



2009-2010 Insurance Open Enrollment State Police Enlisted Represented by MSPTA

State of Michigan – Civil Service Commission

Annual Open Enrollment Begins August 10, 2009

The Open Enrollment period for State-Sponsored Group Insurance plans will be conducted from **August 10 through August 28, 2009.**

The annual Open Enrollment period is your opportunity to review your current enrollments and make any necessary changes. Changes can only be made during open enrollment or within 31 days of a qualifying life event (such as marriage or birth). No action is necessary if you are not making any changes.

Eligible employees can enroll or change their current enrollments in health, dental, vision, life insurance, and/or long-term disability plans. **Employees should also carefully review their current enrollments to ensure their dependents meet the eligibility criteria listed on page 4.** The effective date for new and changed enrollments will be **October 4, 2009.**

New COBRA Information for 2009

The American Recovery and Reinvestment Act (ARRA) allows employees, who experience a qualifying life event on or after 9/1/2008 and their eligible dependents, to apply for COBRA premium assistance. The premium assistance may allow employees who are involuntarily terminated to continue coverage at lower rates. Eligible employees and dependents can sign and return the appropriate application to the Employee Benefits Division to apply for premium assistance. For more information regarding changes to COBRA eligibility and costs please see the attached COBRA notice or view online at www.michigan.gov/employeebenefits.

Enrollment Assistance - MI HR Service Center

If you have open enrollment questions, do not have access to the internet, or need assistance, please contact the MI HR Service Center. Customer Service Representatives are available 7:00 a.m. to 6:00 p.m., Monday through Friday.

Toll free: (877) 766-6447
Lansing area: (517) 335-0529
TDD (for the hearing impaired): (517) 241-8046
Fax: (517) 241-5892
<http://www.michigan.gov/selfserv>



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Open Enrollment Information Available Online

Open enrollment can be completed by accessing your Self Service account. More information is available on page 3. You can also view Open Enrollment information that is tailored specifically for you and your employment situation by logging into your MI HR Information account at www.michigan.gov/selfserv. Click "MI HR Information".

MI HR Information provides easy access to insurance rates, benefit comparison charts, benefit booklets, beneficiary forms, health provider websites, mailing addresses, telephone numbers and more.

Special Enrollment Rights

If you are declining enrollment for yourself or for your dependents (including your spouse) because of other group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents other coverage). However, you must request enrollment within 31 days after you or your dependents other coverage ends.

The HIPAA Notice of Privacy Practices for the benefit plans is available on the Civil Service Commission Website at:

<http://www.michigan.gov/employeebenefits>

You may also contact the Employee Benefits Division at:

(800) 505-5011 or
(517) 373-7977

Open Enrollment Timeline

8/10/09: Open Enrollment for State-Sponsored Group Insurances begins.

- Review current benefits in your Self-Service account at www.michigan.gov/selfserv.
- Review plan rates on pages 6-8. If you will be changing health plans, check to see that your doctors are participating providers.
- Review current dependent coverage to be sure enrolled dependents meet eligibility criteria listed on page 4.
- Make changes to coverage and/or dependents.
- Print and retain confirmation statement.

8/28/09: Open Enrollment ends. All changes must be entered by midnight.

- If adding new dependent(s), proof of eligibility documentation must be provided to the MI HR Service Center. Dependents will be removed if documentation is not received by 10/1/2009.

10/4/09: New rates and enrollment changes made during Open Enrollment take effect.

10/15/09: Review payroll earnings statement by logging into your Self Service account at www.michigan.gov/selfserv to verify changes.

COMPLETING OPEN ENROLLMENT IN MI HR SELF-SERVICE

If you wish to make changes to your benefits or dependents during open enrollment, log in to your self service account at www.michigan.gov/selfserv. Click the "Self Service" link. At the Welcome Page, click the "Open Enrollment" link on the left. Follow Steps 1-5 below to complete your enrollment.

Access to your account is available seven days a week via the Internet/Intranet, except during regularly scheduled maintenance. The maintenance schedule is available to view on the MI HR Gateway page at www.michigan.gov/selfserv. Click on "System Availability". If you have lost or forgotten your MI HR Self-Service password, you can reset it at www.michigan.gov/selfserv by selecting the "Password Help" link, or e-mail Self-Serv-Support@michigan.gov.

