



## **Retiree Insurance Rates Effective Jan. 1, 2022 – Dec. 31, 2022**

### For State Employees in the Defined Contribution (DC) Plan

As a state employee in the *Defined Contribution (DC) plan*, you may be eligible for state-sponsored health, prescription drug, dental, and vision insurances upon terminating employment if you have *vested* with the equivalent of 10 years full-time state service and have met eligibility age requirements.

Your insurance benefit is either the Premium Subsidy or Personal Healthcare Fund, depending upon when you first hired, elected, transferred, or defaulted into that benefit option.

Eligible participants in both the Premium Subsidy and Personal Healthcare Fund can enroll in any state-sponsored insurance plan. However, the premium rates will vary depending on your healthcare benefit. The following explains your eligibility requirements and cost.

### **Personal Healthcare Fund**

If you are a vested participant in the Personal Healthcare Fund, and have met age requirements, you may be eligible for state-sponsored insurances at the total unsubsidized premium cost when you terminate employment. The amount you pay is determined by the insurance carrier you choose. Your rate for any of the insurance carriers can be found in the Total Unsubsidized Premium column of the tables on pages 3-5. You, your spouse, and your dependents may enroll in insurances if you enroll immediately when you retire but you will be responsible for the entire premium. If you disenroll from the plan at any time, you, your spouse, and your dependents will not be able to re-enroll.

### **Premium Subsidy**

If you are a vested participant who switched to the DC plan in 1997, you are eligible for the full subsidy allowed under law (currently 80%). Do not use this rate sheet; refer to the subsidized insurance rates published online by the Michigan Civil Service Commission. These can be located at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits) by clicking on Insurance Rates on the left hand menu.

If you are any other vested participant with the Premium Subsidy, and have met age requirements, the state will pay a percentage of your monthly insurance premiums when you terminate employment. The amount you pay is determined by your years of service worked and the insurance carrier you choose. If you enroll in a plan with higher premiums, keep in mind that the amount the state will pay *will not* be more than it will pay under the Blue Cross Blue Shield Michigan PPO. The following section will help you calculate your subsidy amount.

### **Calculating the Amount You Pay**

The tables on pages 3-5 list premium subsidy rates if you have 10, 15, or 20 years of service. Use the instructions below to calculate the rates if you have a *different* total for your years of service.

**Step 1. Determine your years of service.** If you're not sure, you can find your total hours on the MI HR Self Service website under Personal Information, Leave Balances, Defined Contribution 40.

Divide your total hours by 2,080. Drop any fraction of a year to arrive at your years of service.

**Note:** For most state employees, 2,080 hours equals one year of service. You cannot be credited with more than one year of service in any given year, and you cannot earn more than 80 hours of service in a payperiod.

**Step 2. Determine your insurance subsidy percentage.** In the table below, find the percentage that applies to your years of service.

The table shows the amounts you may be eligible for if you terminate employment in 2022. The graded subsidy is currently set at 30 percent with 10 years of service with an additional 3 percent credited for each year of service thereafter up to the maximum subsidy in place for active employees.

**Note:** The subsidy is determined by the Michigan Civil Service Commission and is subject to change even after you have retired.

## DC Retiree Insurance Rates

| 2022 HEALTH INSURANCE SUBSIDY AMOUNTS |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|---------------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Years of Service                      | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| Insurance Subsidy %                   | 30 | 33 | 36 | 39 | 42 | 45 | 48 | 51 | 54 | 57 | 60 | 63 | 66 | 69 | 72 | 75 | 78 | 80 |

**Step 3. Determine the state share.** Begin by calculating the amount the state will pay under the Blue Cross Blue Shield Michigan (BCBSM) PPO. On the BCBSM PPO chart, multiply the Monthly Total that applies to you by your Insurance Subsidy percentage to determine the State Share.

$$\text{Monthly Total BCBSM PPO (x) Insurance Subsidy \% = State Share}$$

If you prefer a different plan, follow the same calculation using the rates provided for that plan.

$$\text{Monthly Total (x) Insurance Subsidy \% = State Share}$$

Remember that the amount the state will pay will not be more than it will pay under the BCBSM PPO plan. If the rate amount is lower than what the state would pay under the BCBSM PPO, use the lesser amount.

