



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

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
Blue Cross and Blue Shield						
Single	\$421.71	\$206.95	\$214.76	\$562.27	\$275.92	\$286.35
Two Person	\$929.49	\$436.19	\$493.30	\$1,239.32	\$581.59	\$657.73
Family	\$1,135.61	\$489.80	\$645.81	\$1,514.15	\$653.07	\$861.08
Blue Care Network (HMO)						
Single	\$255.44	\$203.40	\$52.04	\$340.58	\$271.20	\$69.38
Two Person	\$587.50	\$463.58	\$123.92	\$783.33	\$618.10	\$165.23
Family	\$600.26	\$469.11	\$131.15	\$800.35	\$625.48	\$174.87
<i>Sponsored Dependent</i>	\$306.52	\$0.00	\$306.52	\$408.69	\$0.00	\$408.69
<i>Senior Rider</i>	\$306.11	\$0.00	\$306.11	\$408.15	\$0.00	\$408.15
Community Blue (PPO)						
Single	\$393.86	\$255.54	\$138.32	\$525.15	\$340.72	\$184.43
Two Person	\$869.42	\$578.85	\$290.57	\$1,159.22	\$771.80	\$387.42
Family	\$1,063.72	\$717.21	\$346.51	\$1,418.29	\$956.28	\$462.01
DMC Care (PPO)						
Single	\$296.89	\$232.09	\$64.80	\$395.85	\$309.45	\$86.40
Two Person	\$659.10	\$508.35	\$150.75	\$878.80	\$677.81	\$200.99
Family	\$804.59	\$608.82	\$195.77	\$1,072.78	\$811.75	\$261.03
<i>Sponsored Dependent</i>	\$371.12	\$0.00	\$371.12	\$494.82	\$0.00	\$494.82
<i>Senior Rider</i>	\$454.24	\$0.00	\$454.24	\$605.65	\$0.00	\$605.65
Health Alliance Plan (HMO)						
Single	\$251.68	\$201.07	\$50.61	\$335.57	\$268.09	\$67.48
Two Person	\$578.88	\$458.20	\$120.68	\$771.84	\$610.94	\$160.90
Family	\$591.45	\$463.74	\$127.71	\$788.60	\$618.33	\$170.27
<i>Sponsored Dependent</i>	\$309.67	\$0.00	\$309.67	\$412.89	\$0.00	\$412.89
<i>Senior Rider</i>	\$307.13	\$0.00	\$307.13	\$409.50	\$0.00	\$409.50
Total Health Care (HMO)						
Single	\$98.79	\$84.99	\$13.80	\$131.71	\$113.31	\$18.40
Two Person	\$205.87	\$176.89	\$28.98	\$274.49	\$235.86	\$38.63
Family	\$261.88	\$226.06	\$35.82	\$349.17	\$301.42	\$47.75
<i>Sponsored Dependent</i>	\$98.79	\$0.00	\$98.79	\$131.71	\$0.00	\$131.71

Wayne State University Medical Plans

Monthly Premium Rate Schedule - Low Copay

January 1, 2013 through December 31, 2013

Active Employees (Excludes 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>
Blue Cross and Blue Shield				
Single	\$843.41	\$843.41	\$16.87	\$860.28
Two Person	\$1,858.98	\$1,858.98	\$37.18	\$1,896.16
Family	\$2,271.22	\$2,271.22	\$45.42	\$2,316.64
Blue Care Network (HMO)				
Single	\$510.87	\$510.87	\$10.22	\$521.09
Two Person	\$1,174.99	\$1,174.99	\$23.50	\$1,198.49
Family	\$1,200.52	\$1,200.52	\$24.01	\$1,224.53
<i>Sponsored Dependent</i>	\$613.04	\$613.04	\$12.26	\$625.30
<i>Senior Rider</i>	\$612.22	\$612.22	\$12.24	\$624.46
Community Blue (PPO)				
Single	\$787.72	\$787.72	\$15.75	\$803.47
Two Person	\$1,738.83	\$1,738.83	\$34.78	\$1,773.61
Family	\$2,127.43	\$2,127.43	\$42.55	\$2,169.98
DMC Care (PPO)				
Single	\$593.78	\$593.78	\$11.88	\$605.66
Two Person	\$1,318.20	\$1,318.20	\$26.36	\$1,344.56
Family	\$1,609.17	\$1,609.17	\$32.18	\$1,641.35
<i>Sponsored Dependent</i>	\$742.23	\$742.23	\$14.84	\$757.07
<i>Senior Rider</i>	\$908.48	\$908.48	\$18.17	\$926.65
Health Alliance Plan (HMO)				
Single	\$503.36	\$503.36	\$10.07	\$513.43
Two Person	\$1,157.76	\$1,157.76	\$23.16	\$1,180.92
Family	\$1,182.90	\$1,182.90	\$23.66	\$1,206.56
<i>Sponsored Dependent</i>	\$619.33	\$619.33	\$12.39	\$631.72
<i>Senior Rider</i>	\$614.25	\$614.25	\$12.29	\$626.54
Total Health Care (HMO)				
Single	\$197.57	\$197.57	\$3.95	\$201.52
Two Person	\$411.74	\$411.74	\$8.23	\$419.97
Family	\$523.76	\$523.76	\$10.48	\$534.24
<i>Sponsored Dependent</i>	\$197.57	\$197.57	\$3.95	\$201.52
Delta Dental - Group 7544				
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
Vision Coverage - EyeMed - VVP Basic				
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
Vision Coverage - EyeMed - VVP Enhanced				
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