



**REVISED - Medical Plan Biweekly Premium Rate Schedule - High Copay**

May 1, 2013 through December 31, 2013

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

	12-Month Employees			9-Month Employees		
	Total	University	Employee	Total	University	Employee
	Biweekly Cost	Biweekly Subsidy	Biweekly Cost	Biweekly Cost	Biweekly Subsidy	Biweekly Cost
<b>Blue Cross and Blue Shield</b>						
Single	\$358.33	\$187.81	\$170.52	\$477.77	\$250.41	\$227.36
Two Person	\$789.79	\$402.39	\$387.40	\$1,053.05	\$536.52	\$516.53
Family	\$964.93	\$440.06	\$524.87	\$1,286.57	\$586.75	\$699.82
<b>Blue Care Network (HMO)</b>						
Single	\$233.94	\$188.35	\$45.59	\$311.91	\$251.13	\$60.78
Two Person	\$538.05	\$428.96	\$109.09	\$717.39	\$571.94	\$145.45
Family	\$549.74	\$433.75	\$115.99	\$732.99	\$578.34	\$154.65
<i>Sponsored Dependent</i>	\$280.72	\$0.00	\$280.72	\$374.29	\$0.00	\$374.29
<i>Senior Rider</i>	\$266.99	\$0.00	\$266.99	\$355.98	\$0.00	\$355.98
<b>Community Blue (PPO)</b>						
Single	\$340.64	\$218.28	\$122.36	\$454.18	\$291.04	\$163.14
Two Person	\$751.92	\$496.60	\$255.32	\$1,002.56	\$662.13	\$340.43
Family	\$919.96	\$616.58	\$303.38	\$1,226.61	\$822.08	\$404.50
<b>DMC Care (PPO)</b>						
Single	\$256.40	\$203.75	\$52.65	\$341.86	\$271.66	\$70.20
Two Person	\$569.20	\$445.42	\$123.78	\$758.93	\$593.90	\$165.03
Family	\$694.84	\$531.99	\$162.85	\$926.45	\$709.32	\$217.13
<i>Sponsored Dependent</i>	\$320.49	\$0.00	\$320.49	\$427.32	\$0.00	\$427.32
<i>Senior Rider</i>	\$392.29	\$0.00	\$392.29	\$523.05	\$0.00	\$523.05
<b>Health Alliance Plan (HMO)</b>						
Single	\$232.42	\$187.77	\$44.65	\$309.89	\$250.36	\$59.53
Two Person	\$534.56	\$427.60	\$106.96	\$712.75	\$570.14	\$142.61
Family	\$546.18	\$432.48	\$113.70	\$728.23	\$576.64	\$151.59
<i>Sponsored Dependent</i>	\$290.52	\$0.00	\$290.52	\$387.35	\$0.00	\$387.35
<i>Senior Rider</i>	\$292.87	\$0.00	\$292.87	\$390.49	\$0.00	\$390.49
<b>Total Health Care (HMO)</b>						
Single	\$96.32	\$83.15	\$13.17	\$128.42	\$110.87	\$17.55
Two Person	\$200.67	\$173.05	\$27.62	\$267.56	\$230.73	\$36.83
Family	\$255.28	\$221.17	\$34.11	\$340.37	\$294.90	\$45.47
<i>Sponsored Dependent</i>	\$96.32	\$0.00	\$96.32	\$128.42	\$0.00	\$128.42
<b>Delta Dental</b>						
Single	\$15.67	\$14.89	\$0.78	\$20.89	\$19.85	\$1.04
Two Person	\$31.49	\$29.92	\$1.57	\$41.99	\$39.89	\$2.10
Family	\$57.25	\$54.39	\$2.86	\$76.33	\$72.51	\$3.82
<b>Vision - EyeMed - Basic</b>						
Single	\$2.08	\$1.04	\$1.04	\$2.77	\$1.39	\$1.39
Two Person	\$3.92	\$1.96	\$1.96	\$5.23	\$2.61	\$2.61
Family	\$5.76	\$2.88	\$2.88	\$7.68	\$3.84	\$3.84
<b>Vision - EyeMed - Enhanced</b>						
Single	\$3.87	\$1.04	\$2.83	\$5.16	\$1.39	\$3.77
Two Person	\$7.30	\$1.96	\$5.34	\$9.73	\$2.61	\$7.12
Family	\$10.71	\$2.88	\$7.83	\$14.28	\$3.84	\$10.44

**Wayne State University Medical Plans**  
**REVISED - Monthly Premium Rate Schedule - High Copay**  
 May 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	\$716.65	\$716.65	\$14.33	\$730.98
Two Person	\$1,579.57	\$1,579.57	\$31.59	\$1,611.16
Family	\$1,929.85	\$1,929.85	\$38.60	\$1,968.45
<b>Blue Care Network (HMO)</b>				
Single	\$467.87	\$467.87	\$9.36	\$477.23
Two Person	\$1,076.09	\$1,076.09	\$21.52	\$1,097.61
Family	\$1,099.48	\$1,099.48	\$21.99	\$1,121.47
<i>Sponsored Dependent</i>	\$561.44	\$561.44	\$11.23	\$572.67
<i>Senior Rider</i>	\$533.97	\$533.97	\$10.68	\$544.65
<b>Community Blue (PPO)</b>				
Single	\$681.27	\$681.27	\$13.63	\$694.90
Two Person	\$1,503.84	\$1,503.84	\$30.08	\$1,533.92
Family	\$1,839.92	\$1,839.92	\$36.80	\$1,876.72
<b>DMC Care (PPO)</b>				
Single	\$512.79	\$512.79	\$10.26	\$523.05
Two Person	\$1,138.40	\$1,138.40	\$22.77	\$1,161.17
Family	\$1,389.68	\$1,389.68	\$27.79	\$1,417.47
<i>Sponsored Dependent</i>	\$640.98	\$640.98	\$12.82	\$653.80
<i>Senior Rider</i>	\$784.57	\$784.57	\$15.69	\$800.26
<b>Health Alliance Plan (HMO)</b>				
Single	\$464.83	\$464.83	\$9.30	\$474.13
Two Person	\$1,069.12	\$1,069.12	\$21.38	\$1,090.50
Family	\$1,092.35	\$1,092.35	\$21.85	\$1,114.20
<i>Sponsored Dependent</i>	\$581.03	\$581.03	\$11.62	\$592.65
<i>Senior Rider</i>	\$585.74	\$585.74	\$11.71	\$597.45
<b>Total Health Care (HMO)</b>				
Single	\$192.63	\$192.63	\$3.85	\$196.48
Two Person	\$401.34	\$401.34	\$8.03	\$409.37
Family	\$510.56	\$510.56	\$10.21	\$520.77
<i>Sponsored Dependent</i>	\$192.63	\$192.63	\$3.85	\$196.48
<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