



**Medical Plan Biweekly Premium Rate Schedule - High Copay**  
**January 1, 2017 through December 31, 2017**

**All Employee Groups**

	12-Month Employees			9-Month Employees		
	Total Biweekly Cost	University Biweekly Subsidy	Employee Biweekly Cost	Total Biweekly Cost	University Biweekly Subsidy	Employee Biweekly Cost
<b>Blue Cross and Blue Shield</b>						
Single	\$504.66	\$237.70	\$266.96	\$672.89	\$316.94	\$355.95
Two Person	\$1,110.26	\$512.73	\$597.53	\$1,480.35	\$683.64	\$796.71
Family	\$1,362.59	\$568.89	\$793.71	\$1,816.79	\$758.52	\$1,058.28
<b>Blue Care Network (HMO)</b>						
Single	\$290.15	\$227.16	\$62.99	\$386.87	\$302.88	\$83.99
Two Person	\$667.37	\$518.24	\$149.12	\$889.82	\$690.99	\$198.83
Family	\$681.88	\$524.97	\$156.91	\$909.17	\$699.96	\$209.21
<i>Sponsored Dependent</i>	\$348.21	\$0.00	\$348.21	\$464.28	\$0.00	\$464.28
<i>Senior Rider</i>	\$328.19	\$0.00	\$328.19	\$437.58	\$0.00	\$437.58
<b>Community Blue (PPO)</b>						
Single	\$478.09	\$314.50	\$163.59	\$637.45	\$419.33	\$218.12
Two Person	\$1,051.80	\$706.51	\$345.29	\$1,402.40	\$942.02	\$460.38
Family	\$1,290.85	\$876.21	\$414.64	\$1,721.13	\$1,168.28	\$552.85
<b>DMC Care (PPO)</b>						
Single	\$310.67	\$241.74	\$68.93	\$414.23	\$322.32	\$91.91
Two Person	\$689.69	\$529.77	\$159.92	\$919.59	\$706.36	\$213.23
Family	\$841.92	\$634.95	\$206.97	\$1,122.56	\$846.60	\$275.96
<i>Sponsored Dependent</i>	\$388.34	\$0.00	\$388.34	\$517.79	\$0.00	\$517.79
<i>Senior Rider</i>	\$475.33	\$0.00	\$475.33	\$633.77	\$0.00	\$633.77
<b>Health Alliance Plan (HMO)</b>						
Single	\$288.46	\$226.99	\$61.47	\$384.61	\$302.66	\$81.96
Two Person	\$663.47	\$517.83	\$145.63	\$884.62	\$690.44	\$194.18
Family	\$677.88	\$524.68	\$153.20	\$903.84	\$699.57	\$204.27
<i>Sponsored Dependent</i>	\$360.57	\$0.00	\$360.57	\$480.76	\$0.00	\$480.76
<i>Senior Rider</i>	\$352.51	\$0.00	\$352.51	\$470.02	\$0.00	\$470.02
<b>Total Health Care (HMO)</b>						
Single	\$146.93	\$118.58	\$28.35	\$195.90	\$158.10	\$37.80
Two Person	\$306.12	\$246.86	\$59.26	\$408.16	\$329.15	\$79.01
Family	\$389.43	\$315.08	\$74.35	\$519.23	\$420.11	\$99.13
<i>Sponsored Dependent</i>	\$146.93	\$0.00	\$146.93	\$195.90	\$0.00	\$195.90
<b>Delta Dental</b>						
Single	\$15.53	\$12.42	\$3.11	\$20.71	\$16.57	\$4.14
Two Person	\$30.85	\$24.68	\$6.17	\$41.13	\$32.91	\$8.23
Family	\$56.08	\$44.86	\$11.22	\$74.77	\$59.82	\$14.95
<b>EyeMed Vision - Basic with Medical</b>						
Single	\$2.32	\$1.16	\$1.16	\$3.09	\$1.54	\$1.54
Two Person	\$4.37	\$2.18	\$2.18	\$5.82	\$2.91	\$2.91
Family	\$6.41	\$3.21	\$3.21	\$8.55	\$4.27	\$4.27
<b>EyeMed Vision - Enhanced with Medical</b>						
Single	\$4.31	\$1.16	\$3.15	\$5.74	\$1.54	\$4.20
Two Person	\$8.12	\$2.18	\$5.94	\$10.83	\$2.91	\$7.92
Family	\$11.93	\$3.21	\$8.73	\$15.91	\$4.27	\$11.64