If you do not have access to a computer, contact the MI HR Service Center at (877) 766-6447 or (517) 335-0529 to enroll by telephone, Monday through Friday, from 7:00 a.m. to 6:00 p.m.

Step 1: Review Your Current Benefits

Click the "Review Current Benefits" link from the left menu. If you do not need to add/remove a dependent and want to keep your current benefits, click the "*Would you like to keep these benefits?*" option at the bottom of the screen. This allows you to print a form of your current benefits. If you would like to make benefit changes, you can click on the link "Would you like to make changes?" Clicking on this link will take you to the Welcome Screen where you can begin the open enrollment process.

Step 2: Review Plan Rates & Your FY 2009-2010 Benefit Options

Review plan rates outlined on pages 6-8, your benefit options and the HMO Postal Code List at the Employee Benefits Website or click "Review Benefit Options" from the left menu. Please review any changes to the employee contributions.

Step 3: Review/Add Dependents

If you do not have any dependents (spouse or children), skip to Step 4.

To view and/or add dependent information, click the "Review/Add Dependents" link from the left menu. New dependents can be added through your MI HR Self-Service account. Once the new dependent information has been added, proceed to Step 4.

If you add new dependents to your insurance coverage, you must send proof of dependent eligibility (see page 5) to the MI HR Service Center by October 1, 2009 for the enrollment to be valid. If a dependent no longer meets the definition of an eligible dependent (see page 4), they must be removed from your insurance coverage.

Adding or removing dependents could require a coverage option change. Coverage option changes can be made during the benefit selection process by clicking on "Change the Coverage" in your MI HR Self-Service account.

Step 4: Make Your Benefit Selections

If you are adding or removing dependents from your insurance coverage, you must make all necessary changes to dependent information *before* making your benefit selections (see Step 3). Click the "Make Benefit Selections" link from the left menu.

To conclude the enrollment process, you will be prompted to print a confirmation statement. You must select either "Yes" or "No" and receive the "Your enrollment has been successful" message to save your changes. Changes will not be recorded if you exit the system before receiving this message. Please note that this will be the only confirmation statement you will receive. The effective date for new enrollments and enrollment changes will be October 4, 2009.

Step 5: Mail or Fax Documents to the MI HR Service Center

If you add new dependents to your insurance coverage, you must mail or fax the appropriate proof of eligibility documentation to the MI HR Service Center by October 1, 2009 for the enrollment to be valid. See page 5 for a list of valid documents or click the "Submit Documentation" link from the left menu. Please submit copies of your documentation as originals will not be returned to you.

Dependent Eligibility Guidelines

Eligible dependents include your spouse and any of your unmarried children until the day before they turn 19. In addition to being unmarried, children must meet the following conditions to be considered eligible:

- Your child by birth, legal adoption or legal guardianship.
- In the case of legal adoption, a child is eligible for coverage as of the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child in anticipation.
- Step-child(ren) for whom you have physical custody (i.e., the step-child lives with you at least 50% of the time as stated in a current divorce decree) and for whom you provide at least 50% of their support.
- Foster child(ren) placed in your home by a State agency or the court.
- Your children from the age of 19 until the age of 25 who are enrolled in an accredited educational institution and for whom you provide at least 50% of their support.

Dependent Life Insurance

Eligible dependents are unmarried children between the ages of 14 days and 23 years for whom you provide at least 50% of their support. These dependents are not required to be enrolled in school. Your spouse is also eligible if he or she is not a State employee or State retiree.

If you and your spouse are both covered by State sponsored health plans (retiree or active, including State-sponsored HMO options) you may:

- Maintain separate coverage through your individual plans.
- Enroll in one plan, with one of you listed as a dependent.

If you choose to maintain separate coverage, your child(ren) can only be listed as a dependent on one plan, not both. This applies even if you are divorced.

