

Wayne State University

Medical/Dental/Vision Plans Biweekly Premium Rate Schedule - High Copay

January 1, 2017 through December 31, 2017

12-Month AFSCME Employees PA 54 Rates

	Total Biweekly Costs	University Biweekly Subsidy	Monthly Employer Subsidy	Employee Biweekly Cost
Blue Cross and Blue Shield				
Single	\$504.66	\$222.68		\$281.98
Two Person	\$1,110.26	\$479.40		\$630.86
Family	\$1,362.59	\$530.44		\$832.15
Blue Care Network (HMO)				
Single	\$290.15	\$216.84		\$73.31
Two Person	\$667.37	\$494.51		\$172.86
Family	\$681.88	\$500.73		\$181.15
<i>Sponsored Dependent</i>	\$348.21	\$0.00		\$348.21
<i>Senior Rider</i>	\$328.19	\$0.00		\$328.19
Community Blue (PPO)				
Single	\$478.09	\$287.47		\$190.62
Two Person	\$1,051.80	\$647.08		\$404.72
Family	\$1,290.85	\$803.27		\$487.58
DMC Care (PPO)				
Single	\$310.67	\$235.93		\$74.74
Two Person	\$689.69	\$516.86		\$172.83
Family	\$841.92	\$619.21		\$222.71
<i>Sponsored Dependent</i>	\$388.34	\$0.00		\$388.34
<i>Senior Rider</i>	\$475.33	\$0.00		\$475.33
Health Alliance Plan (HMO)				
Single	\$288.46	\$210.49		\$77.97
Two Person	\$663.47	\$479.88		\$183.59
Family	\$677.88	\$485.90		\$191.98
<i>Sponsored Dependent</i>	\$360.57	\$0.00		\$360.57
<i>Senior Rider</i>	\$352.51	\$0.00		\$352.51
Total Health Care (HMO)				
Single	\$146.93	\$104.90		\$42.03
Two Person	\$306.12	\$218.37		\$87.75
Family	\$389.43	\$278.83		\$110.60
<i>Sponsored Dependent</i>	\$146.93	\$0.00		\$146.93
Delta Dental				
Single	\$15.53	\$13.50		\$2.03
Two Person	\$30.85	\$25.11		\$5.74
Family	\$56.08	\$45.19		\$10.89
EyeMed Vision - Basic with Medical				
Single	\$2.32	\$1.06		\$1.26
Two Person	\$4.37	\$2.00		\$2.37
Family	\$6.41	\$2.93		\$3.48
EyeMed Vision - Enhanced with Medical				
Single	\$4.31	\$1.06		\$3.25
Two Person	\$8.12	\$2.00		\$6.12
Family	\$11.93	\$2.93		\$9.00