



Medical Plan Biweekly Premium Rate Schedule - Low Copay

January 1, 2014 through December 31, 2014

Public Act 54 - Staff Association, HERE, Public Safety

	12-Month Employees			9-Month Employees		
	Total	University	Employee	Total	University	Employee
	Biweekly Cost	Biweekly Subsidy	Biweekly Cost	Biweekly Cost	Biweekly Subsidy	Biweekly Cost
Blue Cross and Blue Shield						
Single	\$444.66	\$206.95	\$237.71	\$592.87	\$275.92	\$316.95
Two Person	\$980.08	\$436.19	\$543.89	\$1,306.77	\$581.59	\$725.18
Family	\$1,200.57	\$489.80	\$710.77	\$1,600.75	\$653.07	\$947.69
Blue Care Network (HMO)						
Single	\$289.40	\$203.40	\$86.00	\$385.87	\$271.20	\$114.67
Two Person	\$665.59	\$463.58	\$202.02	\$887.45	\$618.09	\$269.35
Family	\$680.07	\$469.11	\$210.96	\$906.76	\$625.48	\$281.28
<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	\$255.54	\$159.73	\$553.69	\$340.72	\$212.97
Two Person	\$913.58	\$578.85	\$334.73	\$1,218.11	\$771.80	\$446.31
Family	\$1,121.52	\$717.21	\$404.31	\$1,495.36	\$956.28	\$539.08
DMC Care (PPO)						
Single	\$311.34	\$232.09	\$79.25	\$415.12	\$309.45	\$105.67
Two Person	\$691.18	\$508.35	\$182.82	\$921.57	\$677.81	\$243.76
Family	\$843.74	\$608.82	\$234.93	\$1,124.99	\$811.75	\$313.23
<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	\$201.07	\$64.05	\$353.49	\$268.09	\$85.40
Two Person	\$609.80	\$458.20	\$151.59	\$813.06	\$610.94	\$202.12
Family	\$623.05	\$463.74	\$159.30	\$830.73	\$618.34	\$212.40
<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	\$84.99	\$28.69	\$151.57	\$113.32	\$38.25
Two Person	\$236.84	\$176.89	\$59.95	\$315.79	\$235.86	\$79.93
Family	\$301.30	\$226.06	\$75.23	\$401.73	\$301.42	\$100.31
<i>Sponsored Dependent</i>	\$113.68	\$0.00	\$113.68	\$151.57	\$0.00	\$151.57
Delta Dental - Group 7544						
Single	\$15.96	\$15.67	\$0.29	\$21.28	\$20.89	\$0.39
Two Person	\$31.24	\$31.49	\$0.00	\$41.65	\$41.99	\$0.00
Family	\$58.26	\$57.25	\$1.01	\$77.68	\$76.33	\$1.35
EyeMed Vision - Basic with Medical						
Single	\$2.12	\$1.04	\$1.08	\$2.83	\$1.40	\$1.44
Two Person	\$4.00	\$1.96	\$2.04	\$5.33	\$2.60	\$2.72
Family	\$5.87	\$2.88	\$2.99	\$7.83	\$3.86	\$3.99
EyeMed Vision - Enhanced with Medical						
Single	\$3.95	\$1.04	\$2.91	\$5.26	\$1.39	\$3.87
Two Person	\$7.44	\$1.96	\$5.48	\$9.92	\$2.61	\$7.31
Family	\$10.93	\$2.88	\$8.05	\$14.57	\$3.85	\$10.73

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