



**Medical Plan Biweekly Premium Rate Schedule - High Copay**  
**January 1, 2013 through December 31, 2013**

**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	\$415.12	\$202.25	\$212.87	\$553.49	\$269.66	\$283.83
Two Person	\$914.95	\$434.54	\$480.41	\$1,219.93	\$579.39	\$640.54
Family	\$1,117.85	\$478.19	\$639.66	\$1,490.46	\$637.59	\$852.87
<b>Blue Care Network (HMO)</b>						
Single	\$244.23	\$195.56	\$48.67	\$325.64	\$260.75	\$64.89
Two Person	\$561.73	\$445.54	\$116.19	\$748.97	\$594.05	\$154.92
Family	\$573.94	\$450.69	\$123.25	\$765.25	\$600.92	\$164.33
<i>Sponsored Dependent</i>	\$293.07	\$0.00	\$293.07	\$390.76	\$0.00	\$390.76
<i>Senior Rider</i>	\$276.26	\$0.00	\$276.26	\$368.35	\$0.00	\$368.35
<b>Community Blue (PPO)</b>						
Single	\$387.70	\$251.22	\$136.48	\$516.93	\$334.96	\$181.97
Two Person	\$855.82	\$569.33	\$286.49	\$1,141.09	\$759.11	\$381.98
Family	\$1,047.08	\$705.57	\$341.51	\$1,396.10	\$940.75	\$455.35
<b>DMC Care (PPO)</b>						
Single	\$292.42	\$228.96	\$63.46	\$389.89	\$305.28	\$84.61
Two Person	\$649.18	\$501.41	\$147.77	\$865.57	\$668.54	\$197.03
Family	\$792.47	\$600.33	\$192.14	\$1,056.63	\$800.45	\$256.18
<i>Sponsored Dependent</i>	\$365.53	\$0.00	\$365.53	\$487.37	\$0.00	\$487.37
<i>Senior Rider</i>	\$447.41	\$0.00	\$447.41	\$596.54	\$0.00	\$596.54
<b>Health Alliance Plan (HMO)</b>						
Single	\$240.65	\$193.53	\$47.12	\$320.86	\$258.03	\$62.83
Two Person	\$553.50	\$440.86	\$112.64	\$737.99	\$587.80	\$150.19
Family	\$565.53	\$446.03	\$119.50	\$754.03	\$594.70	\$159.33
<i>Sponsored Dependent</i>	\$302.68	\$0.00	\$302.68	\$403.57	\$0.00	\$403.57
<i>Senior Rider</i>	\$297.88	\$0.00	\$297.88	\$397.17	\$0.00	\$397.17
<b>Total Health Care (HMO)</b>						
Single	\$97.84	\$84.22	\$13.62	\$130.45	\$112.29	\$18.16
Two Person	\$203.89	\$175.30	\$28.59	\$271.85	\$233.74	\$38.11
Family	\$259.36	\$224.03	\$35.33	\$345.81	\$298.70	\$47.11
<i>Sponsored Dependent</i>	\$97.84	\$0.00	\$97.84	\$130.45	\$0.00	\$130.45

# Wayne State University Medical Plans

## Monthly Premium Rate Schedule - High Copay

January 1, 2013 through December 31, 2013

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

	Unpaid Leave of Absence (Non - FMLA)	COBRA Coverage		
	Monthly <u>Premium</u>	Monthly <u>Premium</u>	Admin <u>Fee</u>	COBRA <u>Cost</u>
<b>Blue Cross and Blue Shield</b>				
Single	\$830.23	\$830.23	\$16.60	\$846.83
Two Person	\$1,829.90	\$1,829.90	\$36.60	\$1,866.50
Family	\$2,235.69	\$2,235.69	\$44.71	\$2,280.40
<b>Blue Care Network (HMO)</b>				
Single	\$488.46	\$488.46	\$9.77	\$498.23
Two Person	\$1,123.45	\$1,123.45	\$22.47	\$1,145.92
Family	\$1,147.87	\$1,147.87	\$22.96	\$1,170.83
<i>Sponsored Dependent</i>	\$586.14	\$586.14	\$11.72	\$597.86
<i>Senior Rider</i>	\$552.52	\$552.52	\$11.05	\$563.57
<b>Community Blue (PPO)</b>				
Single	\$775.40	\$775.40	\$15.51	\$790.91
Two Person	\$1,711.63	\$1,711.63	\$34.23	\$1,745.86
Family	\$2,094.15	\$2,094.15	\$41.88	\$2,136.03
<b>DMC Care (PPO)</b>				
Single	\$584.84	\$584.84	\$11.70	\$596.54
Two Person	\$1,298.36	\$1,298.36	\$25.97	\$1,324.33
Family	\$1,584.94	\$1,584.94	\$31.70	\$1,616.64
<i>Sponsored Dependent</i>	\$731.05	\$731.05	\$14.62	\$745.67
<i>Senior Rider</i>	\$894.81	\$894.81	\$17.90	\$912.71
<b>Health Alliance Plan (HMO)</b>				
Single	\$481.29	\$481.29	\$9.63	\$490.92
Two Person	\$1,106.99	\$1,106.99	\$22.14	\$1,129.13
Family	\$1,131.05	\$1,131.05	\$22.62	\$1,153.67
<i>Sponsored Dependent</i>	\$605.35	\$605.35	\$12.11	\$617.46
<i>Senior Rider</i>	\$595.76	\$595.76	\$11.92	\$607.68
<b>Total Health Care (HMO)</b>				
Single	\$195.67	\$195.67	\$3.91	\$199.58
Two Person	\$407.77	\$407.77	\$8.16	\$415.93
Family	\$518.71	\$518.71	\$10.37	\$529.08
<i>Sponsored Dependent</i>	\$195.67	\$195.67	\$3.91	\$199.58
<b>Delta Dental - Group 7544</b>				
Single	\$31.34	\$31.34	\$0.63	\$31.97
Two Person	\$62.98	\$62.98	\$1.26	\$64.24
Family	\$114.49	\$114.49	\$2.29	\$116.78
<b>Vision Coverage - EyeMed - VVP Basic</b>				
Single	\$7.60	\$7.60	\$0.15	\$7.75
Two Person	\$14.38	\$14.38	\$0.29	\$14.67
Family	\$21.17	\$21.17	\$0.42	\$21.59
<b>Vision Coverage - EyeMed - VVP Enhanced</b>				
Single	\$13.39	\$13.39	\$0.27	\$13.66
Two Person	\$25.34	\$25.34	\$0.51	\$25.85
Family	\$37.30	\$37.30	\$0.75	\$38.05