



Medical Plan Biweekly Premium Rate Schedule - High Copay
January 1, 2015 through December 31, 2015

All Employee Groups Excluding P&A Local 1979 and Operating Engineers Local 324

	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	\$418.86	\$215.05	\$203.81	\$558.48	\$286.73	\$271.74
Two Person	\$923.21	\$462.37	\$460.84	\$1,230.95	\$616.50	\$614.45
Family	\$1,130.93	\$510.91	\$620.01	\$1,507.90	\$681.23	\$826.67
Blue Care Network (HMO)						
Single	\$264.55	\$209.77	\$54.77	\$352.73	\$279.70	\$73.03
Two Person	\$608.45	\$478.25	\$130.20	\$811.27	\$637.66	\$173.61
Family	\$621.69	\$484.11	\$137.58	\$828.91	\$645.48	\$183.44
<i>Sponsored Dependent</i>	\$317.43	\$0.00	\$317.43	\$423.24	\$0.00	\$423.24
<i>Senior Rider</i>	\$299.23	\$0.00	\$299.23	\$398.97	\$0.00	\$398.97
Community Blue (PPO)						
Single	\$396.81	\$257.60	\$139.21	\$529.07	\$343.46	\$185.61
Two Person	\$872.97	\$581.34	\$291.64	\$1,163.96	\$775.11	\$388.85
Family	\$1,071.66	\$722.78	\$348.89	\$1,428.88	\$963.70	\$465.18
DMC Care (PPO)						
Single	\$310.91	\$241.91	\$69.00	\$414.55	\$322.55	\$92.00
Two Person	\$690.23	\$530.13	\$160.09	\$920.31	\$706.86	\$213.45
Family	\$842.59	\$635.42	\$207.17	\$1,123.45	\$847.22	\$276.22
<i>Sponsored Dependent</i>	\$388.64	\$0.00	\$388.64	\$518.19	\$0.00	\$518.19
<i>Senior Rider</i>	\$475.70	\$0.00	\$475.70	\$634.26	\$0.00	\$634.26
Health Alliance Plan (HMO)						
Single	\$254.70	\$203.36	\$51.34	\$339.60	\$271.15	\$68.45
Two Person	\$585.82	\$463.48	\$122.34	\$781.09	\$617.98	\$163.12
Family	\$598.55	\$469.14	\$129.41	\$798.07	\$625.52	\$172.54
<i>Sponsored Dependent</i>	\$308.81	\$0.00	\$308.81	\$411.74	\$0.00	\$411.74
<i>Senior Rider</i>	\$311.26	\$0.00	\$311.26	\$415.01	\$0.00	\$415.01
Total Health Care (HMO)						
Single	\$127.39	\$104.90	\$22.48	\$169.85	\$139.87	\$29.98
Two Person	\$265.41	\$218.37	\$47.04	\$353.88	\$291.15	\$62.73
Family	\$337.64	\$278.83	\$58.81	\$450.19	\$371.77	\$78.42
<i>Sponsored Dependent</i>	\$127.39	\$0.00	\$127.39	\$169.85	\$0.00	\$169.85
Delta Dental						
Single	\$16.31	\$15.49	\$0.82	\$21.74	\$20.65	\$1.09
Two Person	\$30.33	\$28.81	\$1.52	\$40.44	\$38.42	\$2.02
Family	\$54.57	\$51.85	\$2.73	\$72.75	\$69.12	\$3.64
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	\$3.90	\$10.67

Wayne State University Medical Plans

Monthly Premium Rate Schedule - High Copay

January 1, 2015 through December 31, 2015

All Employee Groups Excluding P&A Local 1979 and Operating Engineers Local 324

	Unpaid Leave of Absence (Non - FMLA)	COBRA Coverage		
	Monthly Premium	Monthly Premium	Admin Fee	COBRA Cost
Blue Cross and Blue Shield				
Single	\$837.72	\$837.72	\$16.75	\$854.48
Two Person	\$1,846.43	\$1,846.43	\$36.93	\$1,883.36
Family	\$2,261.85	\$2,261.85	\$45.24	\$2,307.09
Blue Care Network (HMO)				
Single	\$529.09	\$529.09	\$10.58	\$539.67
Two Person	\$1,216.90	\$1,216.90	\$24.34	\$1,241.24
Family	\$1,243.37	\$1,243.37	\$24.87	\$1,268.24
<i>Sponsored Dependent</i>	\$634.86			
<i>Senior Rider</i>	\$598.45			
Community Blue (PPO)				
Single	\$793.61	\$793.61	\$15.87	\$809.48
Two Person	\$1,745.95	\$1,745.95	\$34.92	\$1,780.86
Family	\$2,143.32	\$2,143.32	\$42.87	\$2,186.19
DMC Care (PPO)				
Single	\$621.83	\$621.83	\$12.44	\$634.26
Two Person	\$1,380.46	\$1,380.46	\$27.61	\$1,408.07
Family	\$1,685.17	\$1,685.17	\$33.70	\$1,718.87
<i>Sponsored Dependent</i>	\$777.28			
<i>Senior Rider</i>	\$951.39			
Health Alliance Plan (HMO)				
Single	\$509.40	\$509.40	\$10.19	\$519.59
Two Person	\$1,171.64	\$1,171.64	\$23.43	\$1,195.07
Family	\$1,197.10	\$1,197.10	\$23.94	\$1,221.04
<i>Sponsored Dependent</i>	\$617.61			
<i>Senior Rider</i>	\$622.51			
Total Health Care (HMO)				
Single	\$254.77	\$254.77	\$5.10	\$259.87
Two Person	\$530.82	\$530.82	\$10.62	\$541.44
Family	\$675.28	\$675.28	\$13.51	\$688.79
<i>Sponsored Dependent</i>	\$254.77			
Delta Dental - Group 7544				
Single	\$32.61	\$32.61	\$0.65	\$33.26
Two Person	\$60.66	\$60.66	\$1.21	\$61.87
Family	\$109.13	\$109.13	\$2.18	\$111.31
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