

RETIREE BENEFITS BULLETIN

Civil Service Commission
State of Michigan • 2016 - 2017

DATE: September 2016	NUMBER: GIS 01-2016R
CONTACT: ORS Customer Contact Center	TELEPHONE NUMBER: 517-322-5103 Lansing Area 800-381-5111 Toll-Free 711 Michigan Relay (Individuals with hearing loss)
SUBJECT: 2016-2017 RETIREE INSURANCE BULLETIN FOR DEFINED BENEFIT RETIREES	

OCTOBER 2016 BENEFIT & INSURANCE RATES

The 2016-2017 fiscal year will include plan design changes, see page 2 for further information. Please review the rates as some of the premiums have changed. Premiums are shown on the attached charts and will be reflected in the October, 2016 pension checks.

For State Police Troopers and Sergeants retiring on or after October 1, 1987, there are currently no plan design changes that will affect you.

If you are considering changing to an HMO plan, please remember that HMO plan availability is based on location. Visit the Employee Benefits Division web page at www.mi.gov/employeebenefits to find the following tools to assist you with finding an HMO in your area:

- **Retirees *without* Medicare** go to the *Resources & Tools* tab and select the [Zip Code Tool](#) link from the list.
- **Retirees *with* Medicare** select *Retiree Information* from the right hand menu then scroll down to the HMO Medicare Advantage (MA) Coverage Maps section.

RETIREE INSURANCE INFORMATION

Basic information about retiree insurance and eligibility is available on the Office of Retirement Services (ORS) web site www.mi.gov/ors. To view post-retirement insurance information, select your retirement plan, *After Retirement*, and then *Your Insurance Benefits*.

PLAN DESIGN CHANGES FOR 2016-2017

TELEMEDICINE (AVAILABLE TO NON-MEDICARE RETIREES ONLY)

This benefit will allow you to visit a provider using your computer or mobile device for certain conditions. This new benefit is available for the following plans:

- State Health Plan PPO for both the Health Plan, Administered by Blue Cross and Blue Shield of Michigan (BCBSM), and the Mental Health & Substance Abuse Plan, Administered by Magellan.
 - In-network: Covered 100% after (\$20) applicable co-payment.
 - Out-of-network: Covered 80% after deductible.
- Contact the individual HMO plans for availability.
 - Check with HMO for specific coverage amounts.

SMOKING CESSATION

An online smoking cessation program with smoking cessation counseling. This benefit is available for the following plan:

- State Health Plan PPO, Administered by Blue Cross and Blue Shield of Michigan (BCBSM), partnered with WebMD.

HEARING AID DISCOUNT

This benefit will allow retirees and their dependents access to significant savings on hearing aids through TruHearing®, a national BCBSM participating provider. TruHearing® provides exclusive savings of 30% to 50% off the retail price of deluxe hearing aids. For more information regarding these savings, call TruHearing Customer Care at 844-207-1684. This benefit is available through the following plan:

- State Health Plan PPO, Administered by Blue Cross and Blue Shield of Michigan (BCBSM), partnered with TruHearing.

PRESCRIPTION FRAME ALLOWANCE

The allowance to be applied towards prescription frames will increase to \$100 (member is responsible for any cost exceeding the allowance) minus \$7.50 co-payment (one co-payment applies to both frame and lenses). This new benefit is available through the following plan:

- State Vision Plan, Administered by Blue Cross and Blue Shield of Michigan partnered with Vision Services Plan® (VSP).

OCCLUSAL GUARDS

Occlusal guards are now covered once every five years at 100% for a Delta Dental PPO provider and 90% for both Delta Dental Premier and Nonparticipating providers. This benefit was previously limited to once in a lifetime. This benefit is available for the following plan:

- State Dental Plan - Administered by Delta Dental.

Attention: The mailed version of this bulletin did not include the language above referencing Delta Dental PPO, and the percentage covered at Delta Dental Premier, and Nonparticipating providers. The mailed version can be viewed [here](#).

