



## Medical Plan Biweekly Premium Rate Schedule - High Copay

January 1, 2014 through December 31, 2014

Non-Represented, AAUP-AFT, AFSCME, Graduate Assistants and Stipends

	12-Month Employees			9-Month Employees		
	Total Biweekly Cost	University Biweekly Subsidy	Employee Biweekly Cost	Total Biweekly Cost	University Biweekly Subsidy	Employee Biweekly Cost
<b>Blue Cross and Blue Shield</b>						
Single	\$389.28	\$199.51	\$189.77	\$519.03	\$266.00	\$253.03
Two Person	\$858.00	\$427.89	\$430.11	\$1,144.00	\$570.52	\$573.48
Family	\$1,051.04	\$470.55	\$580.49	\$1,401.39	\$627.41	\$773.98
<b>Blue Care Network (HMO)</b>						
Single	\$242.60	\$194.41	\$48.19	\$323.46	\$259.21	\$64.25
Two Person	\$557.97	\$442.91	\$115.06	\$743.96	\$590.55	\$153.41
Family	\$570.10	\$448.00	\$122.10	\$760.13	\$597.33	\$162.80
<i>Sponsored Dependent</i>	\$291.09	\$0.00	\$291.09	\$388.12	\$0.00	\$388.12
<i>Senior Rider</i>	\$274.40	\$0.00	\$274.40	\$365.87	\$0.00	\$365.87
<b>Community Blue (PPO)</b>						
Single	\$368.80	\$237.99	\$130.81	\$491.73	\$317.32	\$174.41
Two Person	\$811.35	\$538.20	\$273.15	\$1,081.80	\$717.60	\$364.20
Family	\$996.01	\$669.82	\$326.19	\$1,328.01	\$893.09	\$434.92
<b>DMC Care (PPO)</b>						
Single	\$276.29	\$217.67	\$58.62	\$368.38	\$290.23	\$78.15
Two Person	\$613.36	\$476.33	\$137.03	\$817.81	\$635.11	\$182.70
Family	\$748.75	\$569.73	\$179.02	\$998.33	\$759.64	\$238.69
<i>Sponsored Dependent</i>	\$345.36	\$0.00	\$345.36	\$460.48	\$0.00	\$460.48
<i>Senior Rider</i>	\$422.72	\$0.00	\$422.72	\$563.63	\$0.00	\$563.63
<b>Health Alliance Plan (HMO)</b>						
Single	\$244.83	\$196.45	\$48.38	\$326.43	\$261.93	\$64.50
Two Person	\$563.11	\$447.58	\$115.53	\$750.81	\$596.78	\$154.03
Family	\$575.35	\$452.90	\$122.45	\$767.13	\$603.87	\$163.26
<i>Sponsored Dependent</i>	\$295.73	\$0.00	\$295.73	\$394.31	\$0.00	\$394.31
<i>Senior Rider</i>	\$298.14	\$0.00	\$298.14	\$397.51	\$0.00	\$397.51
<b>Total Health Care (HMO)</b>						
Single	\$110.77	\$93.27	\$17.50	\$147.69	\$124.36	\$23.33
Two Person	\$230.80	\$194.14	\$36.66	\$307.73	\$258.85	\$48.88
Family	\$293.60	\$248.00	\$45.60	\$391.47	\$330.67	\$60.80
<i>Sponsored Dependent</i>	\$110.77	\$0.00	\$110.77	\$147.69	\$0.00	\$147.69
<b>Delta Dental</b>						
Single	\$15.96	\$15.16	\$0.80	\$21.27	\$20.21	\$1.06
Two Person	\$31.24	\$29.68	\$1.56	\$41.65	\$39.57	\$2.08
Family	\$58.26	\$55.35	\$2.91	\$77.67	\$73.79	\$3.88
<b>EyeMed Vision - Basic with Medical</b>						
Single	\$2.12	\$1.06	\$1.06	\$2.83	\$1.42	\$1.41
Two Person	\$4.00	\$2.00	\$2.00	\$5.33	\$2.66	\$2.67
Family	\$5.87	\$2.93	\$2.94	\$7.83	\$3.92	\$3.91
<b>EyeMed Vision - Enhanced with Medical</b>						
Single	\$3.95	\$1.06	\$2.89	\$5.26	\$1.41	\$3.85
Two Person	\$7.44	\$2.00	\$5.44	\$9.92	\$2.67	\$7.25
Family	\$10.93	\$2.93	\$8.00	\$14.57	\$3.90	\$10.67