**Wayne State University Medical Plans**  
**Monthly Premium Rate Schedule - High Copay**

January 1, 2017 through December 31, 2017

<b>All Employee Groups</b>
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	Unpaid Leave of Absence (Non - FMLA)	COBRA Coverage		
	Monthly Premium	Monthly Premium	Admin Fee	COBRA Cost
<b>Blue Cross and Blue Shield</b>				
Single	\$1,009.32	\$1,009.32	\$20.19	\$1,029.51
Two Person	\$2,220.52	\$2,220.52	\$44.41	\$2,264.93
Family	\$2,725.18	\$2,725.18	\$54.50	\$2,779.68
<b>Blue Care Network (HMO)</b>				
Single	\$580.30	\$580.30	\$11.61	\$591.91
Two Person	\$1,334.74	\$1,334.74	\$26.69	\$1,361.43
Family	\$1,363.76	\$1,363.76	\$27.28	\$1,391.04
<i>Sponsored Dependent</i>	\$696.42			
<i>Senior Rider</i>	\$656.38			
<b>Community Blue (PPO)</b>				
Single	\$956.18	\$956.18	\$19.12	\$975.30
Two Person	\$2,103.60	\$2,103.60	\$42.07	\$2,145.67
Family	\$2,581.70	\$2,581.70	\$51.63	\$2,633.33
<b>DMC Care (PPO)</b>				
Single	\$621.34	\$621.34	\$12.43	\$633.77
Two Person	\$1,379.38	\$1,379.38	\$27.59	\$1,406.97
Family	\$1,683.84	\$1,683.84	\$33.68	\$1,717.52
<i>Sponsored Dependent</i>	\$776.68			
<i>Senior Rider</i>	\$950.66			
<b>Health Alliance Plan (HMO)</b>				
Single	\$576.92	\$576.92	\$11.54	\$588.46
Two Person	\$1,326.94	\$1,326.94	\$26.54	\$1,353.48
Family	\$1,355.76	\$1,355.76	\$27.12	\$1,382.88
<i>Sponsored Dependent</i>	\$721.14			
<i>Senior Rider</i>	\$705.02			
<b>Total Health Care (HMO)</b>				
Single	\$293.86	\$293.86	\$5.88	\$299.74
Two Person	\$612.24	\$612.24	\$12.24	\$624.48
Family	\$778.86	\$778.86	\$15.58	\$794.44
<i>Sponsored Dependent</i>	\$293.86			
<b>Delta Dental - Group 7544</b>				
Single	\$31.06	\$31.06	\$0.62	\$31.68
Two Person	\$61.70	\$61.70	\$1.23	\$62.93
Family	\$112.16	\$112.16	\$2.24	\$114.40
<b>EyeMed Vision - Basic with Medical</b>				
Single	\$4.64	\$4.64	\$0.09	\$4.73
Two Person	\$8.74	\$8.74	\$0.17	\$8.91
Family	\$12.82	\$12.82	\$0.26	\$13.08
<b>EyeMed Vision - Enhanced with Medical</b>				
Single	\$8.62	\$8.62	\$0.17	\$8.79
Two Person	\$16.24	\$16.24	\$0.32	\$16.56
Family	\$23.86	\$23.86	\$0.48	\$24.34

See website for voluntary vision rates