HMO PLAN MERGER

HealthPlus has merged with HAP - if you are currently enrolled in HealthPlus your coverage will be extended with them until December 31, 2016. You may select a different health plan prior to that date, or as of January 1, 2017, your plan will automatically convert to a HAP plan. If you would like to select a different plan you may do so by simply logging into your miAccount at www.michigan.gov/orsmiaccount, or completing the [Insurance Enrollment/Change Request](#) form and returning it to the Office of Retirement Services (ORS).

MEDICARE ELIGIBILITY

Once you become Medicare-eligible, your State retiree health care coverage becomes your secondary insurance. Generally, you are automatically enrolled in Medicare Part A and Part B once eligible. If you initially declined Part B at the time you became eligible, you can sign up at your local Social Security office or by calling 800-772-1213.

If you DO NOT ENROLL in Medicare Part B upon becoming eligible, your State Health Plan coverage will be treated as if Medicare coverage was in place. The State Health Plan will not reimburse that portion of an expense normally covered by Medicare Part B. If you become eligible for Medicare prior to age 65, be sure to enroll in Medicare Part A and Part B and enter the Medicare information online by logging in to miAccount at www.mi.gov/orsmiaccount or send the [Insurance Enrollment/Change Request](#) to the Office of Retirement Services (ORS).

Enrolling and Making Changes for Medicare Eligible at Age 65 - If you are *already enrolled* in state-sponsored retiree health and prescription drug insurance and you, your spouse, or your dependent(s) become eligible for Medicare at age 65:

- Be sure to enroll in both Medicare Parts A and B two months before turning age 65. Your coverage will automatically change to a Medicare compatible plan when you turn 65. You will be contacted if your insurance carrier needs additional information.

If you are *enrolling* in state-sponsored retiree health and prescription drug insurance and you, your spouse, or your dependent(s) are also eligible for Medicare at the time of enrollment:

- Be sure to enroll in both Medicare Parts A and B two months before enrolling in retiree insurance.
- Submit your completed online insurance enrollment at www.michigan.gov/orsmiaccount (or [Insurance Enrollment/Change Request](#) form) and send proofs¹ to ORS by the 15th of the month for your coverage to begin the following month.

Note: If your completed insurance enrollment request and proofs are received after the 15th but before the end of the month, your coverage will begin a month later. For example, if you submit your completed insurance enrollment request and proofs on July 25, and intend for insurance coverage to begin August 1, your coverage will begin September 1.

Enrolling and Making Changes for Medicare Eligible Before Age 65 - If you are *already enrolled* in state-sponsored retiree health and prescription drug insurance and you, your spouse, or your dependent(s) become eligible for Medicare before age 65:

- Be sure to enroll in both Medicare Parts A and B.
- Enter your Medicare information at www.michigan.gov/orsmiaccount or send the [Insurance Enrollment/Change Request](#) to the Office of Retirement Services (ORS) to ensure you are enrolled in the correct Medicare plan.

If you are *enrolling* in state-sponsored retiree health and prescription drug insurance and you, your spouse, or your dependent(s) become eligible for Medicare before age 65:

- Be sure to enroll in both Medicare Parts A and B.
- Submit your completed online insurance enrollment at www.michigan.gov/orsmiaccount (or [Insurance Enrollment/Change Request](#) forms and send proofs to ORS by the 15th of the month for your coverage to begin the following month.

Note: If your completed [Insurance Enrollment/Change Request](#) form and proofs are received after the 15th but before the end of the month, your coverage will begin a month later. For example, if you submit your completed *form* and proofs on July 25, and intend for insurance coverage to begin August 1, your coverage will begin September 1.

¹Explanation of proofs can be found on Page 3 of the [Insurance Enrollment/Change Request](#) form.

