



2016 Monthly Insurance Rates

For Public School Retirees retiring after January 1, 2013

These rates apply to **public school retirees who retired after January 1, 2013**, or to previous retirees who were not yet eligible for Medicare coverage as of January 1, 2013. Below are the **monthly** rates effective January 1, 2016, for the retiree health care, dental, and vision plans. There are no separate prescription drug premiums for these plans.

To make changes in your coverage, log in to miAccount at www.michigan.gov/orsmiaccount and update the insurance information or use the *Insurance Enrollment/Change Request (R0452C)*. ORS cannot make premium refunds.

Looking for information on insurance providers, plan coverage, and deductibles? Start with *the Insurance Options Summary (R0379C)* which gives information for Blue Cross Blue Shield of Michigan and participating HMOs. For more detailed plan information, contact the insurance company directly.

Health Plan

Total Premium equals the ORS Share + What You Pay.

Without Medicare

	What ORS Pays (Retirement Subsidy)*	What You Pay* (deducted from your pension)
Self	\$ 597.81	\$ 149.45
Self and Spouse	1,101.82	275.45
Self and Child(ren)	818.77	204.69
Self, Spouse, and Child(ren)	1,322.78	330.69

With Medicare (Parts A & B)

Self	\$203.63	\$ 50.91
Self and Spouse	387.50	96.88
Self and Child(ren)	409.87	102.47
Self, Spouse, and Child(ren)	593.74	148.44

One With Medicare and One Without Medicare

Self W/O Medicare & Spouse W/Medicare	\$ 781.68	\$ 195.42
Self W/ Medicare & Spouse W/O Medicare	707.64	176.91
Self W/O Medicare & Spouse W/Medicare & Child(ren)	987.92	246.98
Self W/Medicare & Spouse W/O Medicare & Child(ren)	928.60	232.15

Dental and Vision Plan

Total Premium equals the ORS Share + What You Pay.

	What ORS Pays (Retirement Subsidy)	What You Pay (deducted from your pension)
Self	\$ 22.64	\$ 5.66
Self and Spouse	45.28	11.32
Self and Child(ren)	45.28	11.32
Self, Spouse, and Child(ren)	67.92	16.98

*If fully subsidized. For more information on premium subsidies, visit the Insurance section of our website at www.michigan.gov/orsschools.

Over for Information for Deferred Retirees →



www.michigan.gov/ORSschools



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517-322-5103 (Local)
800-381-5111



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Deferred Members Only—Subsidy Eligibility

You are a **deferred member** if you are vested (have 10 or more years of service) but leave public school employment before you meet the age requirement for retirement, and did not take a refund.

If you have less than 21 years of service, you are eligible for health care and/or dental/vision insurance at retirement, but must pay the full **Total Monthly Premium** for each type of insurance.

If you have at least 21 years of service, you are eligible for a partial premium subsidy and will get 10 percent of the **Retirement Subsidy** (not the premium) allowed by law. For each additional year of service, you will get an additional 10 percent of the subsidy (not the premium). For example, with 21 years of service, you'll get 10 percent of the subsidy, with 22 years you'll get 20 percent of the subsidy, and with 25 years of service, you'll get 50 percent of the subsidy.

If you have 30 or more years of service, you are eligible for the 100 percent of the **Retirement Subsidy** (not the premium) allowed by law.

Example: An employee who terminated public school employment at age 52 with 23 years of service is eligible to receive a deferred pension at age 60.

The **Total Monthly Premium** for health care coverage of self, spouse and child(ren), without Medicare, is \$1,653.47.

The **Retirement Subsidy** (see page 1) is 30% of \$1,322.78 or \$396.83.

This means the **What You Pay** amount is \$1,256.64 (\$1,653.47 - \$396.83).

The **Total Monthly Premium** for dental/vision coverage of self, spouse and child(ren) is \$84.90.

The **Retirement Subsidy** is 30% of \$67.92 or \$20.38.

This means the **What You Pay** amount is \$64.52 (\$84.90 - \$20.38).

Health Plan

Without Medicare

	Total Monthly Premium
Self	\$747.26
Self and Spouse	1377.27
Self and Child(ren)	1023.46
Self, Spouse, and Child(ren)	1653.47

With Medicare (Parts A&B)

Self	\$254.54
Self and Spouse	484.38
Self and Child(ren)	512.34
Self, Spouse, and Child(ren)	742.18

One with Medicare, and one without Medicare

Self without Medicare & Spouse with Medicare	\$977.10
Self with Medicare & Spouse without Medicare	884.55
Self without Medicare & Spouse with Medicare & Child(ren)	1,234.90
Self with Medicare & Spouse without Medicare & Child(ren)	1,160.75

Dental/Vision

	Total Monthly Premium
Self	\$28.30
Self and Spouse	56.60
Self and Child(ren)	56.60
Self, Spouse, and Child(ren)	84.90

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