

Medical Plan Biweekly Premium Rate Schedule - <u>Low Copay</u> January 1, 2012 through December 31, 2012

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

Total University Employee Biweekly Cost Subsidy Cost Cost Cost Subsidy Cost		12-Month Employees			9-Month Employees			
Cost Subsidy Cost Cost Subsidy Cost		Total	University	Employee	Total	University	Employee	
Blue Cross and Blue Shield Single \$398.20 \$197.58 \$200.62 \$530.93 \$263.44 \$267.49 \$1,072.30 \$466.34 \$605.96 \$1,429.73 \$621.79 \$807.94 \$10.000 \$1		Biweekly	Biweekly	Biweekly	Biweekly	Biweekly	Biweekly	
Single \$398.20 \$197.58 \$200.62 \$530.93 \$263.44 \$267.49 Two Person \$877.67 \$424.28 \$453.39 \$1,170.22 \$565.70 \$604.52 Family \$1,072.30 \$466.34 \$605.96 \$1,429.73 \$621.79 \$807.94 Blue Care Network (HMO) Single \$242.49 \$194.34 \$48.15 \$323.32 \$259.12 \$64.20 Two Person \$557.73 \$442.74 \$114.99 \$743.63 \$590.31 \$153.32 Family \$569.85 \$447.82 \$122.03 \$759.79 \$597.09 \$162.70 \$ponsored Dependent \$290.99 \$0.00 \$290.99 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 <td< th=""><th></th><th>Cost</th><th>Subsidy</th><th>Cost</th><th>Cost</th><th>Subsidy</th><th>Cost</th></td<>		Cost	Subsidy	Cost	Cost	Subsidy	Cost	
Single \$398.20 \$197.58 \$200.62 \$530.93 \$263.44 \$267.49 Two Person \$877.67 \$424.28 \$453.39 \$1,170.22 \$565.70 \$604.52 Family \$1,072.30 \$466.34 \$605.96 \$1,429.73 \$621.79 \$807.94 Blue Care Network (HMO) Single \$242.49 \$194.34 \$48.15 \$323.32 \$259.12 \$64.20 Two Person \$557.73 \$442.74 \$114.99 \$743.63 \$590.31 \$153.32 Family \$569.85 \$447.82 \$122.03 \$759.79 \$597.09 \$162.70 \$ponsored Dependent \$290.99 \$0.00 \$290.99 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 \$388.01 \$0.00 <td< td=""><td>n. 6</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	n. 6							
Two Person \$877.67 \$424.28 \$453.39 \$1,170.22 \$565.70 \$804.52 \$807.94		4200 20	4.0-- 0	#	4=20.00		** • • • • • • • • • • • • • • • • • •	
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Single \$242.49 \$194.34 \$48.15 \$323.32 \$259.12 \$64.20 Two Person \$557.73 \$442.74 \$114.99 \$743.63 \$590.31 \$153.32 Family \$569.85 \$447.82 \$122.03 \$759.79 \$597.09 \$162.70 Sponsored Dependent \$290.99 \$0.00 \$290.99 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$387.99 \$0.00 \$385.01 \$0.00 \$385.01 \$0.00 \$385.01 \$0.00 \$382.01 \$17.65 \$368.03 \$385.01 \$17.65 \$368.03 \$368.03 \$385.10 \$301.93 \$831.7 \$489.82 \$488.28 \$488.28 \$488.28 \$488.28	Family	\$1,072.30	\$466.34	\$605.96	\$1,429.73	\$621.79	\$807.94	
Two Person \$557.73 \$442.74 \$114.99 \$743.63 \$590.31 \$153.32 \$15	Blue Care Network (HMO)							
Two Person \$557.73 \$442.74 \$114.99 \$743.63 \$590.31 \$153.32 \$15	Single	\$242.49	\$194.34	\$48.15	\$323.32	\$259.12	\$64.20	
