Employee Benefits Division
FY 2002-2003 HMO PLAN PREMIUM RATES
(Effective October 2002)

PLAN NAME/CODE	Option	BIWEEKLY			ANNUAL			Monthly (CGIS)		BIWEEKLY	
										Part time employees*1	
		Employee	State	Total	Employee	State	Total	Leave/LO	COBRA	Employee	State
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
	*2	[(e)/26]	[(f) / 26]	[(b) + (c)]	[(g) -(f)]	*3	[02-03 rate]	[(h)/12]	[(h)x102%]	[(d) x .5]	[(d) x .5]
HCEX BCN MidMichigan (all bargaining units except T01)	1	$ 11.72	$ 125.93	$ 137.65	$ 304.20	$ 3,274.20	$ 3,578.40	$ 298.20	$ 304.16	$ 68.83	$ 68.83
	2	$ 23.40	$ 251.86	$ 275.26	$ 608.40	$ 6,548.40	$ 7,156.80	$ 596.40	$ 608.33	$ 137.63	$ 137.63
	3	$ 20.77	$ 221.46	$ 242.23	$ 540.12	$ 5,757.84	$ 6,297.96	$ 524.83	$ 535.33	$ 121.11	$ 121.11
	4	$ 32.50	$ 347.36	$ 379.86	$ 844.94	$ 9,031.42	$ 9,876.36	$ 823.03	$ 839.49	$ 189.93	$ 189.93
HCEX BCN MidMichigan (T01 only)	1	$ 5.07	$ 132.56	$ 137.63	$ 131.87	$ 3,446.53	$ 3,578.40	$ 298.20	$ 304.16	(n/a)	(n/a)
	2	$ 10.14	$ 265.12	$ 275.26	$ 263.75	$ 6,893.05	$ 7,156.80	$ 596.40	$ 608.33	(n/a)	(n/a)
	3	$ 9.12	$ 233.11	$ 242.23	$ 237.08	$ 6,060.88	$ 6,297.96	$ 524.83	$ 535.33	(n/a)	(n/a)
	4	$ 14.22	$ 365.64	$ 379.86	$ 369.60	$ 9,506.76	$ 9,876.36	$ 823.03	$ 839.49	(n/a)	(n/a)
HD00 BCN of East Michigan	1	$ -	$ 125.74	$ 125.74	$ -	$ 3,269.28	$ 3,269.28	$ 272.44	$ 277.89	$ 62.87	$ 62.87
	2	$ -	$ 251.48	$ 251.48	$ -	$ 6,538.56	$ 6,538.56	$ 544.88	$ 555.78	$ 125.74	$ 125.74
	3	$ -	$ 221.30	$ 221.30	$ -	$ 5,753.88	$ 5,753.88	$ 479.49	$ 489.08	$ 110.65	$ 110.65
	4	$ -	$ 347.04	$ 347.04	$ -	$ 9,023.16	$ 9,023.16	$ 751.93	$ 766.97	$ 173.52	$ 173.52
HP00 BCN Great Lakes West (all bargaining units except T01)	1	$ 42.15	$ 125.93	$ 168.08	$ 1,095.96	$ 3,274.20	$ 4,370.16	$ 364.18	$ 371.46	$ 84.04	$ 84.04
	2	$ 84.30	$ 251.86	$ 336.16	$ 2,191.92	$ 6,548.40	$ 8,740.32	$ 728.36	$ 742.93	$ 168.08	$ 168.08
	3	$ 74.37	$ 221.46	$ 295.83	$ 1,933.56	$ 5,757.84	$ 7,691.40	$ 640.95	$ 653.77	$ 147.91	$ 147.91
	4	$ 116.54	$ 347.36	$ 463.90	$ 3,030.14	$ 9,031.42	$ 12,061.56	$ 1,005.13	$ 1,025.23	$ 231.95	$ 231.95
HP00 BCN Great Lakes West (T01 only)	1	$ 35.52	$ 132.56	$ 168.08	$ 923.63	$ 3,446.53	$ 4,370.16	$ 364.18	$ 371.46	(n/a)	(n/a)
	2	$ 71.05	$ 265.12	$ 336.17	$ 1,847.27	$ 6,893.05	$ 8,740.32	$ 728.36	$ 742.93	(n/a)	(n/a)
	3	$ 62.71	$ 233.11	$ 295.82	$ 1,630.52	$ 6,060.88	$ 7,691.40	$ 640.95	$ 653.77	(n/a)	(n/a)
	4	$ 98.26	$ 365.64	$ 463.90	$ 2,544.80	$ 9,506.76	$ 12,061.56	$ 1,005.13	$ 1,025.23	(n/a)	(n/a)
HX00 BCN of SE Michigan	1	$ -	$ 123.79	$ 123.79	$ -	$ 3,218.52	$ 3,218.52	$ 268.21	$ 273.57	$ 61.89	$ 61.89
	2	$ -	$ 247.58	$ 247.58	$ -	$ 6,437.04	$ 6,437.04	$ 536.42	$ 547.15	$ 123.79	$ 123.79
	3	$ -	$ 217.87	$ 217.87	$ -	$ 5,664.60	$ 5,664.60	$ 472.05	$ 481.49	$ 108.93	$ 108.93
	4	$ -	$ 341.66	$ 341.66	$ -	$ 8,883.12	$ 8,883.12	$ 740.26	$ 755.07	$ 170.83	$ 170.83
HY00 & HZ00 Care Choices Kent, Muskegon & Ann Arbor	1	$ -	$ 125.85	$ 125.85	$ -	$ 3,272.16	$ 3,272.16	$ 272.68	$ 278.13	$ 62.93	$ 62.93
	2	$ -	$ 251.71	$ 251.71	$ -	$ 6,544.44	$ 6,544.44	$ 545.37	$ 556.28	$ 125.85	$ 125.85
	3	$ -	$ 221.45	$ 221.45	$ -	$ 5,757.72	$ 5,757.72	$ 479.81	$ 489.41	$ 110.73	$ 110.73
	4	$ -	$ 347.36	$ 347.36	$ -	$ 9,031.32	$ 9,031.32	$ 752.61	$ 767.66	$ 173.68	$ 173.68
HN00 Grand Valley Health Plan *4	1	$ -	$ 121.75	$ 121.75	$ -	$ 3,165.48	$ 3,165.48	$ 263.79	$ 269.07	$ 60.87	$ 60.87
	2	$ -	$ 243.50	$ 243.50	$ -	$ 6,330.96	$ 6,330.96	$ 527.58	$ 538.13	$ 121.75	$ 121.75
	3	$ -	$ 214.28	$ 214.28	$ -	$ 5,571.24	$ 5,571.24	$ 464.27	$ 473.56	$ 107.14	$ 107.14

	4	$ -	$ 336.03	$ 336.03	$ -	$ 8,736.72	$ 8,736.72	$ 728.06	$ 742.62	$ 168.01	$ 168.01
HI00 Health Alliance Plan	1	$ .73	$ 125.93	$ 126.66	$ 19.08	$ 3,274.20	$ 3,293.28	$ 274.44	$ 279.93	$ 63.33	$ 63.33
	2	$ 1.47	$ 251.86	$ 253.33	$ 38.16	$ 6,544.56	$ 6,586.56	$ 548.88	$ 559.86	$ 126.66	$ 126.66
	3	$ 1.47	$ 221.46	$ 222.93	$ 38.28	$ 5,757.84	$ 5,796.12	$ 483.01	$ 492.67	$ 111.46	$ 111.46
	4	$ 2.23	$ 347.36	$ 349.59	$ 57.98	$ 9,031.42	$ 9,089.40	$ 757.45	$ 772.60	$ 174.80	$ 174.80
HJ00 HealthPlus of Mich. (all bargaining units except T01)	1	$ 6.77	$ 125.96	$ 132.70	$ 175.92	$ 3,274.20	$ 3,450.12	$ 287.51	$ 293.26	$ 66.35	$ 66.35
	2	$ 13.53	$ 251.86	$ 265.39	$ 351.84	$ 6,548.40	$ 6,900.24	$ 575.02	$ 586.52	$ 132.70	$ 132.70
	3	$ 12.09	$ 221.46	$ 233.50	$ 314.40	$ 5,757.84	$ 6,072.24	$ 506.02	$ 516.14	$ 116.77	$ 116.77
	4	$ 18.88	$ 347.36	$ 366.24	$ 490.94	$ 9,031.42	$ 9,522.36	$ 793.53	$ 809.40	$ 183.12	$ 183.12
HJ00 HealthPlus of Mich. (T01 only)	1	$ .14	$ 132.56	$ 132.70	$ 3.59	$ 3,446.53	$ 3,450.12	$ 287.51	$ 293.26	(n/a)	(n/a)
	2	$ .28	$ 265.12	$ 265.40	$ 7.19	$ 6,893.05	$ 6,900.24	$ 575.02	$ 586.52	(n/a)	(n/a)
	3	$ .44	$ 233.11	$ 233.55	$ 11.36	$ 6,060.88	$ 6,072.24	$ 506.02	$ 516.14	(n/a)	(n/a)
	4	$ .60	$ 365.64	$ 366.24	$ 15.60	$ 9,506.76	$ 9,522.36	$ 793.53	$ 809.40	(n/a)	(n/a)
H5F0 M-Care HMO *5	1	$ 4.94	$ 125.93	$ 130.87	$ 128.52	$ 3,274.20	$ 3,402.72	$ 283.56	$ 289.23	$ 65.44	$ 65.44
	2	$ 9.90	$ 251.86	$ 261.76	$ 257.40	$ 6,548.40	$ 6,805.80	$ 567.15	$ 578.49	$ 130.88	$ 130.88
	3	$ 8.88	$ 221.46	$ 230.34	$ 230.88	$ 5,757.84	$ 5,988.72	$ 499.06	$ 509.04	$ 115.17	$ 115.17
	4	$ 13.85	$ 347.36	$ 361.21	$ 360.02	$ 9,031.42	$ 9,391.44	$ 782.62	$ 798.27	$ 180.60	$ 180.60
HH01 OmniCare HMO Plan	1	$ 2.19	$ 125.93	$ 128.12	$ 57.00	$ 3,274.20	$ 3,331.20	$ 277.60	$ 283.15	$ 64.06	$ 64.06
	2	$ 4.38	$ 251.86	$ 256.24	$ 113.88	$ 6,548.40	$ 6,662.28	$ 555.19	$ 566.29	$ 128.12	$ 128.12
	3	$ 3.83	$ 221.46	$ 225.29	$ 99.60	$ 5,757.84	$ 5,857.44	$ 488.12	$ 497.88	$ 112.64	$ 112.64
