

**CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
STATE POLICE RETIREMENT – MONTHLY RATES
CY2023 GROUP INSURANCE PREMIUM RATES
EFFECTIVE JANUARY 1, 2023**

For State Police Enlisted Retirees in the Defined Benefit (DB) Retirement Plan

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.

Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
BCBSM State Health Plan PPO - w/o Medicare	Self	\$44.93	\$853.69	\$898.62	\$916.59
	Self and Spouse	\$89.86	\$1,707.34	\$1,797.20	\$1,833.14
	Self and Child(ren)	\$56.60	\$1,075.32	\$1,131.92	\$1,154.56
	Self, Spouse and Child(ren)	\$104.03	\$1,976.47	\$2,080.50	\$2,122.11
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
BCBSM State Health Plan PPO - w/ Medicare Parts A&B	Self	\$0.00	\$471.17	\$471.17	\$480.59
	Self and Spouse	\$0.00	\$942.35	\$942.35	\$961.20
	Self and Child(ren)	\$0.00	\$704.49	\$704.49	\$718.58
	Self, Spouse and Child(ren)	\$0.00	\$1,225.66	\$1,225.66	\$1,250.17
	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	\$1,369.78	\$1,369.78	\$1,397.18
	Self w/ Medicare, Spouse w/o Medicare	\$0.00	\$1,369.78	\$1,369.78	\$1,397.18
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$0.00	\$1,653.08	\$1,653.08	\$1,686.14
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$0.00	\$1,653.08	\$1,653.08	\$1,686.14
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
State Dental Plan	Self	\$4.91	\$44.14	\$49.05	\$50.03
	Self and Spouse	\$8.94	\$80.42	\$89.36	\$91.15
	Self and Child(ren)	\$10.92	\$98.24	\$109.16	\$111.34
	Self, Spouse and Child(ren)	\$14.95	\$134.54	\$149.49	\$152.48
	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
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Blue Care Network HMO - w/o Medicare	Self	\$391.17	\$853.69	\$1,244.86	\$1,269.76
	Self and Spouse	\$782.37	\$1,707.34	\$2,489.71	\$2,539.50
	Self and Child(ren)	\$480.75	\$1,075.32	\$1,556.07	\$1,587.19
	Self, Spouse and Child(ren)	\$824.46	\$1,976.47	\$2,800.93	\$2,856.95
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Blue Care Network HMO - w/ Medicare Parts A&B	Self	\$0.00	\$238.28	\$238.28	\$243.05
	Self and Spouse	\$0.00	\$476.56	\$476.56	\$486.09
	Self and Child(ren)	\$0.00	\$549.49	\$549.49	\$560.48
	Self, Spouse and Child(ren)	\$0.00	\$787.77	\$787.77	\$803.53
	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	\$113.36	\$1,369.78	\$1,483.14	\$1,512.80
	Self w/ Medicare, Spouse w/o Medicare	\$113.36	\$1,369.78	\$1,483.14	\$1,512.80
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$141.27	\$1,653.08	\$1,794.35	\$1,830.24
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$141.27	\$1,653.08	\$1,794.35	\$1,830.24
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Health Alliance Plan HMO - w/o Medicare	Self	\$658.11	\$853.69	\$1,511.80	\$1,542.04
	Self and Spouse	\$1,316.26	\$1,707.34	\$3,023.60	\$3,084.07
	Self and Child(ren)	\$814.43	\$1,075.32	\$1,889.75	\$1,927.55
	Self, Spouse and Child(ren)	\$1,425.08	\$1,976.47	\$3,401.55	\$3,469.58
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Health Alliance Plan HMO - w/ Medicare Parts A&B	Self	\$0.00	\$370.13	\$370.13	\$377.53
	Self and Spouse	\$0.00	\$740.26	\$740.26	\$755.07
	Self and Child(ren)	\$43.59	\$704.49	\$748.08	\$763.04
	Self, Spouse and Child(ren)	\$0.00	\$1,118.21	\$1,118.21	\$1,140.57
	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	\$512.15	\$1,369.78	\$1,881.93	\$1,919.57
	Self w/ Medicare, Spouse w/o Medicare	\$512.15	\$1,369.78	\$1,881.93	\$1,919.57
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$606.80	\$1,653.08	\$2,259.88	\$2,305.08
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$606.80	\$1,653.08	\$2,259.88	\$2,305.08
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
McLaren Health Plan HMO - w/o Medicare	Self	\$470.67	\$853.69	\$1,324.36	\$1,350.85
	Self and Spouse	\$941.38	\$1,707.34	\$2,648.72	\$2,701.69
	Self and Child(ren)	\$580.13	\$1,075.32	\$1,655.45	\$1,688.56
	Self, Spouse and Child(ren)	\$1,003.34	\$1,976.47	\$2,979.81	\$3,039.41
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
McLaren Health Plan HMO - w/ Medicare Parts A&B	Self	\$0.00	\$355.45	\$355.45	\$362.56
	Self and Spouse	\$0.00	\$710.90	\$710.90	\$725.12
	Self and Child(ren)	\$0.00	\$686.54	\$686.54	\$700.27
	Self, Spouse and Child(ren)	\$0.00	\$1,041.99	\$1,041.99	\$1,062.83
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
McLaren Health Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$310.03	\$1,369.78	\$1,679.81	\$1,713.41
	Self w/ Medicare, Spouse w/o Medicare	\$310.03	\$1,369.78	\$1,679.81	\$1,713.41
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$357.82	\$1,653.08	\$2,010.90	\$2,051.12
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$357.82	\$1,653.08	\$2,010.90	\$2,051.12
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Physicians Health Plan - HMO - w/o Medicare	Self	\$669.02	\$853.69	\$1,522.71	\$1,553.16
	Self and Spouse	\$1,338.08	\$1,707.34	\$3,045.42	\$3,106.33
	Self and Child(ren)	\$828.07	\$1,075.32	\$1,903.39	\$1,941.46
	Self, Spouse and Child(ren)	\$1,449.63	\$1,976.47	\$3,426.10	\$3,494.62
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Physicians Health Plan HMO - w/ Medicare Parts A&B	Self	\$0.00	\$356.00	\$356.00	\$363.12
	Self and Spouse	\$0.00	\$712.00	\$712.00	\$726.24
	Self and Child(ren)	\$32.19	\$704.49	\$736.68	\$751.41
	Self, Spouse and Child(ren)	\$0.00	\$1,092.68	\$1,092.68	\$1,114.53
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Physicians Health Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$508.93	\$1,369.78	\$1,878.71	\$1,916.28
	Self w/ Medicare, Spouse w/o Medicare	\$508.93	\$1,369.78	\$1,878.71	\$1,916.28
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$606.31	\$1,653.08	\$2,259.39	\$2,304.58
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$606.31	\$1,653.08	\$2,259.39	\$2,304.58
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA