

**CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
STATE POLICE RETIREMENT – MONTHLY RATES
CY2024 GROUP INSURANCE PREMIUM RATES
EFFECTIVE JANUARY 1, 2024**

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 the Retiree icon.

Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
State Health Plan PPO - w/o Medicare (Blue Cross)	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
State Health Plan PPO - w/ Medicare Parts A&B (Blue Cross)	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	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
State Health Plan PPO - 1 w/ Medicare, 1 w/o (Blue Cross)	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
	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
State Health Plan PPO - 1 w/ Medicare, 1 w/o (Blue Cross)	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
	Self	\$4.91	\$44.14	\$49.05	\$50.03
State Dental Plan	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
Blue Care Network HMO - w/o Medicare	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$518.64	\$853.69	\$1,372.33	\$1,399.78
	Self and Spouse	\$1,037.32	\$1,707.34	\$2,744.66	\$2,799.55
	Self and Child(ren)	\$640.09	\$1,075.32	\$1,715.41	\$1,749.72
Blue Care Network HMO - w/ Medicare Parts A&B	Self, Spouse and Child(ren)	\$1,111.27	\$1,976.47	\$3,087.74	\$3,149.49
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$0.00	\$238.28	\$238.28	\$243.05
	Self and Spouse	\$0.00	\$476.56	\$476.56	\$486.09
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Self and Child(ren)	\$0.00	\$581.36	\$581.36	\$592.99
	Self, Spouse and Child(ren)	\$0.00	\$819.64	\$819.64	\$836.03
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$240.83	\$1,369.78	\$1,610.61	\$1,642.82
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Self w/ Medicare, Spouse w/o Medicare	\$240.83	\$1,369.78	\$1,610.61	\$1,642.82
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$300.61	\$1,653.08	\$1,953.69	\$1,992.76
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$300.61	\$1,653.08	\$1,953.69	\$1,992.76

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Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Health Alliance Plan HMO - w/o Medicare	Self	\$806.03	\$853.69	\$1,659.72	\$1,692.91
	Self and Spouse	\$1,612.10	\$1,707.34	\$3,319.44	\$3,385.83
	Self and Child(ren)	\$999.33	\$1,075.32	\$2,074.65	\$2,116.14
	Self, Spouse and Child(ren)	\$1,757.90	\$1,976.47	\$3,734.37	\$3,809.06
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$0.00	\$370.13	\$370.13	\$377.53
	Self and Spouse	\$0.00	\$740.26	\$740.26	\$755.07
	Self and Child(ren)	\$80.57	\$704.49	\$785.06	\$800.76
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$0.00	\$1,155.19	\$1,155.19	\$1,178.29
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$660.07	\$1,369.78	\$2,029.85	\$2,070.45
	Self w/ Medicare, Spouse w/o Medicare	\$660.07	\$1,369.78	\$2,029.85	\$2,070.45
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$791.70	\$1,653.08	\$2,444.78	\$2,493.68
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$791.70	\$1,653.08	\$2,444.78	\$2,493.68