit [www.medicare.gov](http://www.medicare.gov) for personalized information. The “Medicare & You” booklet is also available for download on this site.
  2. Call 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048 (TTY).
  3. Call your State Health Insurance Assistance Program for personalized help. Michigan residents may call 1-800-803-7174. For other states, look in the “Medicare & You” handbook for telephone numbers.
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For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available online from the Social Security Administration (SSA) at [www.socialsecurity.gov](http://www.socialsecurity.gov), or by phone at 1-800-772-1213 or 1-800-325-0778 (TTY).

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**DEPARTMENT OF CIVIL SERVICE  
EMPLOYEE BENEFITS DIVISION  
FY 2007-2008 GROUP INSURANCE PREMIUM RATES  
RETIREMENT - MONTHLY RATES  
Effective October 1, 2007**

**HEALTH ALLIANCE PLAN RATES REVISED AUGUST 9, 2007**

Rates apply to retirees under the State's Defined Benefit Retirement Plan and to retirees who converted from the Defined Benefit Plan to the Defined Contribution plan.

<b>Retirees' State Health Plan - Blue Cross Blue Shield PPO</b>					
		Retiree	State	MONTHLY	Retiree
		Share	Share	TOTAL	COBRA
121-BCBS					
G	Retiree Only	\$ 31.14	\$ 607.45	\$ 638.59	\$ 651.36
L	Retiree & Spouse	\$ 63.86	\$ 1,213.31	\$ 1,277.17	\$ 1,302.71
R	Retiree & Child(ren)	\$ 40.23	\$ 764.16	\$ 804.39	\$ 820.48
W	Retiree, Spouse & Child(ren)	\$ 73.92	\$ 1,404.56	\$ 1,478.48	\$ 1,508.05
H	Retiree 65+ Only	\$0.00	\$ 334.83	\$ 334.83	\$ 341.53
M	Retiree 65+ & Spouse 65+	\$0.00	\$ 669.67	\$ 669.67	\$ 683.06
S	Retiree 65+ & Child(ren)	\$0.00	\$ 500.64	\$ 500.64	\$ 510.65
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$0.00	\$ 871.00	\$ 871.00	\$ 888.42
N	Retiree under 65 & Spouse 65+	\$0.00	\$ 973.42	\$ 973.42	\$ 992.89
P	Retiree 65+ & Spouse under 65	\$0.00	\$ 973.42	\$ 973.42	\$ 992.89
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$0.00	\$ 1,174.74	\$ 1,174.74	\$ 1,198.23
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$0.00	\$ 1,174.74	\$ 1,174.74	\$ 1,198.23

<b>Retirees' State Dental Plan</b>					
		Retiree	State	MONTHLY	Retiree
		Share	Share	TOTAL	COBRA
DDR					
E	Retiree Only	\$ 4.16	\$ 37.41	\$ 41.57	\$ 42.40
S	Retiree & Spouse	\$ 7.57	\$ 68.18	\$ 75.75	\$ 77.27
C	Retiree & Child(ren)	\$ 9.25	\$ 83.28	\$ 92.53	\$ 94.38
F	Retiree, Spouse & Child(ren)	\$ 12.66	\$ 114.06	\$ 126.72	\$ 129.25

<b>Retirees' State Vision Plan</b>					
		Retiree	State	MONTHLY	Retiree
		Share	Share	TOTALS	COBRA
VBR					
E	Retiree Only	\$ 0.64	\$ 5.73	\$ 6.37	\$ 6.50
S	Retiree & Spouse	\$ 1.05	\$ 9.32	\$ 10.36	\$ 10.57
C	Retiree & Child(ren)	\$ 1.45	\$ 13.04	\$ 14.49	\$ 14.78
F	Retiree, Spouse & Child(ren)	\$ 1.86	\$ 16.62	\$ 18.48	\$ 18.85

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Rates apply to retirees under the State's Defined Benefit Retirement Plan and to retirees who converted from the Defined Benefit Plan to the Defined Contribution plan.

