



2025 Monthly Graded Premium Subsidy Insurance Rates

For Public School Retirees

These rates apply to public school retirees who first worked for a Michigan public school on or after July 1, 2008, but before September 4, 2012, who receive a graded premium subsidy. Below are the monthly rates effective January 1, 2025, for the retiree healthcare, dental, and vision plans. There are no separate prescription drug premiums for these plans.

To make changes in your coverage, log in to miAccount at Michigan.gov/ORSmiAccount, you'll use MiLogin to access miAccount, and update your insurance information or use the Insurance Enrollment/Change Request (R0452C) form. Plan changes cannot be made retroactively; therefore, we do not issue premium refunds.

Looking for information on insurance carriers, plan coverage, and deductibles? Start with the Insurance Options Summary (R0379C) document which gives information about Blue Cross Blue Shield of Michigan and participating HMOs. For more detailed plan information, contact the insurance carrier directly.

Personal Healthcare Fund (PHF)

If you have the PHF and are eligible to retire, you will be responsible for the full insurance premium with no subsidy.

If you have the PHF and are a deferred retiree, you are not eligible for any health, prescription drug, dental, or vision insurances through the retirement system.

If you first worked on or after September 4, 2012, you can review eligibility requirements at MiPensionPlus.org.

- The graded premium subsidy is determined by the number of years you worked. The longer you worked, the greater your premium subsidy is, up to the maximum subsidy allowed by law, currently set at 80%. If you have less than 10 years of service (YOS), you do not qualify for a graded premium insurance subsidy.
- If you have 23 or more years of earned service at the time of retirement, you will be eligible for the maximum subsidy allowed by law.
- If you have 10 or more but less than 23 years of earned service and are at least 60 years of age at the time of retirement, a graded subsidy applies. With 10 YOS, your subsidy will be 30% of the premium. The subsidy increases by an additional 4% of the premium for each additional YOS, up to the maximum subsidy allowed by law.

2025 INSURANCE SUBSIDY AMOUNTS														
YOS	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Insurance subsidy percentage	30	34	38	42	46	50	54	58	62	66	70	74	78	80

Determine the amount of subsidy the state will pay

Identify your number of YOS at retirement. Multiply the total unsubsidized monthly premium by your insurance subsidy percentage (determined by your YOS) to calculate the amount of subsidy the state will pay. For example, with 16 YOS you are eligible for a 54% subsidy, meaning the state will pay 54% of your premium cost.

$$\text{Total unsubsidized monthly premium} \times \text{Insurance subsidy percentage} = \text{The amount of subsidy the state will pay}$$

Example: You have 16 YOS and you're enrolling yourself, spouse, and child in non-Medicare coverage. The total unsubsidized monthly premium is \$2,031.92. Multiply \$2,031.92 x 54% for a total of \$1,097.24. This is the amount the state will pay toward your premiums.

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Determine the amount you will pay per month

Subtract the amount of subsidy the state will pay from the total unsubsidized monthly premium to determine the amount you will pay per month.

$$\text{Total unsubsidized monthly premium} - \text{The amount of subsidy the state will pay} = \text{The amount you will pay per month}$$

Example: \$2,031.92 - \$1,097.24 = \$934.68, which is the amount of the premium you will pay per month.

Your Monthly Cost – Health Insurance					
	Graded Premium Subsidy Plan Rates			PHF Plan Rates Total unsubsidized monthly premium	COBRA Rates
	20 YOS	15 YOS	10 YOS		
Without Medicare					
Self only	\$ 275.18	\$ 458.64	\$ 642.10	\$ 917.28	\$ 935.63
Self and spouse	507.65	846.09	1,184.52	1,692.17	1,726.01
Self and child(ren)	377.11	628.52	879.92	1,257.03	1,282.17
Self, spouse, and child(ren)	609.58	1,015.96	1,422.34	2,031.92	2,072.56
With Medicare (Parts A & B)					
Self only	\$ 29.22	\$ 48.71	\$ 68.19	\$ 97.41	\$ 99.36
Self and spouse	58.52	97.54	136.55	195.07	198.97
Self and child(ren)	61.90	103.17	144.43	206.33	210.46
Self, spouse, and child(ren)	91.20	152.00	212.79	303.99	310.07
One With Medicare and One Without Medicare					
Self without Medicare, spouse with Medicare	\$ 304.48	\$ 507.47	\$ 710.46	\$ 1,014.94	\$ 1,035.24
Self with Medicare, spouse without Medicare	261.69	436.15	610.61	872.30	889.75
Self without Medicare, spouse and child(ren) with Medicare	337.16	561.93	786.70	1,123.86	1,146.34
Self with Medicare, spouse and child(ren) without Medicare	363.62	606.03	848.44	1,212.05	1,236.29
Self and spouse with Medicare, child(ren) without Medicare	160.45	267.41	374.37	534.82	545.52
Self with Medicare, child(ren) without Medicare	131.15	218.58	306.01	437.16	445.90
Self and child(ren) without Medicare, spouse with Medicare	406.41	677.35	948.28	1354.69	1381.78
Self and child(ren) with Medicare, spouse without Medicare	294.37	490.61	686.85	981.22	1,000.84

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Your Monthly Cost – Dental Insurance

	Graded Premium Subsidy Plan Rates			PHF Plan Rates	COBRA Rates
	20 YOS	15 YOS	10 YOS	Total unsubsidized monthly premium	
Self only	\$ 9.11	\$ 15.19	\$ 21.27	\$ 30.38	\$ 30.99
Self and spouse	18.22	30.38	42.54	60.76	61.98
Self and child(ren)	18.22	30.38	42.54	60.76	61.98
Self, spouse, and child(ren)	27.33	45.5	63.81	91.14	92.96

Your Monthly Cost – Vision Insurance

	Graded Premium Subsidy Plan Rates			PHF Plan Rates	COBRA Rates
	20 YOS	15 YOS	10 YOS	Total unsubsidized monthly premium	
Self only	\$.90	\$ 1.51	\$ 2.11	\$ 3.01	\$ 3.07
Self and spouse	1.80	3.02	4.22	6.02	6.14
Self and child(ren)	1.80	3.02	4.22	6.02	6.14
Self, spouse, and child(ren)	2.70	4.53	6.33	9.03	9.21