



Medical Plan Biweekly Premium Rate Schedule - High Copay

January 1, 2012 through December 31, 2012

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	\$391.97	\$193.19	\$198.78	\$522.63	\$257.59	\$265.04
Two Person	\$863.94	\$414.31	\$449.63	\$1,151.92	\$552.42	\$599.50
Family	\$1,055.52	\$455.49	\$600.03	\$1,407.36	\$607.32	\$800.04
Blue Care Network (HMO)						
Single	\$232.15	\$187.10	\$45.05	\$309.53	\$249.47	\$60.06
Two Person	\$533.93	\$426.08	\$107.85	\$711.90	\$568.10	\$143.80
Family	\$545.53	\$430.80	\$114.73	\$727.37	\$574.40	\$152.97
<i>Sponsored Dependent</i>	\$278.58	\$0.00	\$278.58	\$371.43	\$0.00	\$371.43
<i>Senior Rider</i>	\$259.57	\$0.00	\$259.57	\$346.09	\$0.00	\$346.09
Community Blue (PPO)						
Single	\$366.09	\$236.10	\$129.99	\$488.11	\$314.79	\$173.32
Two Person	\$808.10	\$535.92	\$272.18	\$1,077.47	\$714.57	\$362.90
Family	\$988.70	\$664.70	\$324.00	\$1,318.26	\$886.27	\$431.99
DMC Care (PPO)						
Single	\$284.48	\$223.40	\$61.08	\$379.30	\$297.87	\$81.43
Two Person	\$631.54	\$489.06	\$142.48	\$842.05	\$652.08	\$189.97
Family	\$770.94	\$585.26	\$185.68	\$1,027.92	\$780.34	\$247.57
<i>Sponsored Dependent</i>	\$355.60	\$0.00	\$355.60	\$474.13	\$0.00	\$474.13
<i>Senior Rider</i>	\$435.25	\$0.00	\$435.25	\$580.33	\$0.00	\$580.33
Health Alliance Plan (HMO)						
Single	\$230.40	\$186.35	\$44.05	\$307.19	\$248.46	\$58.73
Two Person	\$529.92	\$424.35	\$105.57	\$706.55	\$565.80	\$140.75
Family	\$541.44	\$429.17	\$112.27	\$721.91	\$572.22	\$149.69
<i>Sponsored Dependent</i>	\$285.43	\$0.00	\$285.43	\$380.57	\$0.00	\$380.57
<i>Senior Rider</i>	\$282.65	\$0.00	\$282.65	\$376.86	\$0.00	\$376.86
Total Health Care (HMO)						
Single	\$85.04	\$75.26	\$9.78	\$113.39	\$100.35	\$13.04
Two Person	\$176.12	\$155.87	\$20.25	\$234.83	\$207.82	\$27.01
Family	\$229.61	\$203.20	\$26.41	\$306.15	\$270.94	\$35.21
<i>Sponsored Dependent</i>	\$85.04	\$0.00	\$85.04	\$113.39	\$0.00	\$113.39

Wayne State University Medical Plans

Monthly Premium Rate Schedule - High Copay

January 1, 2012 through December 31, 2012

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

	Unpaid Leave of Absence (Non - FMLA)	COBRA Coverage		
	<u>Monthly Premium</u>	<u>Monthly Premium</u>	<u>Admin Fee</u>	<u>COBRA Cost</u>
Blue Cross and Blue Shield				
Single	\$783.94	\$783.94	\$15.68	\$799.62
Two Person	\$1,727.88	\$1,727.88	\$34.56	\$1,762.44
Family	\$2,111.04	\$2,111.04	\$42.22	\$2,153.26
Blue Care Network (HMO)				
Single	\$464.29	\$464.29	\$9.29	\$473.58
Two Person	\$1,067.85	\$1,067.85	\$21.36	\$1,089.21
Family	\$1,091.06	\$1,091.06	\$21.82	\$1,112.88
<i>Sponsored Dependent</i>	\$557.15	\$557.15	\$11.14	\$568.29
<i>Senior Rider</i>	\$519.14	\$519.14	\$10.38	\$529.52
Community Blue (PPO)				
Single	\$732.17	\$732.17	\$14.64	\$746.81
Two Person	\$1,616.20	\$1,616.20	\$32.32	\$1,648.52
Family	\$1,977.39	\$1,977.39	\$39.55	\$2,016.94
DMC Care (PPO)				
Single	\$568.95	\$568.95	\$11.38	\$580.33
Two Person	\$1,263.08	\$1,263.08	\$25.26	\$1,288.34
Family	\$1,541.88	\$1,541.88	\$30.84	\$1,572.72
<i>Sponsored Dependent</i>	\$711.19	\$711.19	\$14.22	\$725.41
<i>Senior Rider</i>	\$870.49	\$870.49	\$17.41	\$887.90
Health Alliance Plan (HMO)				
Single	\$460.79	\$460.79	\$9.22	\$470.01
Two Person	\$1,059.83	\$1,059.83	\$21.20	\$1,081.03
Family	\$1,082.87	\$1,082.87	\$21.66	\$1,104.53
<i>Sponsored Dependent</i>	\$570.85	\$570.85	\$11.42	\$582.27
<i>Senior Rider</i>	\$565.29	\$565.29	\$11.31	\$576.60
Total Health Care (HMO)				
Single	\$170.08	\$170.08	\$3.40	\$173.48
Two Person	\$352.24	\$352.24	\$7.04	\$359.28
Family	\$459.22	\$459.22	\$9.18	\$468.40
<i>Sponsored Dependent</i>	\$170.08	\$170.08	\$3.40	\$173.48
Delta Dental - Group 7544				
Single	\$30.31	\$30.31	\$0.61	\$30.92
Two Person	\$61.54	\$61.54	\$1.23	\$62.77
Family	\$111.78	\$111.78	\$2.24	\$114.02
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