<b>Blue Care Network Mid-Michigan</b>					
171		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 128.18	\$ 607.45	\$ 735.63	\$ 750.34
L	Retiree & Spouse	\$ 257.99	\$ 1,213.31	\$ 1,471.30	\$ 1,500.73
R	Retiree & Child(ren)	\$ 162.75	\$ 764.16	\$ 926.91	\$ 945.45
W	Retiree, Spouse & Child(ren)	\$ 302.13	\$ 1,404.56	\$ 1,706.69	\$ 1,740.82
<b>Service Area: Clinton, Eaton, Ingham, and Jackson Counties.</b>					
H	Retiree 65+ Only	\$0.00	\$ 246.23	\$ 246.23	\$ 251.15
M	Retiree 65+ & Spouse 65+	\$0.00	\$ 492.46	\$ 492.46	\$ 502.31
S	Retiree 65+ & Child(ren)	\$0.00	\$ 461.61	\$ 461.61	\$ 470.84
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$0.00	\$ 707.84	\$ 707.84	\$ 722.00
N	Retiree under 65 & Spouse 65+	\$ 101.19	\$ 973.42	\$ 1,074.61	\$ 1,096.10
P	Retiree 65+ & Spouse under 65	\$ 101.19	\$ 973.42	\$ 1,074.61	\$ 1,096.10
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 115.25	\$ 1,174.74	\$ 1,289.99	\$ 1,315.79
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 115.25	\$ 1,174.74	\$ 1,289.99	\$ 1,315.79

<b>Blue Care Network East Michigan-Flint</b>					
181		Retiree Share	State Share	MONTHLY TOTAL	Retiree COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 154.99	\$ 607.45	\$ 762.44	\$ 777.69
L	Retiree & Spouse	\$ 311.57	\$ 1,213.31	\$ 1,524.88	\$ 1,555.38
R	Retiree & Child(ren)	\$ 196.51	\$ 764.16	\$ 960.67	\$ 979.88
W	Retiree, Spouse & Child(ren)	\$ 364.30	\$ 1,404.56	\$ 1,768.86	\$ 1,804.24
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Bay, Genesee, Gratiot, Lapeer, Midland, Shiawassee, and Tuscola Counties.</b>					
H	Retiree 65+ Only	\$0.00	\$ 306.06	\$ 306.06	\$ 312.18
M	Retiree 65+ & Spouse 65+	\$0.00	\$ 612.12	\$ 612.12	\$ 624.36
S	Retiree 65+ & Child(ren)	\$3.65	\$ 500.64	\$ 504.29	\$ 514.38
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$0.00	\$ 810.35	\$ 810.35	\$ 826.56
N	Retiree under 65 & Spouse 65+	\$95.08	\$ 973.42	\$ 1,068.50	\$ 1,089.87
P	Retiree 65+ & Spouse under 65	\$95.08	\$ 973.42	\$ 1,068.50	\$ 1,089.87
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$91.99	\$ 1,174.74	\$ 1,266.73	\$ 1,292.06
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$91.99	\$ 1,174.74	\$ 1,266.73	\$ 1,292.06

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Rates apply to retirees under the State's Defined Benefit Retirement Plan and to retirees who converted from the Defined Benefit Plan to the Defined Contribution plan.

<b>Blue Care Network East Michigan-Saginaw</b>					
		Retiree	State	MONTHLY	Retiree
191		Share	Share	TOTAL	COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 124.94	\$ 607.45	\$ 732.39	\$ 747.04
L	Retiree & Spouse	\$ 251.47	\$ 1,213.31	\$ 1,464.78	\$ 1,494.08
R	Retiree & Child(ren)	\$ 158.65	\$ 764.16	\$ 922.81	\$ 941.27
W	Retiree, Spouse & Child(ren)	\$ 294.58	\$ 1,404.56	\$ 1,699.14	\$ 1,733.12
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Saginaw County.</b>					
H	Retiree 65+ Only	\$0.00	\$ 306.06	\$ 306.06	\$ 312.18
M	Retiree 65+ & Spouse 65+	\$0.00	\$ 612.12	\$ 612.12	\$ 624.36
S	Retiree 65+ & Child(ren)	\$0.00	\$ 496.48	\$ 496.48	\$ 506.41
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$0.00	\$ 802.54	\$ 802.54	\$ 818.59
N	Retiree under 65 & Spouse 65+	\$65.03	\$ 973.42	\$ 1,038.45	\$ 1,059.22
P	Retiree 65+ & Spouse under 65	\$65.03	\$ 973.42	\$ 1,038.45	\$ 1,059.22
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$54.13	\$ 1,174.74	\$ 1,228.87	\$ 1,253.45
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$54.13	\$ 1,174.74	\$ 1,228.87	\$ 1,253.45