	4	$ 6.04	$ 347.36	$ 353.40	$ 156.98	$ 9,031.42	$ 9,188.40	$ 765.70	$ 781.01	$ 176.70	$ 176.70
HMEX Physicians Health Plan Lansing (for all bargaining units except T01)	1	$ 15.04	$ 125.93	$ 140.97	$ 390.96	$ 3,274.20	$ 3,665.16	$ 305.43	$ 311.54	$ 70.48	$ 70.48
	2	$ 28.96	$ 251.86	$ 280.82	$ 752.88	$ 6,548.40	$ 7,301.28	$ 608.44	$ 620.61	$ 140.41	$ 140.41
	3	$ 25.42	$ 221.46	$ 246.88	$ 660.84	$ 5,757.84	$ 6,418.68	$ 534.89	$ 545.59	$ 123.44	$ 123.44
	4	$ 39.97	$ 347.36	$ 387.33	$ 1,039.22	$ 9,031.42	$ 10,070.64	$ 839.22	$ 856.00	$ 193.67	$ 193.67
HMEX Physicians Health Plan Lansing (T01 only)	1	$ 8.41	$ 132.56	$ 140.97	$ 218.63	$ 3,446.53	$ 3,665.16	$ 305.43	$ 311.54	(n/a)	(n/a)
	2	$ 15.70	$ 265.12	$ 280.82	$ 408.23	$ 6,893.05	$ 7,301.28	$ 608.44	$ 620.61	(n/a)	(n/a)
	3	$ 13.76	$ 233.11	$ 246.87	$ 357.80	$ 6,060.88	$ 6,418.68	$ 534.89	$ 545.59	(n/a)	(n/a)
	4	$ 21.69	$ 365.64	$ 387.33	$ 563.88	$ 9,506.76	$ 10,070.64	$ 839.22	$ 856.00	(n/a)	(n/a)
HOEX Physicians Health Plan Jackson *6 (for all bargaining units except T01)	1	$ 13.39	$ 125.93	$ 139.32	$ 348.24	$ 3,274.20	$ 3,622.44	$ 301.87	$ 307.91	$ 69.66	$ 69.66
	2	$ 26.94	$ 251.86	$ 278.80	$ 700.32	$ 6,548.40	$ 7,248.72	$ 604.06	$ 616.14	$ 139.40	$ 139.40
	3	$ 23.82	$ 221.46	$ 245.28	$ 619.44	$ 5,757.84	$ 6,377.28	$ 531.44	$ 542.07	$ 122.64	$ 122.64
	4	$ 37.41	$ 347.36	$ 384.77	$ 972.62	$ 9,031.42	$ 10,004.04	$ 833.67	$ 850.34	$ 192.39	$ 192.39
HOEX Physicians Health Plan Jackson (T01 only)	1	$ 6.77	$ 132.56	$ 139.33	$ 175.91	$ 3,446.53	$ 3,622.44	$ 301.87	$ 307.91	(n/a)	(n/a)
	2	$ 13.68	$ 265.12	$ 278.80	$ 355.67	$ 6,893.05	$ 7,248.72	$ 604.06	$ 616.14	(n/a)	(n/a)
	3	$ 12.17	$ 233.11	$ 245.28	$ 316.40	$ 6,060.88	$ 6,377.28	$ 531.44	$ 542.07	(n/a)	(n/a)
	4	$ 19.13	$ 365.64	$ 384.77	$ 497.28	$ 9,506.76	$ 10,004.04	$ 833.67	$850.34	(n/a)	(n/a)
H1EX Physicians Health Plan *7 Kalamazoo	1	$ 36.78	$ 125.93	$ 162.71	$ 956.40	$ 3,274.20	$ 4,230.60	$ 352.55	$ 359.60	$ 81.36	$ 81.36
	2	$ 73.55	$ 251.86	$ 325.41	$ 1,912.20	$ 6,548.40	$ 8,460.60	$ 705.05	$ 719.15	$ 162.70	$ 162.70

