

CIVIL SERVICE COMMISSION - EMPLOYEE BENEFITS DIVISION
CY2022 GROUP INSURANCE PREMIUM RATES
STATE POLICE RETIREMENT – MONTHLY RATES
EFFECTIVE JANUARY 1, 2022

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
BCBSM State Health Plan PPO - w/ Medicare Parts A&B	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
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	\$8.94	\$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
Blue Care Network HMO - w/o Medicare	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/ Medicare Parts A&B	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$276.92	\$853.69	\$1,130.61	\$1,153.22
	Self and Spouse	\$553.88	\$1,707.34	\$2,261.22	\$2,306.44
	Self and Child(ren)	\$367.33	\$1,075.32	\$1,442.65	\$1,471.50
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$596.79	\$1,976.47	\$2,573.26	\$2,624.73
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$0.00	\$258.48	\$258.48	\$263.65
	Self and Spouse	\$0.00	\$516.96	\$516.96	\$527.30
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Self and Child(ren)	\$0.00	\$570.52	\$570.52	\$581.93
	Self, Spouse and Child(ren)	\$0.00	\$829.00	\$829.00	\$845.58
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$19.31	\$1,369.78	\$1,389.09	\$1,416.87
Blue Care Network HMO- 1 w/ Medicare, 1 w/o	Self w/ Medicare, Spouse w/o Medicare	\$19.31	\$1,369.78	\$1,389.09	\$1,416.87
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$48.05	\$1,653.08	\$1,701.13	\$1,735.15
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$48.05	\$1,653.08	\$1,701.13	\$1,735.15

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Plan Name	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Health Alliance Plan HMO - w/o Medicare	Self	\$528.92	\$853.69	\$1,382.61	\$1,410.26
	Self and Spouse	\$1,057.88	\$1,707.34	\$2,765.22	\$2,820.52
	Self and Child(ren)	\$666.76	\$1,075.32	\$1,742.08	\$1,776.92
	Self, Spouse and Child(ren)	\$1,148.22	\$1,976.47	\$3,124.69	\$3,187.18
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)	\$25.11	\$704.49	\$729.60	\$744.19
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$0.00	\$1,099.73	\$1,099.73	\$1,121.72
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$382.96	\$1,369.78	\$1,752.74	\$1,787.79
	Self w/ Medicare, Spouse w/o Medicare	\$382.96	\$1,369.78	\$1,752.74	\$1,787.79
Physicians Health Plan - HMO - w/o Medicare	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$459.13	\$1,653.08	\$2,112.21	\$2,154.45
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$459.13	\$1,653.08	\$2,112.21	\$2,154.45
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$473.66	\$853.69	\$1,327.35	\$1,353.90
Physicians Health Plan HMO - w/ Medicare Parts A&B	Self and Spouse	\$947.36	\$1,707.34	\$2,654.70	\$2,707.79
	Self and Child(ren)	\$597.14	\$1,075.32	\$1,672.46	\$1,705.91
	Self, Spouse and Child(ren)	\$1,023.32	\$1,976.47	\$2,999.79	\$3,059.79
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
Physicians Health Plan HMO - 1 w/ Medicare, 1 w/o	Self	\$0.00	\$356.00	\$356.00	\$363.12
	Self and Spouse	\$0.00	\$712.00	\$712.00	\$726.24
	Self and Child(ren)	\$0.00	\$701.11	\$701.11	\$715.13
	Self, Spouse and Child(ren)	\$0.00	\$1,057.11	\$1,057.11	\$1,078.25
Priority Health Plan HMO - w/o Medicare	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self w/o Medicare, Spouse w/Medicare	\$313.57	\$1,369.78	\$1,683.35	\$1,717.02
	Self w/ Medicare, Spouse w/o Medicare	\$313.57	\$1,369.78	\$1,683.35	\$1,717.02
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$375.38	\$1,653.08	\$2,028.46	\$2,069.03
Priority Health Plan HMO - w/ Medicare Parts A&B	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$375.38	\$1,653.08	\$2,028.46	\$2,069.03
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$584.56	\$853.69	\$1,438.25	\$1,467.02
	Self and Spouse	\$1,169.16	\$1,707.34	\$2,876.50	\$2,934.03
Priority Health Plan HMO - 1 w/ Medicare, 1 w/o	Self and Child(ren)	\$735.00	\$1,075.32	\$1,810.32	\$1,846.53
	Self, Spouse and Child(ren)	\$1,272.10	\$1,976.47	\$3,248.57	\$3,313.54
	Option	Retiree Share	State Share	Monthly TOTAL	Monthly COBRA
	Self	\$0.00	\$305.00	\$305.00	\$311.10
Priority Health Plan HMO - w/ Medicare Parts A&B	Self and Spouse	\$0.00	\$610.00	\$610.00	\$622.20
	Self and Child(ren)	\$0.00	\$677.07	\$677.07	\$690.61
	Self, Spouse and Child(ren)	\$0.00	\$982.07	\$982.07	\$1,001.71
	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	\$373.47	\$1,369.78	\$1,743.25	\$1,778.12
	Self w/ Medicare, Spouse w/o Medicare	\$373.47	\$1,369.78	\$1,743.25	\$1,778.12
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$462.24	\$1,653.08	\$2,115.32	\$2,157.63
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$462.24	\$1,653.08	\$2,115.32	\$2,157.63