<b>Blue Care Network Southeast Michigan</b>					
		Retiree	State	MONTHLY	Retiree
211		Share	Share	TOTAL	COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 169.16	\$ 607.45	\$ 776.61	\$ 792.14
L	Retiree & Spouse	\$ 339.91	\$ 1,213.31	\$ 1,553.22	\$ 1,584.28
R	Retiree & Child(ren)	\$ 214.37	\$ 764.16	\$ 978.53	\$ 998.10
W	Retiree, Spouse & Child(ren)	\$ 397.18	\$ 1,404.56	\$ 1,801.74	\$ 1,837.77
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.</b>					
H	Retiree 65+ Only	\$0.00	\$ 289.65	\$ 289.65	\$ 295.44
M	Retiree 65+ & Spouse 65+	\$0.00	\$ 579.30	\$ 579.30	\$ 590.89
S	Retiree 65+ & Child(ren)	\$0.00	\$ 491.57	\$ 491.57	\$ 501.40
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$0.00	\$ 781.23	\$ 781.23	\$ 796.85
N	Retiree under 65 & Spouse 65+	\$92.84	\$ 973.42	\$ 1,066.26	\$ 1,087.59
P	Retiree 65+ & Spouse under 65	\$92.84	\$ 973.42	\$ 1,066.26	\$ 1,087.59
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$93.44	\$ 1,174.74	\$ 1,268.18	\$ 1,293.54
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$93.44	\$ 1,174.74	\$ 1,268.18	\$ 1,293.54

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**HEALTH ALLIANCE PLAN RATES REVISED AUGUST 9, 2007**

Rates apply to retirees under the State's Defined Benefit Retirement Plan and to retirees who converted from the Defined Benefit Plan to the Defined Contribution plan.

<b>Blue Care Network West Michigan-Great Lakes</b>					
		Retiree	State	MONTHLY	Retiree
311		Share	Share	TOTAL	COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 134.58	\$ 607.45	\$ 742.03	\$ 756.87
L	Retiree & Spouse	\$ 270.75	\$ 1,213.31	\$ 1,484.06	\$ 1,513.74
R	Retiree & Child(ren)	\$ 170.80	\$ 764.16	\$ 934.96	\$ 953.66
W	Retiree, Spouse & Child(ren)	\$ 316.95	\$ 1,404.56	\$ 1,721.51	\$ 1,755.94
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Barry, Calhoun, Ionia, Kalamazoo, Kent, Montcalm, Muskegon, Newaygo, and Ottawa Counties.</b>					
H	Retiree 65+ Only	\$0.00	\$ 243.87	\$ 243.87	\$ 248.75
M	Retiree 65+ & Spouse 65+	\$0.00	\$ 487.74	\$ 487.74	\$ 497.49
S	Retiree 65+ & Child(ren)	\$0.00	\$ 444.56	\$ 444.56	\$ 453.45
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$0.00	\$ 688.42	\$ 688.42	\$ 702.19
N	Retiree under 65 & Spouse 65+	\$ 42.32	\$ 973.42	\$ 1,015.74	\$ 1,036.05
P	Retiree 65+ & Spouse under 65	\$ 42.32	\$ 973.42	\$ 1,015.74	\$ 1,036.05
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 41.69	\$ 1,174.74	\$ 1,216.43	\$ 1,240.76
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 41.69	\$ 1,174.74	\$ 1,216.43	\$ 1,240.76

