



Medical Plan Biweekly Premium Rate Schedule - High Copay

January 1, 2011 through December 31, 2011

Non-Represented, AAUP-AFT, Graduate Assistants and Stipends
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	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	\$369.74	\$185.54	\$184.20	\$492.98	\$247.38	\$245.60
Two Person	\$814.94	\$396.75	\$418.19	\$1,086.58	\$528.99	\$557.59
Family	\$995.65	\$435.23	\$560.42	\$1,327.53	\$580.30	\$747.23
Blue Care Network (HMO)						
Single	\$225.02	\$182.11	\$42.91	\$300.02	\$242.81	\$57.21
Two Person	\$517.55	\$414.61	\$102.94	\$690.06	\$552.81	\$137.25
Family	\$528.76	\$419.06	\$109.70	\$705.01	\$558.74	\$146.27
<i>Sponsored Dependent</i>	\$270.25	\$0.00	\$270.25	\$360.33	\$0.00	\$360.33
<i>Senior Rider</i>	\$244.15	\$0.00	\$244.15	\$325.53	\$0.00	\$325.53
Community Blue (PPO)						
Single	\$345.32	\$221.56	\$123.76	\$460.43	\$295.40	\$165.01
Two Person	\$762.26	\$503.84	\$258.42	\$1,016.35	\$671.79	\$344.56
Family	\$932.62	\$625.44	\$307.18	\$1,243.49	\$833.92	\$409.57
DMC Care (PPO)						
Single	\$248.67	\$198.34	\$50.33	\$331.55	\$264.44	\$67.11
Two Person	\$552.04	\$433.41	\$118.63	\$736.05	\$577.88	\$158.17
Family	\$673.89	\$517.33	\$156.56	\$898.52	\$689.77	\$208.75
<i>Sponsored Dependent</i>	\$310.83	\$0.00	\$310.83	\$414.44	\$0.00	\$414.44
<i>Senior Rider</i>	\$380.46	\$0.00	\$380.46	\$507.27	\$0.00	\$507.27
Health Alliance Plan (HMO)						
Single	\$212.82	\$174.05	\$38.77	\$283.75	\$232.06	\$51.69
Two Person	\$489.48	\$396.04	\$93.44	\$652.64	\$528.05	\$124.58
Family	\$500.12	\$400.24	\$99.88	\$666.83	\$533.65	\$133.17
<i>Sponsored Dependent</i>	\$266.02	\$0.00	\$266.02	\$354.69	\$0.00	\$354.69
<i>Senior Rider</i>	\$254.97	\$0.00	\$254.97	\$339.95	\$0.00	\$339.95
Total Health Care (HMO)						
Single	\$111.65	\$98.85	\$12.80	\$148.86	\$131.79	\$17.07
Two Person	\$232.77	\$206.07	\$26.70	\$310.36	\$274.76	\$35.60
Family	\$296.10	\$262.13	\$33.97	\$394.80	\$349.50	\$45.29
<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 - High Copay

January 1, 2011 through December 31, 2011

Non-Represented, AAUP-AFT, Graduate Assistants and Stipends
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	Unpaid Leave of Absence (Non - FMLA)	COBRA Coverage		
	Monthly <u>Premium</u>	Monthly <u>Premium</u>	Admin <u>Fee</u>	COBRA <u>Cost</u>
Blue Cross and Blue Shield				
Single	\$739.47	\$739.47	\$14.79	\$754.26
Two Person	\$1,629.87	\$1,629.87	\$32.60	\$1,662.47
Family	\$1,991.30	\$1,991.30	\$39.83	\$2,031.13
Blue Care Network (HMO)				
Single	\$450.03	\$450.03	\$9.00	\$459.03
Two Person	\$1,035.09	\$1,035.09	\$20.70	\$1,055.79
Family	\$1,057.52	\$1,057.52	\$21.15	\$1,078.67
<i>Sponsored Dependent</i>	\$540.49	\$540.49	\$10.81	\$551.30
<i>Senior Rider</i>	\$488.29	\$488.29	\$9.77	\$498.06
Community Blue (PPO)				
Single	\$690.64	\$690.64	\$13.81	\$704.45
Two Person	\$1,524.52	\$1,524.52	\$30.49	\$1,555.01
Family	\$1,865.23	\$1,865.23	\$37.30	\$1,902.53
DMC Care (PPO)				
Single	\$497.33	\$497.33	\$9.95	\$507.28
Two Person	\$1,104.08	\$1,104.08	\$22.08	\$1,126.16
Family	\$1,347.78	\$1,347.78	\$26.96	\$1,374.74
<i>Sponsored Dependent</i>	\$621.66	\$621.66	\$12.43	\$634.09
<i>Senior Rider</i>	\$760.91	\$760.91	\$15.22	\$776.13
Health Alliance Plan (HMO)				
Single	\$425.63	\$425.63	\$8.51	\$434.14
Two Person	\$978.96	\$978.96	\$19.58	\$998.54
Family	\$1,000.24	\$1,000.24	\$20.00	\$1,020.24
<i>Sponsored Dependent</i>	\$532.04	\$532.04	\$10.64	\$542.68
<i>Senior Rider</i>	\$509.93	\$509.93	\$10.20	\$520.13
Total Health Care (HMO)				
Single	\$223.29	\$223.29	\$4.47	\$227.76
Two Person	\$465.54	\$465.54	\$9.31	\$474.85
Family	\$592.20	\$592.20	\$11.84	\$604.04
<i>Sponsored Dependent</i>	\$0.00	\$0.00	\$0.00	\$0.00
Delta Dental - Group 7544				
Single	\$36.33	\$36.33	\$0.73	\$37.06
Two Person	\$64.64	\$64.64	\$1.29	\$65.93
Family	\$112.76	\$112.76	\$2.26	\$115.02
Vision Coverage - EyeMed - VVP				
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