Sponsored Dependent Senior Rider \$290.99 \$0.00 \$290.99 \$387.99 \$0.00 \$387.99 Community Blue (PPO) \$371.90 \$240.16 \$131.74 \$495.87 \$320.21 \$175.65 Two Person \$820.94 \$544.91 \$276.03 \$1,094.59 \$726.56 \$368.03 Family \$1,004.41 \$675.70 \$328.71 \$328.71 \$900.93 \$438.28 DMC Care (PPO) Single \$288.83 \$226.45 \$62.38 \$385.10 \$301.93 \$831.77 Two Person \$641.20 \$495.82 \$145.38 \$854.93 \$661.09 \$193.83 Sponsored Dependent \$361.03 \$0.00 \$361.03 \$791.35 \$252.28 Sponsored Dependent \$361.03 \$0.00 \$361.03 \$481.37 \$0.00 \$481.37 Family \$554.23 \$440.95 \$113.28 \$738.97 \$589.20 \$0.00 \$589.20 Health Alliance Plan (HMO) \$298.52 \$0.00 \$298.52 \$398.03 \$0.0	Two Person	\$557.73	\$442.74	\$114.99	\$743.63	\$590.31	\$153.32	
Community Blue (PPO) \$371.90 \$240.16 \$131.74 \$495.87 \$320.21 \$175.65 Two Person \$820.94 \$544.91 \$276.03 \$1,094.59 \$726.56 \$368.03 Family \$1,004.41 \$675.70 \$328.71 \$143.38 \$854.93 \$661.09 \$193.83 \$193.83 \$10.43.63 \$791.35 \$252.28 \$252.28 \$10.00 \$481.37 \$0.00 \$481.37 \$0.00	Family	\$569.85	\$447.82	\$122.03	\$759.79	\$597.09	\$162.70	
Community Blue (PPO) Single \$371.90 \$240.16 \$131.74 \$495.87 \$320.21 \$175.65 \$368.03 \$1,004.41 \$675.70 \$328.71 \$1,094.59 \$726.56 \$368.03 \$488.28 \$1,004.41 \$675.70 \$328.71 \$1,094.59 \$726.56 \$368.03 \$488.28 \$1,004.41 \$675.70 \$328.71 \$1,094.59 \$726.56 \$368.03 \$488.28 \$1,004.41 \$675.70 \$328.71 \$1,094.59 \$726.56 \$368.03 \$488.28 \$145.38 \$1,339.21 \$900.93 \$438.28 \$100.00 \$193.83 \$1,004.59 \$726.56 \$368.03 \$1368.03 \$1368.03 \$1,004.59 \$726.56 \$368.03 \$1368.03 \$1368.03 \$133.28 \$1,004.59 \$726.56 \$368.03 \$138.28 \$148.28 \$100.09 \$193.83 \$193.83 \$193.83 \$100.03 \$193.83 \$100.03 \$193.83 \$100.03 \$100.03 \$100.03 \$100.03 \$100.03 \$100.03 \$100.03 \$100.03 \$100.03 \$100.03 \$100.03 \$1	Sponsored Dependent	\$290.99	\$0.00	\$290.99	\$387.99	\$0.00	\$387.99	
Single \$371.90 \$240.16 \$131.74 \$495.87 \$320.21 \$175.65 Two Person \$820.94 \$544.91 \$276.03 \$1,094.59 \$726.56 \$368.03 Family \$1,004.41 \$675.70 \$328.71 \$1,094.59 \$726.56 \$368.03 Family \$1,004.41 \$675.70 \$328.71 \$1,094.59 \$726.56 \$368.03 Single \$288.83 \$226.45 \$62.38 \$385.10 \$301.93 \$831.7 Two Person \$641.20 \$495.82 \$145.38 \$854.93 \$661.09 \$193.83 Family \$782.73 \$593.52 \$189.21 \$1,043.63 \$791.35 \$252.28 Sponsored Dependent \$361.03 \$0.00 \$361.03 \$481.37 \$0.00 \$481.37 Senior Rider \$441.90 \$0.00 \$441.90 \$589.20 \$0.00 \$589.20 Health Alliance Plan (HMO) \$554.23 \$440.95 \$113.28 \$738.97 \$587.93 \$151.04 Family \$566.27	Senior Rider	\$288.76	\$0.00	\$288.76	\$385.01	\$0.00	\$385.01	
Single \$371.90 \$240.16 \$131.74 \$495.87 \$320.21 \$175.65 Two Person \$820.94 \$544.91 \$276.03 \$1,094.59 \$726.56 \$368.03 Family \$1,004.41 \$675.70 \$328.71 \$1,094.59 \$726.56 \$368.03 Family \$1,004.41 \$675.70 \$328.71 \$1,094.59 \$726.56 \$368.03 Single \$288.83 \$226.45 \$62.38 \$385.10 \$301.93 \$831.7 Two Person \$641.20 \$495.82 \$145.38 \$854.93 \$661.09 \$193.83 Family \$782.73 \$593.52 \$189.21 \$1,043.63 \$791.35 \$252.28 Sponsored Dependent \$361.03 \$0.00 \$361.03 \$481.37 \$0.00 \$481.37 Senior Rider \$441.90 \$0.00 \$441.90 \$589.20 \$0.00 \$589.20 Health Alliance Plan (HMO) \$554.23 \$440.95 \$113.28 \$738.97 \$587.93 \$151.04 Family \$566.27								
