



Medical Plan Biweekly Premium Rate Schedule - Low Copay January 1, 2010 through December 31, 2010

Active Employees (Excludes Non-Represented, AAUP-AFT, 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
Blue Cross and Blue Shield						
Single	\$350.90	\$181.13	\$169.77	\$467.86	\$241.51	\$226.35
Two Person	\$773.41	\$386.84	\$386.57	\$1,031.21	\$515.79	\$515.42
Family	\$944.92	\$424.01	\$520.91	\$1,259.89	\$565.35	\$694.54
Blue Care Network (HMO)						
Single	\$217.74	\$177.01	\$40.73	\$290.31	\$236.01	\$54.30
Two Person	\$500.79	\$402.88	\$97.91	\$667.72	\$537.17	\$130.55
Family	\$511.68	\$407.10	\$104.58	\$682.23	\$542.80	\$139.43
<i>Sponsored Dependent</i>	\$280.79	\$0.00	\$280.79	\$374.38	\$0.00	\$374.38
<i>Senior Rider</i>	\$258.94	\$0.00	\$258.94	\$345.25	\$0.00	\$345.25
Community Blue (PPO)						
Single	\$327.73	\$209.25	\$118.48	\$436.97	\$278.99	\$157.98
Two Person	\$723.43	\$476.66	\$246.77	\$964.57	\$635.54	\$329.03
Family	\$885.10	\$592.18	\$292.92	\$1,180.13	\$789.57	\$390.56
DMC Care (PPO)						
Single	\$249.34	\$198.81	\$50.53	\$332.45	\$265.07	\$67.38
Two Person	\$553.53	\$434.46	\$119.07	\$738.04	\$579.28	\$158.76
Family	\$675.71	\$518.61	\$157.10	\$900.95	\$691.48	\$209.47
<i>Sponsored Dependent</i>	\$312.36	\$0.00	\$312.36	\$416.47	\$0.00	\$416.47
<i>Senior Rider</i>	\$380.93	\$0.00	\$380.93	\$507.90	\$0.00	\$507.90
Health Alliance Plan (HMO)						
Single	\$206.50	\$169.44	\$37.06	\$275.33	\$225.92	\$49.41
Two Person	\$474.95	\$385.45	\$89.50	\$633.26	\$513.93	\$119.33
Family	\$485.27	\$389.42	\$95.85	\$647.03	\$519.23	\$127.80
<i>Sponsored Dependent</i>	\$258.12	\$0.00	\$258.12	\$344.16	\$0.00	\$344.16
<i>Senior Rider</i>	\$229.54	\$0.00	\$229.54	\$306.05	\$0.00	\$306.05
Total Health Care (HMO)						
Single	\$110.98	\$98.38	\$12.60	\$147.97	\$131.17	\$16.80
Two Person	\$231.28	\$205.03	\$26.25	\$308.37	\$273.37	\$35.00
Family	\$294.21	\$260.81	\$33.40	\$392.27	\$347.75	\$44.52
<i>Sponsored Dependent</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Wayne State University Medical Plans

Monthly Premium Rate Schedule - Low Copay

January 1, 2010 through December 31, 2010

Active Employees (Excludes Non-Represented, AAUP-AFT, Graduate Assistants and Stipends)

	Unpaid Leave of Absence (Non - FMLA)	COBRA Coverage		
	Monthly Premium	Monthly Premium	Admin Fee	COBRA Cost
Blue Cross and Blue Shield				
Single	\$701.79	\$701.79	\$14.04	\$715.83
Two Person	\$1,546.82	\$1,546.82	\$30.94	\$1,577.76
Family	\$1,889.84	\$1,889.84	\$37.80	\$1,927.64
Blue Care Network (HMO)				
Single	\$435.47	\$435.47	\$8.71	\$444.18
Two Person	\$1,001.58	\$1,001.58	\$20.03	\$1,021.61
Family	\$1,023.35	\$1,023.35	\$20.47	\$1,043.82
<i>Sponsored Dependent</i>	\$561.57	\$561.57	\$11.23	\$572.80
<i>Senior Rider</i>	\$517.88	\$517.88	\$10.36	\$528.24
Community Blue (PPO)				
Single	\$655.45	\$655.45	\$13.11	\$668.56
Two Person	\$1,446.85	\$1,446.85	\$28.94	\$1,475.79
Family	\$1,770.20	\$1,770.20	\$35.40	\$1,805.60
DMC Care (PPO)				
Single	\$498.67	\$498.67	\$9.97	\$508.64
Two Person	\$1,107.06	\$1,107.06	\$22.14	\$1,129.20
Family	\$1,351.42	\$1,351.42	\$27.03	\$1,378.45
<i>Sponsored Dependent</i>	\$624.71	\$624.71	\$12.49	\$637.20
<i>Senior Rider</i>	\$761.85	\$761.85	\$15.24	\$777.09
Health Alliance Plan (HMO)				
Single	\$412.99	\$412.99	\$8.26	\$421.25
Two Person	\$949.89	\$949.89	\$19.00	\$968.89
Family	\$970.54	\$970.54	\$19.41	\$989.95
<i>Sponsored Dependent</i>	\$516.24	\$516.24	\$10.32	\$526.56
<i>Senior Rider</i>	\$459.08	\$459.08	\$9.18	\$468.26
Total Health Care (HMO)				
Single	\$221.96	\$221.96	\$4.44	\$226.40
Two Person	\$462.56	\$462.56	\$9.25	\$471.81
Family	\$588.41	\$588.41	\$11.77	\$600.18
<i>Sponsored Dependent</i>	\$0.00	\$0.00	\$0.00	\$0.00
Delta Dental				
Single	\$33.32	\$33.32	\$0.67	\$33.99
Two Person	\$60.50	\$60.50	\$1.21	\$61.71
Family	\$107.12	\$107.12	\$2.14	\$109.26
Vision Coverage - EyeMed				
Single	\$8.00	\$8.00	\$0.16	\$8.16
Two Person	\$15.14	\$15.14	\$0.30	\$15.44
Family	\$22.28	\$22.28	\$0.45	\$22.73