INSURANCE ENROLLMENTS AND CHANGE REQUESTS

ENROLLING AND MAKING CHANGES

If you wish to enroll in or make changes to your state-sponsored retiree health, prescription drug, dental, or vision insurance plans, go to www.michigan.gov/orsmiaccount to log in to your miAccount, or use the [Insurance Enrollment/Change Request](#) form available on the ORS website at www.michigan.gov/ors. Simply select your retirement system, go to the Forms and Publications page, and print the form. Send the completed form and required proofs¹ to:

Office of Retirement Services
P.O. Box 30171
Lansing, MI 48909

ENROLLMENT WAITING PERIOD

As a pension recipient, you are not restricted to an open enrollment window to enroll in or make changes to your insurance plans. New enrollments or changes are normally subject to a **six-month waiting period** from the date ORS receives your enrollment form(s) and all required proofs.

The normal six-month waiting period is **not applied** when you or a dependent has an involuntary loss of other group coverage or a change in your family status (e.g., marriage, death, divorce). If ORS receives your completed insurance enrollment online in [miAccount](#), or an [Insurance Enrollment/Change Request](#) form, along with proof of your loss of coverage within 30 days of the event, there will be no gap in your coverage.

If you are currently enrolled in an HMO, you must remain in that HMO for six months before switching to the State Health Plan PPO, unless the coverage is no longer available. If coverage is no longer available, you must submit an online insurance enrollment in [miAccount](#) or complete and submit an [Insurance Enrollment/Change Request](#) form and required proofs to ORS.

To switch from one HMO to another HMO, or to change from the State Health Plan PPO to an HMO, there is no six-month waiting period. To process the change, submit an online insurance enrollment in miAccount (or [Insurance Enrollment/Change Request](#) form), and send all necessary proofs to ORS.

¹Explanation of proofs can be found on Page 3 of the [Insurance Enrollment/Change Request](#) form.

STATE HEALTH PLAN PPO MEMBERS

Durable Medical Equipment, Prosthetics and Orthotics, and Medical Supplies. Services for you and your dependents are administered through Blue Cross Blue Shield of Michigan (BCBSM). To receive services without any out-of-pocket costs for non-Medicare retirees, you must use a participating BCBSM provider. If services are received from a non-participating provider, you will be responsible for 20% of the approved amount plus the difference between the charge and the BCBSM approved amount. To receive services without any out-of-pocket costs for Medicare retirees, you must seek services from a provider that participates with Medicare.

Blue Health Connection. 800-775-2583

This disease management program provides health educational materials, online health resources, and a [24-Hour Nurse Help Line](#).

HMO MEMBERS

Medicare Advantage. If you are enrolled in an HMO and want to remain enrolled in it, regardless of when you, your spouse, or dependent(s) become eligible for Medicare, submit an online insurance enrollment in [miAccount](#) or complete and submit an [Insurance Enrollment/Change Request](#) form and required proofs to ORS. If your HMO does not offer a Medicare Advantage plan, or if another HMO's Medicare Advantage plan is not available in your area, you must select the State Health Plan PPO.

VISION & DENTAL PLANS

State Vision Plan, Administered by Blue Cross and Blue Shield of Michigan partnered with Vision Services Plan® (VSP)

The allowance to be applied towards prescription frames will increase to \$100 (member is responsible for any cost exceeding the allowance) minus \$7.50 co-payment (one co-payment applies to both frame and lenses).

State Dental Plan - Administered by Delta Dental

Occlusal guards are now covered once every five years at 100% for a Delta Dental PPO provider and 90% for both Delta Dental Premier and Nonparticipating providers. This benefit was previously limited to once in a lifetime.