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DMC Care (PPO) Single \$288.83 \$226.45 \$62.38 \$385.10 \$301.93 \$83.17 Two Person \$641.20 \$495.82 \$145.38 \$854.93 \$661.09 \$193.83 Family \$782.73 \$593.52 \$189.21 \$1,043.63 \$791.35 \$252.28 Sponsored Dependent \$361.03 \$0.00 \$361.03 \$481.37 \$0.00 \$481.37 Senior Rider \$441.90 \$0.00 \$441.90 \$589.20 \$0.00 \$589.20 Health Alliance Plan (HMO) \$193.57 \$47.40 \$321.29 \$258.09 \$63.20 Two Person \$554.23 \$440.95 \$113.28 \$738.97 \$587.93 \$151.04 Family \$566.27 \$446.11 \$120.16 \$755.03 \$594.82 \$160.21 Sponsored Dependent \$298.52 \$0.00 \$298.52 \$398.03 \$0.00 \$388.55 Total Health Care (HMO) \$388.55 \$0.00 \$291.42 \$388.55 \$0.00 \$388.55 Two Person \$177.25 \$156.87 \$20.38 \$236.33 \$209.15 <td>Two Person</td> <td>\$820.94</td> <td>\$544.91</td> <td>\$276.03</td> <td>\$1,094.59</td> <td>\$726.56</td> <td>\$368.03</td>	Two Person	\$820.94	\$544.91	\$276.03	\$1,094.59	\$726.56	\$368.03	
Single \$288.83 \$226.45 \$62.38 \$385.10 \$301.93 \$83.17 Two Person \$641.20 \$495.82 \$145.38 \$854.93 \$661.09 \$193.83 Family \$782.73 \$593.52 \$189.21 \$1,043.63 \$791.35 \$252.28 Sponsored Dependent \$361.03 \$0.00 \$361.03 \$481.37 \$0.00 \$481.37 Senior Rider \$441.90 \$0.00 \$441.90 \$589.20 \$0.00 \$481.37 Family \$240.97 \$193.57 \$47.40 \$321.29 \$258.09 \$63.20 Two Person \$554.23 \$440.95 \$113.28 \$738.97 \$587.93 \$151.04 Family \$566.27 \$446.11 \$120.16 \$755.03 \$594.82 \$160.21 Sponsored Dependent \$298.52 \$0.00 \$298.52 \$398.03 \$0.00 \$388.55 Total Health Care (HMO) \$85.59 \$75.75 \$9.84 \$114.11 \$100.99 \$13.12 Two Person \$177.25 \$156.87 \$20.38 \$236.33 \$209.15 \$27.18 Family	Family	\$1,004.41	\$675.70	\$328.71	\$1,339.21	\$900.93	\$438.28	
Single \$288.83 \$226.45 \$62.38 \$385.10 \$301.93 \$83.17 Two Person \$641.20 \$495.82 \$145.38 \$854.93 \$661.09 \$193.83 Family \$782.73 \$593.52 \$189.21 \$1,043.63 \$791.35 \$252.28 Sponsored Dependent \$361.03 \$0.00 \$361.03 \$481.37 \$0.00 \$481.37 Senior Rider \$441.90 \$0.00 \$441.90 \$589.20 \$0.00 \$481.37 Family \$240.97 \$193.57 \$47.40 \$321.29 \$258.09 \$63.20 Two Person \$554.23 \$440.95 \$113.28 \$738.97 \$587.93 \$151.04 Family \$566.27 \$446.11 \$120.16 \$755.03 \$594.82 \$160.21 Sponsored Dependent \$298.52 \$0.00 \$298.52 \$398.03 \$0.00 \$388.55 Total Health Care (HMO) \$85.59 \$75.75 \$9.84 \$114.11 \$100.99 \$13.12 Two Person \$177.25 \$156.87 \$20.38 \$236.33 \$209.15 \$27.18 Family	DMC Care (PPO)							
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Sponsored Dependent \$361.03 \$0.00 \$361.03 \$481.37 \$0.00 \$481.37 Senior Rider \$441.90 \$0.00 \$441.90 \$589.20 \$0.00 \$589.20 Health Alliance Plan (HMO) Single \$240.97 \$193.57 \$47.40 \$321.29 \$258.09 \$63.20 Two Person \$554.23 \$440.95 \$113.28 \$738.97 \$587.93 \$151.04 Family \$566.27 \$446.11 \$120.16 \$755.03 \$594.82 \$160.21 Sponsored Dependent \$298.52 \$0.00 \$298.52 \$398.03 \$0.00 \$398.03 Senior Rider \$291.42 \$0.00 \$291.42 \$388.55 \$0.00 \$388.55 Total Health Care (HMO) Single \$85.59 \$75.75 \$9.84 \$114.11 \$100.99 \$13.12 Two Person \$177.25 \$156.87 \$20.38 \$236.33 \$209.15 \$27.18 Family \$231.08 \$204.51 \$26.57 \$308.10	S	\$641.20	\$495.82	\$145.38	\$854.93	\$661.09	\$193.83	