**Step 4. Determine the Amount You Pay.** Subtract the State Share from the Monthly Total to determine the Amount You Pay per month.

$$\text{Monthly Total (-) State Share = Amount You Pay}$$

### Continued Health Insurance Coverage

**Protect your dependents after eligibility stops.** A federal law known as Consolidated Omnibus Budget Reconciliation Act, or COBRA, allows your dependent spouse or child(ren) the option of paying for continued health insurance coverage for up to 36 months after a qualifying event. If one of your dependents loses insurance eligibility, he or she may be able to pay for continued coverage for a limited time. Your dependents will be notified of their options. COBRA rates, included in the following pages, are the same for both Graded Premium Subsidy and Personal Healthcare Fund; these rates are unsubsidized and include administrative fees.

*The following pages provide insurance rates for the timeframe indicated on this notice.*



**MICHIGAN OFFICE OF RETIREMENT SERVICES**

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**Your Monthly Cost – Blue Cross Blue Shield Michigan PPO**

|   | Graded Premium Subsidy Plan Rates |                     |                     | Personal Healthcare Fund Plan Rates | COBRA Rates |
|---|-----------------------------------|---------------------|---------------------|-------------------------------------|-------------|
|   | 20 Years of Service               | 15 Years of Service | 10 Years of Service | Total Unsubsidized Premium          |             |
| <b>Without Medicare</b>                           |                                   |                     |                     |                                     |             |
| Self Only   | \$ 359.45                         | \$ 494.24           | \$ 629.03           | \$ 898.62                           | \$ 916.59   |
| Self & Spouse                                     | 718.88                            | 988.46              | 1,258.04            | 1,797.20                            | 1,833.14    |
| Self & Child(ren)                                 | 452.77                            | 622.56              | 792.34              | 1,131.92                            | 1,154.56    |
| Self, Spouse & Child(ren)                         | 832.20                            | 1,144.28            | 1,456.35            | 2,080.50                            | 2,122.11    |
| <b>With Medicare (Parts A &amp; B)</b>            |                                   |                     |                     |                                     |             |
| Self Only   | \$ 188.47                         | \$ 259.14           | \$ 329.82           | \$ 471.17                           | \$ 480.59   |
| Self & Spouse                                     | 376.94                            | 518.29              | 659.65              | 942.35                              | 961.20      |
| Self & Child(ren)                                 | 281.80                            | 387.47              | 493.14              | 704.49                              | 718.58      |
| Self, Spouse & Child(ren)                         | 490.26                            | 674.11              | 857.96              | 1,225.66                            | 1,250.17    |
| <b>One With Medicare and One Without Medicare</b> |                                   |                     |                     |                                     |             |
| Self or Spouse with Medicare                      | \$ 547.91                         | \$ 753.38           | \$ 958.85           | \$ 1,369.78                         | \$ 1,397.18 |
| Self or Spouse with Medicare & Child(ren)         | 661.23                            | 909.19              | 1,157.16            | 1,653.08                            | 1,686.14    |

**Your Monthly Cost – State Dental Plan**

|                           | Graded Premium Subsidy Plan Rates |                     |                     | Personal Healthcare Fund Plan Rates | COBRA Rates |
|---------------------------|-----------------------------------|---------------------|---------------------|-------------------------------------|-------------|
|                           | 20 Years of Service               | 15 Years of Service | 10 Years of Service | Total Unsubsidized Premium          |             |
| Self Only                 | \$ 19.62                          | \$ 26.98            | \$ 34.34            | \$ 49.05                            | \$ 50.03    |
| Self & Spouse             | 35.74                             | 49.15               | 62.55               | 89.36                               | 91.15       |
| Self & Child(ren)         | 43.66                             | 60.04               | 76.41               | 109.16                              | 111.34      |
| Self, Spouse & Child(ren) | 59.80                             | 82.22               | 104.64              | 149.49                              | 152.48      |

**Your Monthly Cost – State Vision Plan**

|                           | Graded Premium Subsidy Plan Rates |                     |                     | Personal Healthcare Fund Plan Rates | COBRA Rates |
|---------------------------|-----------------------------------|---------------------|---------------------|-------------------------------------|-------------|
|                           | 20 Years of Service               | 15 Years of Service | 10 Years of Service | Total Unsubsidized Premium          |             |
| Self Only                 | \$ 2.16                           | \$ 2.98             | \$ 3.79             | \$ 5.41                             | \$ 5.52     |
| Self & Spouse             | 3.52                              | 4.85                | 6.17                | 8.81                                | 8.98        |
| Self & Child(ren)         | 4.93                              | 6.78                | 8.62                | 12.32                               | 12.56       |
| Self, Spouse & Child(ren) | 6.28                              | 8.64                | 11.00               | 15.71                               | 16.02       |