There are no changes to the Vision & Dental premiums for the 2016-2017 plan year. **State Police Troopers and Sergeants retiring on or after October 1, 1987, there are currently no plan design changes that will affect you.**

For questions contact:

Office of Retirement Services (ORS)

Lansing Area 517-322-5103

Toll-Free 800-381-5111

Michigan Relay 711 (Individuals with hearing loss)

RETIREE PROVIDER INFORMATION

STATE HEALTH PLAN PPO

STATE HEALTH PLAN PPO BCBSM State of Michigan Service Center 800-843-4876 www.bcbsm.com/som	PRESCRIPTION DRUG PROGRAM Non-Medicare Retirees, MedImpact 877-403-6034 www.mp.medimpact.com/som Medicare Eligible Retirees, Medicare Generation Rx 877-633-7943 www.medicaregenerationrx.com/som
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MENTAL HEALTH/SUBSTANCE ABUSE SERVICES

Magellan Behavioral of Michigan

866-503-3158

www.magellanassist.com

STATE VISION PLAN

BCBSM State of Michigan Service Center

800-843-4876

www.bcbsm.com/som

STATE DENTAL PLAN

Delta Dental Plan of Michigan

800-524-0150

www.deltadentalmi.com

HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

BLUE CARE NETWORK (BCN) 800-662-6667 www.bcbsm.com/som	HEALTH ALLIANCE PLAN (HAP) 800-422-4641 www.hap.org
PHYSICIANS HEALTH PLAN (PHP) 517-364-8500 or 800-832-9186 www.phpmichigan.com	PRIORITY HEALTH 800-446-5674 www.priority-health.com

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

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

Please note: Retirees or dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, please review the corresponding HMO coverage maps 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
Without 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
With Medicare (Parts A & B)				
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
One With Medicare and One Without Medicare				
Self W/O Medicare & Spouse W/Medicare or 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) or 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

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

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

Please note: Retirees or dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, please review the corresponding HMO coverage maps to determine eligibility by visiting www.mi.gov/employeebenefits then select "Retiree Information" from the right hand menu.

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	\$ 963.93	\$ 983.20
One With Medicare and One Without Medicare				
Self W/O Medicare & Spouse W/Medicare or 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) or 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 or 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

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

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

Please note: Retirees or dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, please review the corresponding HMO coverage maps to determine eligibility by visiting www.mi.gov/employeebenefits then select "Retiree Information" from the right hand menu.

PHP				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Without Medicare				
<i>(This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.)</i>				
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 or 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) or Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ 257.30	\$ 1,458.05	\$ 1,715.35	\$ 1,749.66

CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
 FY 2016-2017 GROUP INSURANCE PREMIUM RATES

STATE POLICE RETIREMENT - MONTHLY RATES - EFFECTIVE OCTOBER 1, 2016

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

Please note: Retirees or dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, please review the corresponding HMO coverage maps 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
Without 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
With Medicare (Parts A & B)				
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
One With Medicare and One Without Medicare				
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

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

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

Please note: Retirees or dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, please review the corresponding HMO coverage maps to determine eligibility by visiting www.mi.gov/employeebenefits then select "Retiree Information" from the right hand menu.

Blue Care Network				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Without Medicare				
Self	\$ 179.38	\$ 828.82	\$ 1,008.20	\$ 1,028.36
Self and Spouse	\$ 358.77	\$ 1,657.64	\$ 2,016.41	\$ 2,056.74
Self and Child(ren)	\$ 226.33	\$ 1,044.01	\$ 1,270.34	\$ 1,295.75
Self, Spouse and Child(ren)	\$ 420.14	\$ 1,918.91	\$ 2,339.05	\$ 2,385.83
With Medicare (Parts A & B)				
Self	\$ -	\$ 350.89	\$ 350.89	\$ 357.91
Self and Spouse	\$ -	\$ 701.78	\$ 701.78	\$ 715.82
Self and Child(ren)	\$ -	\$ 613.03	\$ 613.03	\$ 625.29
Self, Spouse and Child(ren)	\$ -	\$ 963.92	\$ 963.92	\$ 983.20
One With Medicare and One Without Medicare				
Self W/O Medicare & Spouse W/Medicare	\$ 29.21	\$ 1,329.88	\$ 1,359.09	\$ 1,386.27
Self W/ Medicare & Spouse W/O Medicare	\$ 29.21	\$ 1,329.88	\$ 1,359.09	\$ 1,386.27
Self W/O Medicare & Spouse W/Medicare & Child(ren)	\$ 16.30	\$ 1,604.93	\$ 1,621.23	\$ 1,653.65
Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ 16.30	\$ 1,604.93	\$ 1,621.23	\$ 1,653.65