Senior Rider \$441.90 \$0.00 \$441.90 \$589.20 \$0.00 \$589.20 \$0.00 \$589.20 \$0.00 \$589.20 \$0.00 \$589.20 \$0.00 \$589.20 \$0.00 \$5821.29 \$280.9 \$63.20 Total Pealth Care (Dependent Senior Rider \$298.52 \$0.00 \$298.52 \$398.03 \$0.00 \$398.03 Senior Rider \$291.42 \$0.00 \$291.42 \$388.55 \$0.00 \$388.55 Total Health Care (HMO) \$85.59 \$75.75 \$9.84 \$114.11 \$100.99 \$13.12 Two Person \$177.25 \$156.87 \$20.38 \$236.33 \$209.15 \$27.18 Family \$231.08 \$204.51 \$26.57 \$308.10 \$272.67 \$35.43	Family	\$782.73	\$593.52	\$189.21	\$1,043.63	\$791.35	\$252.28	
Senior Rider \$441.90 \$0.00 \$441.90 \$589.20 \$0.00 \$589.20 \$0.00 \$589.20 \$0.00 \$589.20 \$0.00 \$589.20 \$0.00 \$589.20 \$0.00 \$5821.29 \$288.09 \$63.20 Two Person Prider \$554.23 \$440.95 \$113.28 \$738.97 \$587.93 \$151.04 \$566.27 \$446.11 \$120.16 \$755.03 \$594.82 \$160.21 \$590.00 \$298.52 \$0.00 \$298.52 \$398.03 \$0.00 \$398.03 \$60.21 \$291.42 \$0.00 \$291.42 \$388.55 \$0.00 \$388.55 \$10.00 \$85.59 \$75.75 \$9.84 \$114.11 \$100.99 \$13.12 \$10.00 \$177.25 \$156.87 \$20.38 \$236.33 \$209.15 \$27.18 \$10.00 \$231.08 \$204.51 \$26.57 \$308.10 \$272.67 \$35.43	Sponsored Dependent	\$361.03	\$0.00	\$361.03	\$481.37	\$0.00	\$481.37	
Single \$240.97 \$193.57 \$47.40 \$321.29 \$258.09 \$63.20 Two Person \$554.23 \$440.95 \$113.28 \$738.97 \$587.93 \$151.04 Family \$566.27 \$446.11 \$120.16 \$755.03 \$594.82 \$160.21 Sponsored Dependent \$298.52 \$0.00 \$298.52 \$398.03 \$0.00 \$398.03 Senior Rider \$291.42 \$0.00 \$291.42 \$388.55 \$0.00 \$388.55 Total Health Care (HMO) \$85.59 \$75.75 \$9.84 \$114.11 \$100.99 \$13.12 Two Person \$177.25 \$156.87 \$20.38 \$236.33 \$209.15 \$27.18 Family \$231.08 \$204.51 \$26.57 \$308.10 \$272.67 \$35.43	• •	\$441.90	\$0.00	\$441.90	\$589.20	\$0.00	\$589.20	
Single \$240.97 \$193.57 \$47.40 \$321.29 \$258.09 \$63.20 Two Person \$554.23 \$440.95 \$113.28 \$738.97 \$587.93 \$151.04 Family \$566.27 \$446.11 \$120.16 \$755.03 \$594.82 \$160.21 Sponsored Dependent \$298.52 \$0.00 \$298.52 \$398.03 \$0.00 \$398.03 Senior Rider \$291.42 \$0.00 \$291.42 \$388.55 \$0.00 \$388.55 Total Health Care (HMO) \$85.59 \$75.75 \$9.84 \$114.11 \$100.99 \$13.12 Two Person \$177.25 \$156.87 \$20.38 \$236.33 \$209.15 \$27.18 Family \$231.08 \$204.51 \$26.57 \$308.10 \$272.67 \$35.43								
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Single \$85.59 \$75.75 \$9.84 \$114.11 \$100.99 \$13.12 Two Person \$177.25 \$156.87 \$20.38 \$236.33 \$209.15 \$27.18 Family \$231.08 \$204.51 \$26.57 \$308.10 \$272.67 \$35.43	Total Health Care (HMO)							
Two Person \$177.25 \$156.87 \$20.38 \$236.33 \$209.15 \$27.18 Family \$231.08 \$204.51 \$26.57 \$308.10 \$272.67 \$35.43	` '	\$85.59	\$75.75	\$9.84	\$114.11	\$100.99	\$13.12	
Family \$231.08 \$204.51 \$26.57 \$308.10 \$272.67 \$35.43	<u> </u>				*			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Sponsored Dependent	\$85.59	\$0.00	\$85.59	\$114.11	\$0.00	\$114.11	

