



Medical Plan Biweekly Premium Rate Schedule - Low Copay

January 1, 2014 through December 31, 2014

Active Employees (Excludes Non-Represented, AAUP-AFT, AFSCME, 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	\$444.66	\$220.69	\$223.97	\$592.87	\$294.24	\$298.63
Two Person	\$980.08	\$475.46	\$504.62	\$1,306.77	\$633.95	\$672.82
Family	\$1,200.57	\$524.49	\$676.08	\$1,600.75	\$699.31	\$901.44
Blue Care Network (HMO)						
Single	\$289.40	\$227.18	\$62.23	\$385.87	\$302.90	\$82.97
Two Person	\$665.59	\$518.24	\$147.35	\$887.45	\$690.98	\$196.47
Family	\$680.07	\$524.98	\$155.10	\$906.76	\$699.97	\$206.79
<i>Sponsored Dependent</i>	\$347.28	\$0.00	\$347.28	\$463.03	\$0.00	\$463.03
<i>Senior Rider</i>	\$346.81	\$0.00	\$346.81	\$462.41	\$0.00	\$462.41
Community Blue (PPO)						
Single	\$415.27	\$270.53	\$144.74	\$553.69	\$360.70	\$192.99
Two Person	\$913.58	\$609.77	\$303.82	\$1,218.11	\$813.02	\$405.09
Family	\$1,121.52	\$757.68	\$363.85	\$1,495.36	\$1,010.23	\$485.13
DMC Care (PPO)						
Single	\$311.34	\$242.21	\$69.14	\$415.12	\$322.94	\$92.18
Two Person	\$691.18	\$530.81	\$160.37	\$921.57	\$707.75	\$213.82
Family	\$843.74	\$636.23	\$207.52	\$1,124.99	\$848.30	\$276.69
<i>Sponsored Dependent</i>	\$389.17	\$0.00	\$389.17	\$518.89	\$0.00	\$518.89
<i>Senior Rider</i>	\$476.35	\$0.00	\$476.35	\$635.13	\$0.00	\$635.13
Health Alliance Plan (HMO)						
Single	\$265.12	\$210.48	\$54.64	\$353.49	\$280.64	\$72.85
Two Person	\$609.80	\$479.84	\$129.95	\$813.06	\$639.79	\$173.27
Family	\$623.05	\$485.86	\$137.19	\$830.73	\$647.82	\$182.91
<i>Sponsored Dependent</i>	\$320.25	\$0.00	\$320.25	\$427.00	\$0.00	\$427.00
<i>Senior Rider</i>	\$312.64	\$0.00	\$312.64	\$416.85	\$0.00	\$416.85
Total Health Care (HMO)						
Single	\$113.68	\$95.41	\$18.27	\$151.57	\$127.22	\$24.35
Two Person	\$236.84	\$198.57	\$38.27	\$315.79	\$264.77	\$51.02
Family	\$301.30	\$253.65	\$47.64	\$401.73	\$338.21	\$63.52
<i>Sponsored Dependent</i>	\$113.68	\$0.00	\$113.68	\$151.57	\$0.00	\$151.57
Delta Dental - Group 7544						
Single	\$15.96	\$15.96	\$0.00	\$21.28	\$21.28	\$0.00
Two Person	\$31.24	\$31.24	\$0.00	\$41.65	\$41.65	\$0.00
Family	\$58.26	\$58.26	\$0.00	\$77.68	\$77.68	\$0.00
EyeMed Vision - Basic with Medical						
Single	\$2.12	\$1.06	\$1.06	\$2.83	\$1.42	\$1.41
Two Person	\$4.00	\$2.00	\$2.00	\$5.33	\$2.66	\$2.67
Family	\$5.87	\$2.93	\$2.94	\$7.83	\$3.92	\$3.91
EyeMed Vision - Enhanced with Medical						
Single	\$3.95	\$1.06	\$2.89	\$5.26	\$1.41	\$3.85
Two Person	\$7.44	\$2.00	\$5.44	\$9.92	\$2.67	\$7.25
Family	\$10.93	\$2.93	\$8.00	\$14.57	\$3.91	\$10.67

Wayne State University Medical Plans

Monthly Premium Rate Schedule - Low Copay

January 1, 2014 through December 31, 2014

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

	Unpaid Leave of Absence (Non - FMLA)	COBRA Coverage		
	Monthly Premium	Monthly Premium	Admin Fee	COBRA Cost
Blue Cross and Blue Shield				
Single	\$889.31	\$889.31	\$17.79	\$907.10
Two Person	\$1,960.15	\$1,960.15	\$39.20	\$1,999.35
Family	\$2,401.13	\$2,401.13	\$48.02	\$2,449.15
Blue Care Network (HMO)				
Single	\$578.80	\$578.80	\$11.58	\$590.38
Two Person	\$1,331.18	\$1,331.18	\$26.62	\$1,357.80
Family	\$1,360.14	\$1,360.14	\$27.20	\$1,387.34
<i>Sponsored Dependent</i>	\$694.55			
<i>Senior Rider</i>	\$693.62			
Community Blue (PPO)				
Single	\$830.53	\$830.53	\$16.61	\$847.14
Two Person	\$1,827.16	\$1,827.16	\$36.54	\$1,863.70
Family	\$2,243.04	\$2,243.04	\$44.86	\$2,287.90
DMC Care (PPO)				
Single	\$622.68	\$622.68	\$12.45	\$635.13
Two Person	\$1,382.35	\$1,382.35	\$27.65	\$1,410.00
Family	\$1,687.48	\$1,687.48	\$33.75	\$1,721.23
<i>Sponsored Dependent</i>	\$778.34			
<i>Senior Rider</i>	\$952.69			
Health Alliance Plan (HMO)				
Single	\$530.24	\$530.24	\$10.60	\$540.84
Two Person	\$1,219.59	\$1,219.59	\$24.39	\$1,243.98
Family	\$1,246.09	\$1,246.09	\$24.92	\$1,271.01
<i>Sponsored Dependent</i>	\$640.50			
<i>Senior Rider</i>	\$625.28			
Total Health Care (HMO)				
Single	\$227.35	\$227.35	\$4.55	\$231.90
Two Person	\$473.68	\$473.68	\$9.47	\$483.15
Family	\$602.59	\$602.59	\$12.05	\$614.64
<i>Sponsored Dependent</i>	\$227.35			
Delta Dental - Group 7544				
Single	\$31.92	\$31.92	\$0.64	\$32.56
Two Person	\$62.48	\$62.48	\$1.25	\$63.73
Family	\$116.52	\$116.52	\$2.33	\$118.85
EyeMed Vision - Basic with Medical				
Single	\$4.24	\$4.24	\$0.08	\$4.32
Two Person	\$8.00	\$8.00	\$0.16	\$8.16
Family	\$11.74	\$11.74	\$0.23	\$11.97
EyeMed Vision - Enhanced with Medical				
Single	\$7.89	\$7.89	\$0.16	\$8.05
Two Person	\$14.88	\$14.88	\$0.30	\$15.18
Family	\$21.85	\$21.85	\$0.44	\$22.29

See website for voluntary vision rates