Health Alliance Plan				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Without Medicare				
Self	\$ 297.42	\$ 828.82	\$ 1,126.24	\$ 1,148.76
Self and Spouse	\$ 594.84	\$ 1,657.64	\$ 2,252.48	\$ 2,297.53
Self and Child(ren)	\$ 375.08	\$ 1,044.01	\$ 1,419.09	\$ 1,447.47
Self, Spouse and Child(ren)	\$ 693.96	\$ 1,918.91	\$ 2,612.87	\$ 2,665.13
With Medicare (Parts A & B)				
Self	\$ -	\$ 417.75	\$ 417.75	\$ 426.11
Self and Spouse	\$ -	\$ 835.50	\$ 835.50	\$ 852.21
Self and Child(ren)	\$ 26.62	\$ 683.98	\$ 710.60	\$ 724.81
Self, Spouse and Child(ren)	\$ -	\$ 1,128.35	\$ 1,128.35	\$ 1,150.92
One With Medicare and One Without Medicare				
Self W/O Medicare & Spouse W/Medicare	\$ 214.11	\$ 1,329.88	\$ 1,543.99	\$ 1,574.87
Self W/ Medicare & Spouse W/O Medicare	\$ 214.11	\$ 1,329.88	\$ 1,543.99	\$ 1,574.87
Self W/O Medicare & Spouse W/Medicare & Child(ren)	\$ 231.91	\$ 1,604.93	\$ 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

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

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

Please note: Retirees or dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, please review the corresponding HMO coverage maps to determine eligibility by visiting www.mi.gov/employeebenefits then select "Retiree Information" from the right hand menu.

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	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Without Medicare				
<i>(This HMO is not available to Medicare eligible retirees or to retirees with Medicare eligible dependents.)</i>				
Self	\$ 420.27	\$ 828.82	\$ 1,249.09	\$ 1,274.07
Self and Spouse	\$ 840.52	\$ 1,657.64	\$ 2,498.16	\$ 2,548.12
Self and Child(ren)	\$ 529.35	\$ 1,044.01	\$ 1,573.36	\$ 1,604.83
Self, Spouse and Child(ren)	\$ 973.09	\$ 1,918.91	\$ 2,892.00	\$ 2,949.84

Priority Health Plan				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Without Medicare				
Self	\$ 312.43	\$ 828.82	\$ 1,141.25	\$ 1,164.08
Self and Spouse	\$ 622.58	\$ 1,657.64	\$ 2,280.22	\$ 2,325.82
Self and Child(ren)	\$ 392.48	\$ 1,044.01	\$ 1,436.49	\$ 1,465.22
Self, Spouse and Child(ren)	\$ 726.05	\$ 1,918.91	\$ 2,644.96	\$ 2,697.86
With Medicare (Parts A & B)				
Self	\$ 57.01	\$ 457.44	\$ 514.45	\$ 524.74
Self and Spouse	\$ 114.00	\$ 914.90	\$ 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	\$ -	\$ 1,237.87	\$ 1,237.87	\$ 1,262.63
Self W/ Medicare & Spouse W/O Medicare	\$ -	\$ 1,237.87	\$ 1,237.87	\$ 1,262.63
Self W/O Medicare & Spouse W/Medicare & Child(ren)	\$ 110.42	\$ 1,604.93	\$ 1,715.35	\$ 1,749.66
Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ 110.42	\$ 1,604.93	\$ 1,715.35	\$ 1,749.66