



Medical Plan Biweekly Premium Rate Schedule - Low Copay

January 1, 2015 through December 31, 2015

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	\$478.43	\$238.61	\$239.81	\$637.90	\$318.15	\$319.75
Two Person	\$1,054.51	\$515.17	\$539.34	\$1,406.01	\$686.89	\$719.12
Family	\$1,291.75	\$570.85	\$720.90	\$1,722.33	\$761.13	\$961.20
Blue Care Network (HMO)						
Single	\$318.35	\$247.44	\$70.91	\$424.46	\$329.92	\$94.54
Two Person	\$732.20	\$564.87	\$167.33	\$976.27	\$753.16	\$223.11
Family	\$748.12	\$572.61	\$175.51	\$997.49	\$763.48	\$234.01
<i>Sponsored Dependent</i>	\$382.01	\$0.00	\$382.01	\$509.35	\$0.00	\$509.35
<i>Senior Rider</i>	\$381.50	\$0.00	\$381.50	\$508.66	\$0.00	\$508.66
Community Blue (PPO)						
Single	\$446.80	\$292.60	\$154.20	\$595.74	\$390.14	\$205.60
Two Person	\$982.96	\$658.33	\$324.63	\$1,310.62	\$877.78	\$432.84
Family	\$1,206.70	\$817.30	\$389.40	\$1,608.93	\$1,089.73	\$519.20
DMC Care (PPO)						
Single	\$344.33	\$265.30	\$79.03	\$459.10	\$353.72	\$105.38
Two Person	\$764.41	\$582.08	\$182.34	\$1,019.22	\$776.10	\$243.12
Family	\$933.15	\$698.81	\$234.34	\$1,244.19	\$931.74	\$312.45
<i>Sponsored Dependent</i>	\$430.41	\$0.00	\$430.41	\$573.88	\$0.00	\$573.88
<i>Senior Rider</i>	\$526.82	\$0.00	\$526.82	\$702.43	\$0.00	\$702.43
Health Alliance Plan (HMO)						
Single	\$275.74	\$217.91	\$57.83	\$367.65	\$290.55	\$77.10
Two Person	\$634.23	\$496.95	\$137.28	\$845.64	\$662.60	\$183.04
Family	\$648.01	\$503.33	\$144.67	\$864.01	\$671.11	\$192.90
<i>Sponsored Dependent</i>	\$334.30	\$0.00	\$334.30	\$445.73	\$0.00	\$445.73
<i>Senior Rider</i>	\$326.49	\$0.00	\$326.49	\$435.32	\$0.00	\$435.32
Total Health Care (HMO)						
Single	\$137.65	\$112.19	\$25.46	\$183.53	\$149.59	\$33.94
Two Person	\$286.80	\$233.55	\$53.25	\$382.40	\$311.40	\$71.00
Family	\$364.85	\$298.14	\$66.71	\$486.46	\$397.52	\$88.94
<i>Sponsored Dependent</i>	\$137.65	\$0.00	\$137.65	\$183.53	\$0.00	\$183.53
Delta Dental - Group 7544						
Single	\$16.31	\$16.31	\$0.00	\$21.74	\$21.74	\$0.00
Two Person	\$30.33	\$30.33	\$0.00	\$40.44	\$40.44	\$0.00
Family	\$54.57	\$54.57	\$0.00	\$72.75	\$72.75	\$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, 2015 through December 31, 2015

P&A Local 1979 and Operating Engineers Local 324

	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	\$956.85	\$956.85	\$19.14	\$975.99
Two Person	\$2,109.02	\$2,109.02	\$42.18	\$2,151.20
Family	\$2,583.50	\$2,583.50	\$51.67	\$2,635.17
Blue Care Network (HMO)				
Single	\$636.69	\$636.69	\$12.73	\$649.42
Two Person	\$1,464.40	\$1,464.40	\$29.29	\$1,493.69
Family	\$1,496.24	\$1,496.24	\$29.92	\$1,526.16
<i>Sponsored Dependent</i>	\$764.02			
<i>Senior Rider</i>	\$763.00			
Community Blue (PPO)				
Single	\$893.60	\$893.60	\$17.87	\$911.47
Two Person	\$1,965.93	\$1,965.93	\$39.32	\$2,005.24
Family	\$2,413.39	\$2,413.39	\$48.27	\$2,461.66
DMC Care (PPO)				
Single	\$688.66	\$688.66	\$13.77	\$702.43
Two Person	\$1,528.83	\$1,528.83	\$30.58	\$1,559.40
Family	\$1,866.29	\$1,866.29	\$37.33	\$1,903.62
<i>Sponsored Dependent</i>	\$860.82			
<i>Senior Rider</i>	\$1,053.64			
Health Alliance Plan (HMO)				
Single	\$551.48	\$551.48	\$11.03	\$562.51
Two Person	\$1,268.46	\$1,268.46	\$25.37	\$1,293.83
Family	\$1,296.01	\$1,296.01	\$25.92	\$1,321.93
<i>Sponsored Dependent</i>	\$668.59			
<i>Senior Rider</i>	\$652.98			
Total Health Care (HMO)				
Single	\$275.30	\$275.30	\$5.51	\$280.81
Two Person	\$573.60	\$573.60	\$11.47	\$585.07
Family	\$729.69	\$729.69	\$14.59	\$744.28
<i>Sponsored Dependent</i>	\$275.30			
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