Dual Eligibility

Canceling Dependent Coverage

To cancel your dependent coverage when they no longer meet the definition of an eligible dependent, you must immediately notify the MI HR Service Center. Ex-spouses are not eligible and must be removed from coverage effective the date of the divorce.

You cannot claim a dependent on your coverage if he or she is:

- In the Armed Forces. Individuals who are called to active military duty are eligible for coverage under TRICARE, effective with the date of active duty orders.
- Already covered on another State of Michigan health plan. No person can be covered on more than one State of Michigan health plan. If you choose to maintain separate coverage, your child(ren) can only be listed on one plan, not both. This applies even if you are divorced.

Dependent Exclusions

Continuing Coverage for Incapacitated Children

Incapacitated children are those who are unable to earn a living because of mental retardation or physical disability and must depend on their parents for support and maintenance. If your enrolled dependent is deemed an incapacitated child, the coverage for this child will continue beyond age 19 as long as:

- He or she became incapacitated before age 19,
- Documentation verifying the child's condition was provided to the insurance carrier prior to the child becoming 19,
- The child continues to be incapacitated and
- Your coverage does not terminate for any other reason.

**If you have any questions regarding eligibility of your dependents,
please contact the MI HR Service Center at:
(877) 766-6447 or (517) 335-0529**

Required Documentation for Dependents

The documents listed below can be used to prove dependent eligibility for insurance coverage. Copies of the documentation must be mailed or faxed to the MI HR Service Center by October 1, 2009, as they will not be returned to you.

A. Required Documentation for Children Ages Birth Until 19

Specific Circumstance	Required Documentation
Biological child	Copy of an official birth certificate (not hospital birth certificate)*
Legally adopted or pending adoption	Copy of adoption papers or sworn statement with the date of placement*
Employee has legal guardianship	Copy of guardianship papers*
Employee's dependent child has a baby	Copy of an official birth certificate (not hospital birth certificate)*
Employee has foster child	Court document placing the child in the employee's home for foster care*
Employee has step-child	A copy of the first and last pages of the most current divorce decree of the employee's spouse stamped by court and any language verifying physical custody; and a copy of official birth certificate (not hospital birth certificate).*

B. Required Documentation for Children Ages 19 to 25

Specific Circumstance	Required Documentation
Employee has a dependent who is unmarried, dependent on the employee for at least 50% of his/her support and is a student who regularly attends an accredited educational institution.	The required documentation outlined in Section A and a completed Verification of Dependent Eligibility (CS-1771) form* and a copy of school registration or other records proving school attendance. School verification is not required for dependent life insurance. * Forms are available at www.michigan.gov/employeebenefits
In the case of children of divorced spouses or step-children, the child must be an unmarried student who regularly attends an accredited school and is dependent on the employee for at least 50% of his/her support.	The required documentation outlined in Section A and a completed Verification of Dependent Eligibility (CS-1771) form*, and a copy of school registration or other records proving school attendance. School verification is not required for dependent life insurance. * Forms are available at www.michigan.gov/employeebenefits

C. Required Documentation for Other Circumstances

Specific Circumstance	Required Documentation
Spouse	Copy of marriage certificate*
Removing ex-spouse, dependent/step-child(ren) due to a divorce	Copy of the first and last page of the divorce decree stamped by the court*
Incapacitated dependent child	No documentation is required for children who have already been approved* Refer to page 4 if not approved.
Deleting dependent coverage due to death	Copy of death certificate*
Dependent life insurance coverage only	Copy of official birth certificate (not hospital birth certificate)*

* Call the MIHR Service Center to add eligible dependents as soon as possible after a life event. Do not wait until you have the official birth certificate, adoption order, etc. For more information, please see the Benefits Summary Brochure at www.michigan.gov/employeebenefits

Civil Service Commission, Employee Benefits Division
FY 2008-2009 GROUP INSURANCE PREMIUM RATES
(Effective October 4, 2009)

***Note:** When choosing an HMO plan, be sure to review the HMO Postal Code List available on the Employee Benefits Website at www.michigan.gov/employeebenefits. Click "Employee Benefits", then "Open Enrollment".