<b>Health Alliance Plan</b>					
		Retiree	State	MONTHLY	Retiree
201		Share	Share	TOTAL	COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 162.26	\$ 607.45	\$ 769.71	\$ 785.10
L	Retiree & Spouse	\$ 326.11	\$ 1,213.31	\$ 1,539.42	\$ 1,570.21
R	Retiree & Child(ren)	\$ 205.68	\$ 764.16	\$ 969.84	\$ 989.24
W	Retiree, Spouse & Child(ren)	\$ 381.17	\$ 1,404.56	\$ 1,785.73	\$ 1,821.44
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties.</b>					
H	Retiree 65+ Only	\$0.00	\$ 326.30	\$ 326.30	\$ 332.83
M	Retiree 65+ & Spouse 65+	\$0.00	\$ 652.60	\$ 652.60	\$ 665.65
S	Retiree 65+ & Child(ren)	\$25.79	\$ 500.64	\$ 526.43	\$ 536.96
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$27.91	\$ 871.00	\$ 898.91	\$ 916.89
N	Retiree under 65 & Spouse 65+	\$122.59	\$ 973.42	\$ 1,096.01	\$ 1,117.93
P	Retiree 65+ & Spouse under 65	\$122.59	\$ 973.42	\$ 1,096.01	\$ 1,117.93
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$167.58	\$ 1,174.74	\$ 1,342.32	\$ 1,369.17
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$167.58	\$ 1,174.74	\$ 1,342.32	\$ 1,369.17

**DEPARTMENT OF CIVIL SERVICE  
EMPLOYEE BENEFITS DIVISION  
FY 2007-2008 GROUP INSURANCE PREMIUM RATES  
RETIREMENT - MONTHLY RATES  
Effective October 1, 2007**

**HEALTH ALLIANCE PLAN RATES REVISED AUGUST 9, 2007**

Rates apply to retirees under the State's Defined Benefit Retirement Plan and to retirees who converted from the Defined Benefit Plan to the Defined Contribution plan.

<b>HealthPlus</b>					
		Retiree	State	MONTHLY	Retiree
622		Share	Share	TOTAL	COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 123.49	\$ 607.45	\$ 730.94	\$ 745.56
L	Retiree & Spouse	\$ 248.56	\$ 1,213.31	\$ 1,461.87	\$ 1,491.11
R	Retiree & Child(ren)	\$ 156.82	\$ 764.16	\$ 920.98	\$ 939.40
W	Retiree, Spouse & Child(ren)	\$ 291.21	\$ 1,404.56	\$ 1,695.77	\$ 1,729.69
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Genesee, Lapeer, and Shiawassee Counties.</b>					
H	Retiree 65+ Only	\$ 0.00	\$ 264.49	\$ 264.49	\$ 269.78
M	Retiree 65+ & Spouse 65+	\$ 0.00	\$ 528.98	\$ 528.98	\$ 539.56
S	Retiree 65+ & Child(ren)	\$ 108.89	\$ 500.64	\$ 609.53	\$ 621.72
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 3.02	\$ 871.00	\$ 874.02	\$ 891.50
N	Retiree under 65 & Spouse 65+	\$ 22.00	\$ 973.42	\$ 995.42	\$ 1,015.33
P	Retiree 65+ & Spouse under 65	\$ 22.00	\$ 973.42	\$ 995.42	\$ 1,015.33
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$ 30.84	\$ 1,174.74	\$ 1,205.58	\$ 1,229.69
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$ 30.84	\$ 1,174.74	\$ 1,205.58	\$ 1,229.69

<b>PHP- Lansing</b>					
		Retiree	State	MONTHLY	Retiree
878		Share	Share	TOTAL	COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility. This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.</b>					
G	Retiree Only	\$ 250.47	\$ 607.45	\$ 857.92	\$ 875.08
L	Retiree & Spouse	\$ 502.52	\$ 1,213.31	\$ 1,715.83	\$ 1,750.15
R	Retiree & Child(ren)	\$ 316.48	\$ 764.16	\$ 1,080.64	\$ 1,102.25
W	Retiree, Spouse & Child(ren)	\$ 581.78	\$ 1,404.56	\$ 1,986.34	\$ 2,026.07

