



## Medical Plan Biweekly Premium Rate Schedule - Low Copay January 1, 2012 through December 31, 2012

**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
<b>Blue Cross and Blue Shield</b>						
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
<b>Blue Care Network (HMO)</b>						
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
<i>Sponsored Dependent</i>	\$290.99	\$0.00	\$290.99	\$387.99	\$0.00	\$387.99
<i>Senior Rider</i>	\$288.76	\$0.00	\$288.76	\$385.01	\$0.00	\$385.01
<b>Community Blue (PPO)</b>						
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	\$1,339.21	\$900.93	\$438.28
<b>DMC Care (PPO)</b>						
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
<i>Sponsored Dependent</i>	\$361.03	\$0.00	\$361.03	\$481.37	\$0.00	\$481.37
<i>Senior Rider</i>	\$441.90	\$0.00	\$441.90	\$589.20	\$0.00	\$589.20
<b>Health Alliance Plan (HMO)</b>						
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
<i>Sponsored Dependent</i>	\$298.52	\$0.00	\$298.52	\$398.03	\$0.00	\$398.03
<i>Senior Rider</i>	\$291.42	\$0.00	\$291.42	\$388.55	\$0.00	\$388.55
<b>Total Health Care (HMO)</b>						
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
<i>Sponsored Dependent</i>	\$85.59	\$0.00	\$85.59	\$114.11	\$0.00	\$114.11

# Wayne State University Medical Plans

## Monthly Premium Rate Schedule - Low Copay

January 1, 2012 through December 31, 2012

**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
<b>Blue Cross and Blue Shield</b>				
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
<b>Blue Care Network (HMO)</b>				
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
<i>Sponsored Dependent</i>	\$581.98	\$581.98	\$11.64	\$593.62
<i>Senior Rider</i>	\$577.52	\$577.52	\$11.55	\$589.07
<b>Community Blue (PPO)</b>				
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
<b>DMC Care (PPO)</b>				
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
<i>Sponsored Dependent</i>	\$722.06	\$722.06	\$14.44	\$736.50
<i>Senior Rider</i>	\$883.80	\$883.80	\$17.68	\$901.48
<b>Health Alliance Plan (HMO)</b>				
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
<i>Sponsored Dependent</i>	\$597.04	\$597.04	\$11.94	\$608.98
<i>Senior Rider</i>	\$582.83	\$582.83	\$11.66	\$594.49
<b>Total Health Care (HMO)</b>				
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
<i>Sponsored Dependent</i>	\$171.17	\$171.17	\$3.42	\$174.59
<b>Delta Dental - Group 7544</b>				
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
<b>Vision Coverage - EyeMed - VVP</b>				
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