



Medical Plan Biweekly Premium Rate Schedule - High Copay
January 1, 2016 through December 31, 2016

	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	\$463.93	\$222.68	\$241.25	\$618.57	\$296.90	\$321.67
Two Person	\$1,020.64	\$479.40	\$541.24	\$1,360.85	\$639.20	\$721.66
Family	\$1,252.60	\$530.44	\$722.15	\$1,670.14	\$707.27	\$962.87
Blue Care Network (HMO)						
Single	\$274.65	\$216.84	\$57.80	\$366.19	\$289.13	\$77.07
Two Person	\$631.69	\$494.51	\$137.18	\$842.25	\$659.35	\$182.90
Family	\$645.43	\$500.73	\$144.70	\$860.57	\$667.64	\$192.93
<i>Sponsored Dependent</i>	\$329.55	\$0.00	\$329.55	\$439.40	\$0.00	\$439.40
<i>Senior Rider</i>	\$310.65	\$0.00	\$310.65	\$414.20	\$0.00	\$414.20
Community Blue (PPO)						
Single	\$439.50	\$287.48	\$152.02	\$586.00	\$383.31	\$202.69
Two Person	\$966.90	\$647.08	\$319.81	\$1,289.20	\$862.78	\$426.42
Family	\$1,186.65	\$803.27	\$383.38	\$1,582.20	\$1,071.02	\$511.17
DMC Care (PPO)						
Single	\$302.37	\$235.93	\$66.44	\$403.16	\$314.57	\$88.59
Two Person	\$671.26	\$516.86	\$154.40	\$895.02	\$689.15	\$205.86
Family	\$819.42	\$619.21	\$200.22	\$1,092.56	\$825.61	\$266.96
<i>Sponsored Dependent</i>	\$377.96	\$0.00	\$377.96	\$503.95	\$0.00	\$503.95
<i>Senior Rider</i>	\$462.63	\$0.00	\$462.63	\$616.84	\$0.00	\$616.84
Health Alliance Plan (HMO)						
Single	\$264.89	\$210.49	\$54.39	\$353.18	\$280.66	\$72.52
Two Person	\$609.24	\$479.88	\$129.36	\$812.32	\$639.84	\$172.49
Family	\$622.49	\$485.90	\$136.59	\$829.98	\$647.86	\$182.12
<i>Sponsored Dependent</i>	\$331.11	\$0.00	\$331.11	\$441.47	\$0.00	\$441.47
<i>Senior Rider</i>	\$323.71	\$0.00	\$323.71	\$431.61	\$0.00	\$431.61
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	\$16.88	\$13.50	\$3.38	\$22.50	\$18.00	\$4.50
Two Person	\$31.39	\$25.11	\$6.28	\$41.85	\$33.48	\$8.37
Family	\$56.48	\$45.19	\$11.30	\$75.30	\$60.25	\$15.06
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, 2016 through December 31, 2016

	Unpaid Leave of Absence (Non - FMLA)	COBRA Coverage		
	Monthly Premium	Monthly Premium	Admin Fee	COBRA Cost
Blue Cross and Blue Shield				
Single	\$927.85	\$927.85	\$18.56	\$946.41
Two Person	\$2,041.28	\$2,041.28	\$40.83	\$2,082.11
Family	\$2,505.21	\$2,505.21	\$50.10	\$2,555.31
Blue Care Network (HMO)				
Single	\$549.29	\$549.29	\$10.99	\$560.28
Two Person	\$1,263.38	\$1,263.38	\$25.27	\$1,288.65
Family	\$1,290.85	\$1,290.85	\$25.82	\$1,316.67
<i>Sponsored Dependent</i>	\$659.09			
<i>Senior Rider</i>	\$621.30			
Community Blue (PPO)				
Single	\$879.00	\$879.00	\$17.58	\$896.58
Two Person	\$1,933.80	\$1,933.80	\$38.68	\$1,972.47
Family	\$2,373.30	\$2,373.30	\$47.47	\$2,420.76
DMC Care (PPO)				
Single	\$604.74	\$604.74	\$12.09	\$616.84
Two Person	\$1,342.52	\$1,342.52	\$26.85	\$1,369.37
Family	\$1,638.85	\$1,638.85	\$32.78	\$1,671.62
<i>Sponsored Dependent</i>	\$755.93			
<i>Senior Rider</i>	\$925.25			
Health Alliance Plan (HMO)				
Single	\$529.77	\$529.77	\$10.60	\$540.37
Two Person	\$1,218.48	\$1,218.48	\$24.37	\$1,242.85
Family	\$1,244.97	\$1,244.97	\$24.90	\$1,269.87
<i>Sponsored Dependent</i>	\$662.21			
<i>Senior Rider</i>	\$647.41			
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	\$33.75	\$33.75	\$0.68	\$34.43
Two Person	\$62.78	\$62.78	\$1.26	\$64.04
Family	\$112.95	\$112.95	\$2.26	\$115.21
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