# Wayne State University Medical Plans

## Monthly Premium Rate Schedule - High Copay

January 1, 2014 through December 31, 2014

<b>Non-Represented, AAUP-AFT, AFSCME, Graduate Assistants and Stipends</b>
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	Unpaid Leave of Absence (Non - FMLA)	COBRA Coverage		
	Monthly Premium	Monthly Premium	Admin Fee	COBRA Cost
<b>Blue Cross and Blue Shield</b>				
Single	\$778.55	\$778.55	\$15.57	\$794.12
Two Person	\$1,716.00	\$1,716.00	\$34.32	\$1,750.32
Family	\$2,102.08	\$2,102.08	\$42.04	\$2,144.12
<b>Blue Care Network (HMO)</b>				
Single	\$485.19	\$485.19	\$9.70	\$494.89
Two Person	\$1,115.94	\$1,115.94	\$22.32	\$1,138.26
Family	\$1,140.19	\$1,140.19	\$22.80	\$1,162.99
<i>Sponsored Dependent</i>	\$582.18			
<i>Senior Rider</i>	\$548.80			
<b>Community Blue (PPO)</b>				
Single	\$737.59	\$737.59	\$14.75	\$752.34
Two Person	\$1,622.70	\$1,622.70	\$32.45	\$1,655.15
Family	\$1,992.02	\$1,992.02	\$39.84	\$2,031.86
<b>DMC Care (PPO)</b>				
Single	\$552.57	\$552.57	\$11.05	\$563.62
Two Person	\$1,226.72	\$1,226.72	\$24.53	\$1,251.25
Family	\$1,497.49	\$1,497.49	\$29.95	\$1,527.44
<i>Sponsored Dependent</i>	\$690.72			
<i>Senior Rider</i>	\$845.44			
<b>Health Alliance Plan (HMO)</b>				
Single	\$489.65	\$489.65	\$9.79	\$499.44
Two Person	\$1,126.21	\$1,126.21	\$22.52	\$1,148.73
Family	\$1,150.69	\$1,150.69	\$23.01	\$1,173.70
<i>Sponsored Dependent</i>	\$591.46			
<i>Senior Rider</i>	\$596.27			
<b>Total Health Care (HMO)</b>				
Single	\$221.54	\$221.54	\$4.43	\$225.97
Two Person	\$461.59	\$461.59	\$9.23	\$470.82
Family	\$587.20	\$587.20	\$11.74	\$598.94
<i>Sponsored Dependent</i>	\$221.54			
<b>Delta Dental - Group 7544</b>				
Single	\$31.91	\$31.91	\$0.64	\$32.55
Two Person	\$62.48	\$62.48	\$1.25	\$63.73
Family	\$116.51	\$116.51	\$2.33	\$118.84
<b>EyeMed Vision - Basic with Medical</b>				
Single	\$4.24	\$4.24	\$0.08	\$4.32
Two Person	\$8.00	\$8.00	\$0.16	\$8.16
Family	\$11.74	\$11.74	\$0.23	\$11.97
<b>EyeMed Vision - Enhanced with Medical</b>				
Single	\$7.89	\$7.89	\$0.16	\$8.05
Two Person	\$14.88	\$14.88	\$0.30	\$15.18
Family	\$21.85	\$21.85	\$0.44	\$22.29

See website for voluntary vision rates