2012 Plan Year October 2011

Wayne State University Medical Plans

Monthly Premium Rate Schedule - <u>Low Copay</u> January 1, 2012 through December 31, 2012

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

τ	Inpaid Leave of A	bsence	[
	(Non - FML	COBRA Coverage			
_	Monthly		Monthly	Admin	COBRA
	<u>Premium</u>		Premium	<u>Fee</u>	Cost
Blue Cross and Blue Shield					
Single	\$796.39		\$796.39	\$15.93	\$812.32
Two Person	\$1,755.33		\$1,755.33	\$35.11	\$1,790.44
Family	\$2,144.59		\$2,144.59	\$42.89	\$2,187.48
Blue Care Network (HMO)					
Single	\$484.98		\$484.98	\$9.70	\$494.68
Two Person	\$1,115.45		\$1,115.45	\$22.31	\$1,137.76
Family	\$1,139.69		\$1,139.69	\$22.79	\$1,162.48
Sponsored Dependent	\$581.98		\$581.98	\$11.64	\$593.62
Senior Rider	\$577.52		\$577.52	\$11.55	\$589.07
Community Blue (PPO)					
Single	\$743.80		\$743.80	\$14.88	\$758.68
Two Person	\$1,641.88		\$1,641.88	\$32.84	\$1,674.72
Family	\$2,008.82		\$2,008.82	\$40.18	\$2,049.00
DMC Care (PPO)					
Single	\$577.65		\$577.65	\$11.55	\$589.20
Two Person	\$1,282.39		\$1,282.39	\$25.65	\$1,308.04
Family	\$1,565.45		\$1,565.45	\$31.31	\$1,596.76
Sponsored Dependent	\$722.06		\$722.06	\$14.44	\$736.50
Senior Rider	\$883.80		\$883.80	\$17.68	\$901.48
Health Alliance Plan (HMO)					
Single	\$481.93		\$481.93	\$9.64	\$491.57
Two Person	\$1,108.46		\$1,108.46	\$22.17	\$1,130.63
Family	\$1,132.54		\$1,132.54	\$22.65	\$1,155.19
Sponsored Dependent	\$597.04		\$597.04	\$11.94	\$608.98
Senior Rider	\$582.83		\$582.83	\$11.66	\$594.49
Total Health Care (HMO)					
Single	\$171.17		\$171.17	\$3.42	\$174.59
Two Person	\$354.49		\$354.49	\$7.09	\$361.58
Family	\$462.15		\$462.15	\$9.24	\$471.39
Sponsored Dependent	\$171.17		\$171.17	\$3.42	\$174.59
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

2012 Plan Year October 2011