## DC Retiree Insurance Rates

If you wish to enroll in an HMO, visit [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits) then select "Retiree Information" from the right hand menu, and use the HMO-Availability Zip Code Tool or coverage maps to determine if there is coverage available in your area.

| <b>Your Monthly Cost – Blue Care Network</b>      |                                   |                     |                     |                                     |             |
|---|-----------------------------------|---------------------|---------------------|-------------------------------------|-------------|
|   | Graded Premium Subsidy Plan Rates |                     |                     | Personal Healthcare Fund Plan Rates | COBRA Rates |
|   | 20 Years of Service               | 15 Years of Service | 10 Years of Service | Total Unsubsidized Premium          |             |
| <b>Without Medicare</b>                           |                                   |                     |                     |                                     |             |
| Self Only   | \$ 591.44                         | \$ 726.23           | \$ 861.02           | \$ 1,130.61                         | \$ 1,153.22 |
| Self & Spouse                                     | 1,182.90                          | 1,452.48            | 1,722.06            | 2,261.22                            | 2,306.44    |
| Self & Child(ren)                                 | 763.50                            | 933.29              | 1,103.07            | 1,442.65                            | 1,471.50    |
| Self, Spouse & Child(ren)                         | 1,324.96                          | 1,637.04            | 1,949.11            | 2,573.26                            | 2,624.73    |
| <b>With Medicare (Parts A &amp; B)</b>            |                                   |                     |                     |                                     |             |
| Self Only   | \$ 103.39                         | \$ 142.16           | \$ 180.94           | \$ 258.48                           | \$ 263.65   |
| Self & Spouse                                     | 206.78                            | 284.33              | 361.87              | 516.96                              | 527.30      |
| Self & Child(ren)                                 | 228.21                            | 313.79              | 399.36              | 570.52                              | 581.93      |
| Self, Spouse & Child(ren)                         | 331.60                            | 455.95              | 580.30              | 829.00                              | 845.58      |
| <b>One With Medicare and One Without Medicare</b> |                                   |                     |                     |                                     |             |
| Self or Spouse with Medicare                      | \$ 567.22                         | \$ 772.69           | \$ 978.16           | \$ 1,389.09                         | \$ 1,416.87 |
| Self or Spouse with Medicare & Child(ren)         | 709.28                            | 957.24              | 1,205.21            | 1,701.13                            | 1,735.15    |

| <b>Your Monthly Cost – Health Alliance Plan</b>   |                                   |                     |                     |                                     |             |
|---|-----------------------------------|---------------------|---------------------|-------------------------------------|-------------|
|   | Graded Premium Subsidy Plan Rates |                     |                     | Personal Healthcare Fund Plan Rates | COBRA Rates |
|   | 20 Years of Service               | 15 Years of Service | 10 Years of Service | Total Unsubsidized Premium          |             |
| <b>Without Medicare</b>                           |                                   |                     |                     |                                     |             |
| Self Only   | \$ 843.44                         | \$ 978.23           | \$ 1,113.02         | \$ 1,382.61                         | \$ 1,410.26 |
| Self & Spouse                                     | 1,686.90                          | 1,956.48            | 2,226.06            | 2,765.22                            | 2,820.52    |
| Self & Child(ren)                                 | 1,062.93                          | 1,232.72            | 1,402.50            | 1,742.08                            | 1,776.92    |
| Self, Spouse & Child(ren)                         | 1,876.39                          | 2,188.47            | 2,500.54            | 3,124.69                            | 3,187.18    |
| <b>With Medicare (Parts A &amp; B)</b>            |                                   |                     |                     |                                     |             |
| Self Only   | \$ 148.05                         | \$ 203.57           | \$ 259.09           | \$ 370.13                           | \$ 377.53   |
| Self & Spouse                                     | 296.10                            | 407.14              | 518.18              | 740.26                              | 755.07      |
| Self & Child(ren)                                 | 306.91                            | 412.58              | 518.25              | 729.60                              | 744.19      |
| Self, Spouse & Child(ren)                         | 439.89                            | 604.85              | 769.81              | 1,099.73                            | 1,121.72    |
| <b>One With Medicare and One Without Medicare</b> |                                   |                     |                     |                                     |             |
| Self or Spouse with Medicare                      | \$ 930.87                         | \$ 1,136.34         | \$ 1,341.81         | \$ 1,752.74                         | \$ 1,787.79 |
| Self or Spouse with Medicare & Child(ren)         | 1,120.36                          | 1,368.32            | 1,616.29            | 2,112.21                            | 2,154.45    |



