

CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION

RETIREMENT - MONTHLY RATES
FY2021 GROUP INSURANCE PREMIUM RATES

EFFECTIVE OCTOBER 1, 2020

For retirees in the Defined Benefit (DB) Retirement Plan and those who converted from the DB Plan to the Defined Contribution (DC) Plan

Note: Retirees/dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, review the corresponding HMO coverage map 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	\$179.72	\$718.89	\$898.61	\$916.57
	Self and Spouse	\$359.44	\$1,437.78	\$1,797.22	\$1,833.15
	Self and Child(ren)	\$226.38	\$905.55	\$1,131.93	\$1,154.56
	Self, Spouse and Child(ren)	\$416.09	\$1,664.40	\$2,080.49	\$2,122.08
BCBSM State Health Plan PPO - w/ Medicare Parts A&B	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$0.00	\$471.16	\$471.16	\$480.59
	Self and Spouse	\$0.00	\$942.34	\$942.34	\$961.18
	Self and Child(ren)	\$0.00	\$704.50	\$704.50	\$718.58
BCBSM State Health Plan PPO - 1 w/ Medicare, 1 w/o	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 Dental Plan	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	\$4.90	\$44.15	\$49.05	\$50.03
State Vision Plan	Self and Spouse	\$8.93	\$80.43	\$89.36	\$91.15
	Self and Child(ren)	\$10.91	\$98.25	\$109.16	\$111.34
	Self, Spouse and Child(ren)	\$14.94	\$134.55	\$149.49	\$152.48
	Self	\$0.54	\$4.87	\$5.41	\$5.52
Blue Care Network HMO - w/o Medicare	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/ Medicare Parts A&B	Self	\$352.98	\$718.89	\$1,071.87	\$1,093.31
	Self and Spouse	\$705.96	\$1,437.78	\$2,143.74	\$2,186.61
	Self and Child(ren)	\$462.16	\$905.55	\$1,367.71	\$1,395.05
	Self, Spouse and Child(ren)	\$775.18	\$1,664.40	\$2,439.58	\$2,488.36
Blue Care Network HMO - 1 w/ Medicare, 1 w/o	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$39.97	\$226.49	\$266.46	\$271.79
	Self and Spouse	\$79.94	\$452.98	\$532.92	\$543.58
	Self and Child(ren)	\$84.34	\$477.95	\$562.29	\$573.54
Blue Care Network HMO - 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$124.31	\$704.44	\$828.75	\$845.33
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$200.75	\$1,137.58	\$1,338.33	\$1,365.10
	Self w/ Medicare, Spouse w/o Medicare	\$200.75	\$1,137.58	\$1,338.33	\$1,365.10
Blue Care Network HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$245.12	\$1,389.04	\$1,634.16	\$1,666.84
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$245.12	\$1,389.04	\$1,634.16	\$1,666.84

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Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Health Alliance Plan HMO - w/o Medicare	Self	\$606.56	\$718.89	\$1,325.45	\$1,351.96
	Self and Spouse	\$1,213.12	\$1,437.78	\$2,650.90	\$2,703.92
	Self and Child(ren)	\$764.52	\$905.55	\$1,670.07	\$1,703.46
	Self, Spouse and Child(ren)	\$1,331.12	\$1,664.40	\$2,995.52	\$3,055.42
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$55.52	\$314.61	\$370.13	\$377.53
	Self and Spouse	\$111.04	\$629.22	\$740.26	\$755.07
	Self and Child(ren)	\$107.21	\$607.53	\$714.74	\$729.03
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$162.73	\$922.14	\$1,084.87	\$1,106.57
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$325.80	\$1,369.78	\$1,695.58	\$1,729.49
	Self w/ Medicare, Spouse w/o Medicare	\$325.80	\$1,369.78	\$1,695.58	\$1,729.49
Physicians Health Plan HMO - w/o Medicare	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$387.11	\$1,653.08	\$2,040.19	\$2,080.99
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$387.11	\$1,653.08	\$2,040.19	\$2,080.99
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$586.27	\$718.89	\$1,305.16	\$1,331.26
Physicians Health Plan HMO - w/ Medicare Parts A&B	Self and Spouse	\$1,172.54	\$1,437.78	\$2,610.32	\$2,662.53
	Self and Child(ren)	\$738.95	\$905.55	\$1,644.50	\$1,677.39
	Self, Spouse and Child(ren)	\$1,285.25	\$1,664.40	\$2,949.65	\$3,008.64
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Physicians Health Plan HMO - 1 w/ Medicare, 1 w/o	Self	\$53.40	\$302.60	\$356.00	\$363.12
	Self and Spouse	\$106.80	\$605.20	\$712.00	\$726.24
	Self and Child(ren)	\$104.30	\$591.04	\$695.34	\$709.25
	Self, Spouse and Child(ren)	\$157.70	\$893.64	\$1,051.34	\$1,072.37
Priority Health Plan HMO - w/o Medicare	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$291.38	\$1,369.78	\$1,661.16	\$1,694.38
	Self w/ Medicare, Spouse w/o Medicare	\$291.38	\$1,369.78	\$1,661.16	\$1,694.38
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$347.42	\$1,653.08	\$2,000.50	\$2,040.51
Priority Health Plan HMO - w/ Medicare Parts A&B	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$347.42	\$1,653.08	\$2,000.50	\$2,040.51
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$681.39	\$718.89	\$1,400.28	\$1,428.29
	Self and Spouse	\$1,362.78	\$1,437.78	\$2,800.56	\$2,856.57
Priority Health Plan HMO - 1 w/ Medicare, 1 w/o	Self and Child(ren)	\$856.99	\$905.55	\$1,762.54	\$1,797.78
	Self, Spouse and Child(ren)	\$1,498.42	\$1,664.40	\$3,162.82	\$3,226.07
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$45.75	\$259.25	\$305.00	\$311.10
Priority Health Plan HMO - w/ Medicare Parts A&B	Self and Spouse	\$91.50	\$518.50	\$610.00	\$622.20
	Self and Child(ren)	\$100.09	\$567.16	\$667.25	\$680.60
	Self, Spouse and Child(ren)	\$145.84	\$826.41	\$972.25	\$991.70
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Priority Health Plan HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare	\$335.50	\$1,369.78	\$1,705.28	\$1,739.39
	Self w/ Medicare, Spouse w/o Medicare	\$335.50	\$1,369.78	\$1,705.28	\$1,739.39
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$414.45	\$1,653.08	\$2,067.53	\$2,108.88
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$414.45	\$1,653.08	\$2,067.53	\$2,108.88