



Medical Plan Biweekly Premium Rate Schedule - Low Copay
January 1, 2011 through December 31, 2011

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	\$375.61	\$189.83	\$185.78	\$500.81	\$253.10	\$247.71
Two Person	\$827.88	\$406.45	\$421.43	\$1,103.84	\$541.93	\$561.91
Family	\$1,011.47	\$445.84	\$565.63	\$1,348.63	\$594.45	\$754.17
Blue Care Network (HMO)						
Single	\$235.04	\$189.12	\$45.92	\$313.38	\$252.16	\$61.22
Two Person	\$540.58	\$430.73	\$109.85	\$720.77	\$574.30	\$146.46
Family	\$552.30	\$435.54	\$116.76	\$736.40	\$580.72	\$155.68
<i>Sponsored Dependent</i>	\$282.27	\$0.00	\$282.27	\$376.36	\$0.00	\$376.36
<i>Senior Rider</i>	\$271.54	\$0.00	\$271.54	\$362.05	\$0.00	\$362.05
Community Blue (PPO)						
Single	\$350.81	\$225.40	\$125.41	\$467.74	\$300.53	\$167.21
Two Person	\$774.38	\$512.32	\$262.06	\$1,032.50	\$683.09	\$349.41
Family	\$947.44	\$635.82	\$311.62	\$1,263.25	\$847.76	\$415.49
DMC Care (PPO)						
Single	\$252.47	\$201.00	\$51.47	\$336.62	\$267.99	\$68.63
Two Person	\$560.48	\$439.32	\$121.16	\$747.31	\$585.76	\$161.55
Family	\$684.20	\$524.55	\$159.65	\$912.26	\$699.39	\$212.87
<i>Sponsored Dependent</i>	\$315.58	\$0.00	\$315.58	\$420.77	\$0.00	\$420.77
<i>Senior Rider</i>	\$386.27	\$0.00	\$386.27	\$515.03	\$0.00	\$515.03
Health Alliance Plan (HMO)						
Single	\$222.77	\$180.83	\$41.94	\$297.03	\$241.11	\$55.92
Two Person	\$512.38	\$411.65	\$100.73	\$683.17	\$548.86	\$134.30
Family	\$523.52	\$416.19	\$107.33	\$698.02	\$554.92	\$143.10
<i>Sponsored Dependent</i>	\$278.47	\$0.00	\$278.47	\$371.29	\$0.00	\$371.29
<i>Senior Rider</i>	\$255.02	\$0.00	\$255.02	\$340.02	\$0.00	\$340.02
Total Health Care (HMO)						
Single	\$113.35	\$100.04	\$13.31	\$151.13	\$133.38	\$17.75
Two Person	\$236.21	\$208.47	\$27.74	\$314.95	\$277.95	\$36.98
Family	\$300.48	\$265.20	\$35.28	\$400.63	\$353.59	\$47.04
<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, 2011 through December 31, 2011

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	\$751.22	\$751.22	\$15.02	\$766.24
Two Person	\$1,655.76	\$1,655.76	\$33.12	\$1,688.88
Family	\$2,022.94	\$2,022.94	\$40.46	\$2,063.40
Blue Care Network (HMO)				
Single	\$470.07	\$470.07	\$9.40	\$479.47
Two Person	\$1,081.16	\$1,081.16	\$21.62	\$1,102.78
Family	\$1,104.60	\$1,104.60	\$22.09	\$1,126.69
<i>Sponsored Dependent</i>	\$564.54	\$564.54	\$11.29	\$575.83
<i>Senior Rider</i>	\$543.07	\$543.07	\$10.86	\$553.93
Community Blue (PPO)				
Single	\$701.61	\$701.61	\$14.03	\$715.64
Two Person	\$1,548.75	\$1,548.75	\$30.98	\$1,579.73
Family	\$1,894.87	\$1,894.87	\$37.90	\$1,932.77
DMC Care (PPO)				
Single	\$504.93	\$504.93	\$10.10	\$515.03
Two Person	\$1,120.96	\$1,120.96	\$22.42	\$1,143.38
Family	\$1,368.39	\$1,368.39	\$27.37	\$1,395.76
<i>Sponsored Dependent</i>	\$631.16	\$631.16	\$12.62	\$643.78
<i>Senior Rider</i>	\$772.54	\$772.54	\$15.45	\$787.99
Health Alliance Plan (HMO)				
Single	\$445.54	\$445.54	\$8.91	\$454.45
Two Person	\$1,024.76	\$1,024.76	\$20.50	\$1,045.26
Family	\$1,047.03	\$1,047.03	\$20.94	\$1,067.97
<i>Sponsored Dependent</i>	\$556.93	\$556.93	\$11.14	\$568.07
<i>Senior Rider</i>	\$510.03	\$510.03	\$10.20	\$520.23
Total Health Care (HMO)				
Single	\$226.69	\$226.69	\$4.53	\$231.22
Two Person	\$472.42	\$472.42	\$9.45	\$481.87
Family	\$600.95	\$600.95	\$12.02	\$612.97
<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