	Option *2	BIWEEKLY		BIWEEKLY *1	
		Employee	State	DROP GROUP	
PLAN NAME/CODE	(a)	(b)	(c)	(d)	(e)
HEALTH PLANS					
State Health Plan PPO	1	\$ 0	\$ 245.24	\$ 29.47	\$ 265.26
	2	\$ 0	\$ 490.47	\$ 58.95	\$ 530.52
	3	\$ 0	\$ 431.62	\$ 37.13	\$ 334.13
	4	\$ 0	\$ 676.86	\$ 68.24	\$ 614.14
Employee or Spouse with Medicare (State pays 100%)					
Catastrophic Health Plan (State pays 100%)	1	\$ 0	\$ 15.81	\$ n/a	\$ n/a
Employees in the Catastrophic Health Plan will receive a	2	\$ 0	\$ 31.62	\$ n/a	\$ n/a
\$50 rebate with each paycheck beginning October 15, 2009.	3	\$ 0	\$ 31.62	\$ n/a	\$ n/a
	4	\$ 0	\$ 31.62	\$ n/a	\$ n/a
Decline Health Insurance Coverage *3	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
Blue Care Network, Mid-Michigan	1	\$ 0	\$ 239.26	\$ 176.22	\$ 265.26
	2	\$ 0	\$ 478.51	\$ 352.44	\$ 530.52
	3	\$ 0	\$ 421.09	\$ 222.13	\$ 334.13
	4	\$ 0	\$ 660.35	\$ 410.08	\$ 614.14
Blue Care Network, East Michigan	1	\$ 0	\$ 234.47	\$ 143.37	\$ 265.26
	2	\$ 0	\$ 468.93	\$ 286.74	\$ 530.52
	3	\$ 0	\$ 412.66	\$ 180.74	\$ 334.13
	4	\$ 0	\$ 647.13	\$ 333.88	\$ 614.14
Blue Care Network, Great Lakes West	1	\$ 0	\$ 237.92	\$ 136.43	\$ 265.26
	2	\$ 0	\$ 475.84	\$ 272.86	\$ 530.52
	3	\$ 0	\$ 418.74	\$ 171.99	\$ 334.13
	4	\$ 0	\$ 656.66	\$ 317.77	\$ 614.14
Blue Care Network, Southeast Michigan	1	\$ 0	\$ 234.72	\$ 176.12	\$ 265.26
	2	\$ 0	\$ 469.43	\$ 352.25	\$ 530.52
	3	\$ 0	\$ 413.10	\$ 222.01	\$ 334.13
	4	\$ 0	\$ 647.81	\$ 409.87	\$ 614.14
Grand Valley Health Plan	1	\$ 0	\$ 233.91	\$ n/a	\$ n/a
	2	\$ 0	\$ 467.82	\$ n/a	\$ n/a
	3	\$ 0	\$ 411.68	\$ n/a	\$ n/a
	4	\$ 0	\$ 645.59	\$ n/a	\$ n/a
Health Alliance Plan	1	\$ 0	\$ 218.67	\$ 127.28	\$ 265.26
	2	\$ 0	\$ 439.22	\$ 254.56	\$ 530.52
	3	\$ 0	\$ 386.29	\$ 160.48	\$ 334.13
	4	\$ 0	\$ 606.84	\$ 296.55	\$ 614.14
HealthPlus of Michigan	1	\$ 0	\$ 235.08	\$ 184.36	\$ 265.26
	2	\$ 0	\$ 470.15	\$ 368.72	\$ 530.52
	3	\$ 0	\$ 413.73	\$ 232.38	\$ 334.13
	4	\$ 0	\$ 648.81	\$ 428.97	\$ 614.14

*1 Rates apply to Deferred Retirement Option Plan employees.

*2 Health option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

*3 Employees who opt out of health coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health Plan.