**DEPARTMENT OF CIVIL SERVICE  
EMPLOYEE BENEFITS DIVISION  
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RETIREMENT - MONTHLY RATES  
Effective October 1, 2007**

**HEALTH ALLIANCE PLAN RATES REVISED AUGUST 9, 2007**

Rates apply to retirees under the State's Defined Benefit Retirement Plan and to retirees who converted from the Defined Benefit Plan to the Defined Contribution plan.

<b>Priority West</b>					
		Retiree	State	MONTHLY	Retiree
555		Share	Share	TOTAL	COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility.</b>					
G	Retiree Only	\$ 111.97	\$ 607.45	\$ 719.42	\$ 733.81
L	Retiree & Spouse	\$ 224.04	\$ 1,213.31	\$ 1,437.35	\$ 1,466.10
R	Retiree & Child(ren)	\$ 141.37	\$ 764.16	\$ 905.53	\$ 923.64
W	Retiree, Spouse & Child(ren)	\$ 262.76	\$ 1,404.56	\$ 1,667.32	\$ 1,700.67
<b>Rates for Retirees or Dependents with Medicare.</b>					
<b>Service Area: Allegan, Antrim, Benzie, Crawford, Grand Traverse, Kalkaska, Kent, Leenanau, Manistee, Montcalm, Muskegon, Oceana, Osceola, and Ottawa Counties.</b>					
H	Retiree 65+ Only	\$ 82.25	\$ 334.83	\$ 417.08	\$ 425.42
M	Retiree 65+ & Spouse 65+	\$ 164.49	\$ 669.67	\$ 834.16	\$ 850.84
S	Retiree 65+ & Child(ren)	\$ 281.89	\$ 500.64	\$ 782.53	\$ 798.18
X	Retiree 65+ & Spouse 65+ & Child(ren)	\$ 328.61	\$ 871.00	\$ 1,199.61	\$ 1,223.60
N	Retiree under 65 & Spouse 65+	\$33.35	\$ 973.42	\$ 1,006.77	\$ 1,026.91
P	Retiree 65+ & Spouse under 65	\$33.35	\$ 973.42	\$ 1,006.77	\$ 1,026.91
Y	Retiree under 65, Spouse 65+ & Child(ren)	\$197.48	\$ 1,174.74	\$ 1,372.22	\$ 1,399.66
Z	Retiree 65+, Spouse under 65 & Child(ren)	\$197.48	\$ 1,174.74	\$ 1,372.22	\$ 1,399.66

<b>Priority East</b>					
		Retiree	State	MONTHLY	Retiree
		Share	Share	TOTAL	COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility. This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.</b>					
G	Retiree Only	\$ 102.85	\$ 607.45	\$ 710.30	\$ 724.51
L	Retiree & Spouse	\$ 207.22	\$ 1,213.31	\$ 1,420.53	\$ 1,448.94
R	Retiree & Child(ren)	\$ 130.82	\$ 764.16	\$ 894.98	\$ 912.88
W	Retiree, Spouse & Child(ren)	\$ 243.34	\$ 1,404.56	\$ 1,647.90	\$ 1,680.86

<b>Priority South</b>					
		Retiree	State	MONTHLY	Retiree
		Share	Share	TOTAL	COBRA
<b>Rates for Retirees without Medicare. See enclosed postal code list for eligibility. This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.</b>					
G	Retiree Only	\$ 102.85	\$ 607.45	\$ 710.30	\$ 724.51
L	Retiree & Spouse	\$ 207.22	\$ 1,213.31	\$ 1,420.53	\$ 1,448.94
R	Retiree & Child(ren)	\$ 130.82	\$ 764.16	\$ 894.98	\$ 912.88
W	Retiree, Spouse & Child(ren)	\$ 243.34	\$ 1,404.56	\$ 1,647.90	\$ 1,680.86