(for all bargaining units except T01)	3	$ 64.60	$ 221.46	$ 286.06	$ 1,679.52	$ 5,757.84	$ 7,437.36	$ 619.78	$ 632.18	$ 143.03	$ 143.03
	4	$ 101.39	$ 347.36	$ 448.75	$ 2,636.18	$ 9,031.42	$ 11,667.60	$ 972.30	$ 991.75	$ 224.38	$ 224.38
H1EX Physicians Health Plan Kalamazoo (T01 only)	1	$ 30.16	$ 132.56	$ 162.72	$ 784.07	$ 3,446.53	$ 4,230.60	$ 352.55	$ 359.60	(n/a)	(n/a)
	2	$ 60.29	$ 265.12	$ 325.41	$ 1,567.55	$ 6,893.05	$ 8,460.60	$ 705.05	$ 719.15	(n/a)	(n/a)
	3	$ 52.94	$ 233.11	$ 286.05	$ 1,376.48	$ 6,060.88	$ 7,437.36	$ 619.78	$ 632.18	(n/a)	(n/a)
	4	$ 83.11	$ 365.64	$ 448.75	$2,160.884	$ 9,506.76	$ 11,667.60	$ 972.30	$ 991.75	(n/a)	(n/a)
HF00 Priority Health Plan	1	$ 1.38	$ 125.93	$ 127.31	$ 35.88	$ 3,274.20	$ 3,310.08	$ 275.84	$ 281.36	$ 63.66	$ 63.66
	2	$ 2.76	$ 251.86	$ 254.62	$ 71.76	$ 6,548.40	$ 6,620.16	$ 551.68	$ 562.71	$ 127.31	$ 127.31
	3	$ 2.65	$ 221.40	$ 224.11	$ 69.00	$ 5,757.84	$ 5,826.84	$ 485.57	$ 495.28	$ 112.05	$ 112.05
	4	$ 4.06	$ 347.30	$ 351.42	$ 105.62	$ 9,031.42	$ 9,137.04	$ 761.42	$ 776.65	$ 175.71	$ 175.71
HL00 Total Health Care *4	1	$ -	$ 101.90	$ 101.99	$ -	$ 2,649.48	$ 2,649.48	$ 220.79	$ 225.21	$ 50.95	$ 50.95
	2	$ -	$ 234.38	$ 234.38	$ -	$ 6,093.84	$ 6,093.84	$ 507.82	$ 517.98	$ 117.19	$ 117.19
	3	$ -	$ 193.62	$ 193.62	$ -	$ 5,034.00	$ 5,034.00	$ 419.50	$ 427.89	$ 96.81	$ 96.81
	4	$ -	$ 275.14	$ 275.14	$ -	$ 7,153.56	$ 7,153.56	$ 596.13	$ 608.05	$ 137.57	$ 137.57
HK00 The Wellness Plan *4	1	$ -	$ 122.58	$ 122.58	$ -	$ 3,187.08	$ 3,187.08	$ 265.59	$ 270.90	$ 61.29	$ 61.29
	2	$ -	$ 230.92	$ 230.92	$ -	$ 6,003.96	$ 6,003.96	$ 500.33	$ 510.34	$ 115.46	$ 115.46
	3	$ -	$ 208.38	$ 208.38	$ -	$ 5,418.00	$ 5,418.00	$ 451.50	$ 460.53	$ 104.19	$ 104.19
	4	$ -	$ 330.96	$ 330.96	$ -	$ 8,605.08	$ 8,605.08	$ 717.09	$ 731.43	$ 165.48	$ 165.48

Note: Except where indicated, State pays 100% of health premiums for bargaining unit T01.

*1 Part time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 & A31) whose regular work schedule is 40 hours or less per biweekly pay period (except bargaining units L32 & T01) pay premiums according to column (j). Other part time employees pay premiums listed in Column (b). Permanent intermittent employes are not covered by this provision.

*2 Options 1 = Employee & Children; Options 4 = Full Family

*3 For all bargaining units except T01, the State pays the lesser of the State Health Plan State Share or the HMO premium. For T01, the State pays the lesser of the State Health Plan Annual Total or the HMO premium.

*4 This HMO is not authorized to accept employees in bargaining units W22 and W41 as new members. However, employees who are already enrolled may remain enrolled.

*5 No new enrollment will be accepted for M-Care IN JACKSON COUNTY ONLY for open enrollment or new hires, transfers etc. effective 10-14-01.

*6 This HMO is not authorized to accept employees in bargaining unit C12 as new members. However, employees who are already enrolled may remain enrolled.

*7 This HMO is not authorized to accept employees in bargaining units W22, W41 or C12 as new members. However, employees who are already enrolled may remain enrolled.

Last Updated July 2002