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**Your Monthly Cost – Physicians Health Plan (PHP)**

|   | Graded Premium Subsidy Plan Rates |                     |                     | Personal Healthcare Fund Plan Rates<br>Total Unsubsidized Premium | COBRA Rates |
|---|-----------------------------------|---------------------|---------------------|---|-------------|
|   | 20 Years of Service               | 15 Years of Service | 10 Years of Service |   |             |
| <b>Without Medicare</b>                           |                                   |                     |                     |   |             |
| Self Only   | \$ 788.18                         | \$ 922.97           | \$ 1,057.76         | \$ 1,327.35   | \$ 1,353.90 |
| Self & Spouse                                     | 1,576.38                          | 1,845.96            | 2,115.54            | 2,654.70  | 2,707.79    |
| Self & Child(ren)                                 | 993.31                            | 1,163.10            | 1,332.88            | 1,672.46  | 1,705.91    |
| Self, Spouse & Child(ren)                         | 1,751.49                          | 2,063.57            | 2,375.64            | 2,999.79  | 3,059.79    |
| <b>With Medicare (Parts A &amp; B)</b>            |                                   |                     |                     |   |             |
| Self Only   | \$ 142.40                         | \$ 195.80           | \$ 249.20           | \$ 356.00   | \$ 363.12   |
| Self & Spouse                                     | 284.80                            | 391.60              | 498.40              | 712.00  | 726.24      |
| Self & Child(ren)                                 | 280.44                            | 385.61              | 490.78              | 701.11  | 715.13      |
| Self, Spouse & Child(ren)                         | 422.84                            | 581.41              | 739.98              | 1,057.11  | 1,078.25    |
| <b>One With Medicare and One Without Medicare</b> |                                   |                     |                     |   |             |
| Self or Spouse with Medicare                      | \$ 861.48                         | \$ 1,066.95         | \$ 1,272.42         | \$ 1,683.35   | \$ 1,717.02 |
| Self or Spouse with Medicare & Child(ren)         | 1,036.61                          | 1,284.57            | 1,532.54            | 2,028.46  | 2,069.03    |

**Your Monthly Cost – Priority Health**

|   | Graded Premium Subsidy Plan Rates |                     |                     | Personal Healthcare Fund Plan Rates<br>Total Unsubsidized Premium | COBRA Rates |
|---|-----------------------------------|---------------------|---------------------|---|-------------|
|   | 20 Years of Service               | 15 Years of Service | 10 Years of Service |   |             |
| <b>Without Medicare</b>                           |                                   |                     |                     |   |             |
| Self Only   | \$ 899.08                         | \$ 1,033.87         | \$ 1,168.66         | \$ 1,438.25   | \$ 1,467.02 |
| Self & Spouse                                     | 1,798.18                          | 2,067.76            | 2,337.34            | 2,876.50  | 2,934.03    |
| Self & Child(ren)                                 | 1,131.17                          | 1,300.96            | 1,470.74            | 1,810.32  | 1,846.53    |
| Self, Spouse & Child(ren)                         | 2,000.27                          | 2,312.35            | 2,624.42            | 3,248.57  | 3,313.54    |
| <b>With Medicare (Parts A &amp; B)</b>            |                                   |                     |                     |   |             |
| Self Only   | \$ 122.00                         | \$ 167.75           | \$ 213.50           | \$ 305.00   | \$ 311.10   |
| Self & Spouse                                     | 244.00                            | 335.50              | 427.00              | 610.00  | 622.20      |
| Self & Child(ren)                                 | 270.83                            | 372.39              | 473.95              | 677.07  | 690.61      |
| Self, Spouse & Child(ren)                         | 392.83                            | 540.14              | 687.45              | 982.07  | 1,001.71    |
| <b>One With Medicare and One Without Medicare</b> |                                   |                     |                     |   |             |
| Self or Spouse with Medicare                      | \$ 921.38                         | \$ 1,126.85         | \$ 1,332.32         | \$ 1,743.25   | \$ 1,778.12 |
| Self or Spouse with Medicare & Child(ren)         | 1,123.47                          | 1,371.43            | 1,619.40            | 2,115.32  | 2,157.63    |