Civil Service Commission, Employee Benefits Division
FY 2008-2009 GROUP INSURANCE PREMIUM RATES
(Effective October 4, 2009)

PLAN NAME/CODE	Option *2	BIWEEKLY		BIWEEKLY *1	
		Employee	State	DROP GROUP	
		(b)	(c)	Employee	State
	(a)			(d)	(e)
McLaren Health Plan	1	\$ 0	\$ 201.61	\$ n/a	\$ n/a
	2	\$ 0	\$ 403.22	\$ n/a	\$ n/a
	3	\$ 0	\$ 354.83	\$ n/a	\$ n/a
	4	\$ 0	\$ 556.44	\$ n/a	\$ n/a
Physicians Health Plan of Mid-Michigan (Lansing)	1	\$ 0	\$ 242.16	\$ 160.25	\$ 265.26
	2	\$ 0	\$ 482.42	\$ 320.49	\$ 530.52
	3	\$ 0	\$ 424.10	\$ 201.84	\$ 334.13
	4	\$ 0	\$ 665.40	\$ 371.04	\$ 614.14
Priority Health Plan, West	1	\$ 0	\$ 228.26	\$ 123.02	\$ 265.26
	2	\$ 0	\$ 456.53	\$ 245.26	\$ 530.52
	3	\$ 0	\$ 401.74	\$ 154.60	\$ 334.13
	4	\$ 0	\$ 625.85	\$ 285.75	\$ 614.14
Priority Health Plan, East	1	\$ 0	\$ 228.26	\$ 123.02	\$ 265.26
	2	\$ 0	\$ 456.53	\$ 245.26	\$ 530.52
	3	\$ 0	\$ 401.74	\$ 154.60	\$ 334.13
	4	\$ 0	\$ 625.85	\$ 285.75	\$ 614.14
Priority Health Plan, South	1	\$ 0	\$ 228.26	\$ 123.02	\$ 265.26
	2	\$ 0	\$ 456.53	\$ 245.26	\$ 530.52
	3	\$ 0	\$ 401.74	\$ 154.60	\$ 334.13
	4	\$ 0	\$ 625.85	\$ 285.75	\$ 614.14
Total Health Care	1	\$ 0	\$ 159.04	\$ n/a	\$ n/a
	2	\$ 0	\$ 365.78	\$ n/a	\$ n/a
	3	\$ 0	\$ 302.17	\$ n/a	\$ n/a
	4	\$ 0	\$ 429.40	\$ n/a	\$ n/a
VISION PLANS					
State Vision Plan (State pays 100%)	1	\$ 0	\$ 2.80	\$.30	\$ 2.64
	2	\$ 0	\$ 4.93	\$.48	\$ 4.30
	3	\$ 0	\$ 6.02	\$.67	\$ 6.02
	4	\$ 0	\$ 8.16	\$.86	\$ 7.67
Decline Vision Insurance	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
DENTAL PLANS					
State Dental Plan	1	\$ 1.08	\$ 20.48	\$ 1.92	\$ 17.27
	2	\$ 1.97	\$ 37.38	\$ 3.49	\$ 31.47
	3	\$ 2.40	\$ 45.52	\$ 4.27	\$ 38.44
	4	\$ 3.28	\$ 62.36	\$ 5.84	\$ 52.64
Preventive Dental Plan (State pays 100%)	1	\$ 0	\$ 2.99	(n/a)	(n/a)
Employees in the Preventive Dental plan will receive	2	\$ 0	\$ 5.21	(n/a)	(n/a)
a \$100.00 lump sum payment on October 29, 2009.	3	\$ 0	\$ 5.21	(n/a)	(n/a)
	4	\$ 0	\$ 7.42	(n/a)	(n/a)
Midwestern Dental Plan (DMO) (State pays 100%)	1	\$ 0	\$ 15.99	(n/a)	(n/a)
	2	\$ 0	\$ 15.99	(n/a)	(n/a)
	3	\$ 0	\$ 15.99	(n/a)	(n/a)
	4	\$ 0	\$ 15.99	(n/a)	(n/a)
Decline Dental Insurance *3	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

*1 Rates apply to Deferred Retirement Option Plan employees.

*2 Health, dental and vision option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

*3 Employees who opt out of dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.

