

# Wayne State University

## Medical/Dental/Vision Plans Biweekly Premium Rate Schedule

January 1, 2018 through December 31, 2018

	12-Month Employees			9-Month Employees		
	Total Biweekly Costs	University Biweekly Subsidy	Employee Biweekly Cost	Total Biweekly Costs	University Biweekly Subsidy	Employee Biweekly Cost
<b>Blue Cross and Blue Shield</b>						
Single	\$517.33	\$245.10	\$272.23	\$689.77	\$326.80	\$362.97
Two Person	\$1,138.12	\$529.35	\$608.77	\$1,517.49	\$705.80	\$811.70
Family	\$1,396.79	\$587.26	\$809.52	\$1,862.38	\$783.01	\$1,079.37
<b>Community Blue (PPO)</b>						
Single	\$490.13	\$322.92	\$167.20	\$653.50	\$430.56	\$222.94
Two Person	\$1,078.28	\$725.05	\$353.23	\$1,437.70	\$966.73	\$470.97
Family	\$1,323.34	\$898.95	\$424.39	\$1,764.45	\$1,198.60	\$565.85
<b>Health Alliance Plan (HMO)</b>						
Single	\$316.54	\$246.65	\$69.89	\$422.05	\$328.86	\$93.19
Two Person	\$728.04	\$563.04	\$165.01	\$970.72	\$750.71	\$220.01
Family	\$743.86	\$570.86	\$173.00	\$991.81	\$761.15	\$230.66
<i>Sponsored Dependent</i>	\$395.67	\$0.00	\$395.67	\$527.56	\$0.00	\$527.56
<i>Senior Rider</i>	\$398.94	\$0.00	\$398.94	\$531.91	\$0.00	\$531.91
<b>Blue Care Network (HMO)</b>						
Single	\$293.90	\$229.78	\$64.12	\$391.86	\$306.37	\$85.49
Two Person	\$675.96	\$524.26	\$151.70	\$901.28	\$699.01	\$202.27
Family	\$690.66	\$531.12	\$159.54	\$920.88	\$708.16	\$212.72
<i>Sponsored Dependent</i>	\$411.46	\$0.00	\$411.46	\$548.61	\$0.00	\$548.61
<b>Total Health Care (HMO)</b>						
Single	\$153.75	\$123.36	\$30.39	\$205.00	\$164.47	\$40.53
Two Person	\$320.35	\$256.82	\$63.53	\$427.13	\$342.43	\$84.70
Family	\$407.52	\$327.75	\$79.77	\$543.36	\$436.99	\$106.37
<i>Sponsored Dependent</i>	\$153.75	\$0.00	\$153.75	\$205.00	\$0.00	\$205.00
<b>Delta Dental</b>						
Single	\$15.00	\$12.00	\$3.00	\$19.99	\$15.99	\$4.00
Two Person	\$29.79	\$23.83	\$5.96	\$39.72	\$31.78	\$7.94
Family	\$54.15	\$43.32	\$10.83	\$72.20	\$57.76	\$14.44
<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	\$8.13	\$2.18	\$5.95	\$10.84	\$2.91	\$7.93
Family	\$11.93	\$3.21	\$8.73	\$15.91	\$4.27	\$11.63

# Wayne State University

## Medical/Dental/Vision Plans Monthly Premium Rate Schedule

January 1, 2018 through December 31, 2018

	Unpaid Leave of Absence (Non-FMLA)	COBRA Coverage		
	Monthly Premium	Monthly Premium	Administration Fee	Total COBRA Monthly Cost
<b>Blue Cross and Blue Shield</b>				
Single	\$1,034.66	\$1,034.66	\$20.69	\$1,055.35
Two Person	\$2,276.24	\$2,276.24	\$45.52	\$2,321.77
Family	\$2,793.57	\$2,793.57	\$55.87	\$2,849.44
<b>Community Blue (PPO)</b>				
Single	\$980.25	\$980.25	\$19.61	\$999.86
Two Person	\$2,156.55	\$2,156.55	\$43.13	\$2,199.68
Family	\$2,646.68	\$2,646.68	\$52.93	\$2,699.61
<b>Health Alliance Plan (HMO)</b>				
Single	\$633.07	\$633.07	\$12.66	\$645.73
Two Person	\$1,456.08	\$1,456.08	\$29.12	\$1,485.20
Family	\$1,487.72	\$1,487.72	\$29.75	\$1,517.47
<i>Sponsored Dependent</i>	\$791.34	\$791.34	\$15.83	\$807.17
<i>Senior Rider</i>	\$797.87	\$797.87	\$15.96	\$813.83
<b>Blue Care Network (HMO)</b>				
Single	\$587.79	\$587.79	\$11.76	\$599.55
Two Person	\$1,351.92	\$1,351.92	\$27.04	\$1,378.96
Family	\$1,381.32	\$1,381.32	\$27.63	\$1,408.95
<i>Sponsored Dependent</i>	\$822.91	\$822.91	\$16.46	\$839.37
<b>Total Health Care (HMO)</b>				
Single	\$307.50	\$307.50	\$6.15	\$313.65
Two Person	\$640.69	\$640.69	\$12.81	\$653.50
Family	\$815.04	\$815.04	\$16.30	\$831.34
<i>Sponsored Dependent</i>	\$307.50	\$307.50	\$6.15	\$313.65
<b>Delta Dental</b>				
Single	\$29.99	\$29.99	\$0.60	\$30.59
Two Person	\$59.58	\$59.58	\$1.19	\$60.77
Family	\$108.30	\$108.30	\$2.17	\$110.47
<b>EyeMed Vision - Basic with Medical</b>				
Single	\$4.63	\$4.63	\$0.09	\$4.72
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	\$16.26	\$16.26	\$0.33	\$16.59
Family	\$23.86	\$23.86	\$0.48	\$24.34