**Civil Service Commission, Employee Benefits Division
 FY 2008-2009 GROUP INSURANCE PREMIUM RATES
 (Effective October 4, 2009)**

PLAN NAME/CODE	Option (a)	BIWEEKLY REGULAR AND DROP *1 GROUP	
		Employee (b)	State (c)
		LIFE INSURANCE PLANS	
Dependent Life Options			
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$.20	0
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$.60	0
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$ 1.20	0
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$ 4.00	0
Child(ren) Only \$10,000	L	\$.75	0
Employee Life Options			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 15, 2009.			

*1 Rates apply to Deferred Retirement Option Plan employees.

ReliaStar Life Insurance

In addition to the Basic Life Insurance provided by the State of Michigan, you may purchase additional supplemental term life insurance for yourself and/or your family.

The third party administrator is ReliaStar Life. Your biweekly cost of insurance will depend on your age and the amount of insurance you purchase.

During the open enrollment period, you may opt to increase or enroll in the ReliaStar Life Insurance plan. **You must complete and mail or fax the Evidence of Insurability (EOI) form and Life Insurance Enrollment form to the MI HR Service Center no later than August 28, 2009.** Your benefit choice will continue if no changes are made.

Benefit booklets and forms can be found on the Employee Benefits website at

www.michigan.gov/employeebenefits. Information is also available on your State Police intranet website. Click the "Divisions/Districts" link then "Human Resources Division".

Upon receipt of your EOI and Life Insurance Enrollment forms, the MI HR Service Center will submit the forms to the third party administrator. Once determination of insurability has been made, you will be notified of approval or denial by mail.

The MI HR Service Center will then complete the enrollment process for all approvals effective the beginning of the following pay period. If you have any questions regarding this process, please contact the MI HR Service Center at (877) 766-6447.

Reliance Short Term Disability

State Police employees can also enroll in the Reliance Short Term Disability insurance program as part of the on-line enrollment process in MI HR Self-Service. Your benefit choice will continue if no changes are made.

The Reliance Short Term Disability Insurance Plan booklet is available to review at www.michigan.gov/employeebenefits then click "Open Enrollment Information", then select "State Police

Only". You can also access the program booklet from your State Police intranet website. Click the "Divisions/Districts" link then "Human Resources Division".

If you have any questions regarding this process, please contact the MI HR Service Center at (877) 766-6447.

State Sponsored Group Insurance Plan Current Benefit Administrators

STATE HEALTH PLAN PPO BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com	STATE CATASTROPHIC HEALTH PLAN BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com
MANAGED PHARMACY/MAIL SERVICE PRESCRIPTION DRUG PROGRAM Express Scripts, Inc. (800) 505-2324 www.express-scripts.com	STATE VISION PLAN BCBSM State of Michigan Service Center (800) 843-4876 www.bcbsm.com
MENTAL HEALTH/ SUBSTANCE ABUSE SERVICES Magellan Behavioral of Michigan (866) 503-3158 www.magellanassist.com	STATE DENTAL PLAN and PREVENTIVE DENTAL PLAN Delta Dental Plan of Michigan (800) 524-0150 www.deltadentalmi.com
STATE LONG TERM DISABILITY (LTD) PLAN Citizens Management, Inc. (800) 324-9901	DENTAL MAINTENANCE ORGANIZATION (DMO) Midwestern Dental Plans, Inc. (800) 544-6374 www.midwesterndental.com

Health Maintenance Organizations (HMOs)

Blue Care Network, East Blue Care Network, Great Lakes West Blue Care Network, Mid-Michigan Blue Care Network, Southeast (800) 662-6667 www.mibcn.com	McLaren Health Plan (888) 327-0671 www.mclarenhealthplan.org
The open enrollment hotline is (800) 470-9633. (Available only during open enrollment period.)	Physicians Health Plan of Mid-Michigan (Lansing) (517) 364-8500 or (800) 832-9186 www.phpmm.org
Grand Valley Health Plan (616) 949-2410 www.gvhp.com	Priority Health, West Priority Health, East Priority Health, South (800) 446-5674 www.priority-health.com
Health Alliance Plan (800) 422-4641 www.hap.org	Total Health Care (313) 871-2000 or (800) 826-2862 www.totalhealthcareonline.com
HealthPlus of Michigan (Flint) (800) 332-9161 (Saginaw) (800) 942-8816 www.healthplus.com	