

Wayne State University

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

January 1, 2019 through December 31, 2019

	12-Month Employees			9-Month Employees		
	Total Biweekly Costs	University Biweekly Subsidy	Employee Biweekly Cost	Total Biweekly Costs	University Biweekly Subsidy	Employee Biweekly Cost
Blue Cross and Blue Shield						
Single	\$546.75	\$260.10	\$286.65	\$729.00	\$346.81	\$382.20
Two Person	\$1,202.85	\$562.78	\$640.07	\$1,603.80	\$750.38	\$853.42
Family	\$1,476.23	\$625.04	\$851.18	\$1,968.30	\$833.39	\$1,134.91
Community Blue (PPO)						
Single	\$518.00	\$342.43	\$175.57	\$690.67	\$456.58	\$234.09
Two Person	\$1,139.60	\$767.97	\$371.63	\$1,519.47	\$1,023.97	\$495.50
Family	\$1,398.60	\$951.63	\$446.97	\$1,864.81	\$1,268.85	\$595.96
Health Alliance Plan (HMO)						
Single	\$332.77	\$258.01	\$74.76	\$443.69	\$344.01	\$99.68
Two Person	\$765.39	\$589.18	\$176.21	\$1,020.51	\$785.57	\$234.94
Family	\$782.02	\$597.57	\$184.45	\$1,042.69	\$796.76	\$245.93
Blue Care Network (HMO)						
Single	\$320.02	\$248.06	\$71.95	\$426.69	\$330.75	\$95.93
Two Person	\$736.03	\$566.31	\$169.72	\$981.37	\$755.08	\$226.29
Family	\$752.03	\$574.08	\$177.95	\$1,002.71	\$765.44	\$237.27
<i>Sponsored Dependent</i>	\$448.02	\$0.00	\$448.02	\$597.36	\$0.00	\$597.36
Total Health Care (HMO)						
Single	\$169.26	\$134.21	\$35.05	\$225.67	\$178.94	\$46.73
Two Person	\$352.65	\$279.43	\$73.22	\$470.20	\$372.58	\$97.62
Family	\$448.62	\$356.52	\$92.11	\$598.16	\$475.35	\$122.81
<i>Sponsored Dependent</i>	\$169.26	\$0.00	\$169.26	\$225.67	\$0.00	\$225.67
Delta Dental						
Single	\$15.73	\$12.58	\$3.15	\$20.97	\$16.77	\$4.19
Two Person	\$31.24	\$24.99	\$6.25	\$41.65	\$33.32	\$8.33
Family	\$56.78	\$45.42	\$11.36	\$75.71	\$60.57	\$15.14
EyeMed Vision - Basic with Medical						
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
EyeMed Vision - Enhanced with Medical						
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

2019 Plan Year * some rounding differences reflected

Wayne State University

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January 1, 2019 through December 31, 2019

	Unpaid Leave of Absence (Non-FMLA)	COBRA Coverage		
	Monthly Premium	Monthly Premium	Administration Fee	Total COBRA Monthly Cost
Blue Cross and Blue Shield				
Single	\$1,093.50	\$1,093.50	\$21.87	\$1,115.37
Two Person	\$2,405.70	\$2,405.70	\$48.11	\$2,453.82
Family	\$2,952.45	\$2,952.45	\$59.05	\$3,011.50
Community Blue (PPO)				
Single	\$1,036.00	\$1,036.00	\$20.72	\$1,056.72
Two Person	\$2,279.21	\$2,279.21	\$45.58	\$2,324.79
Family	\$2,797.21	\$2,797.21	\$55.94	\$2,853.15
Health Alliance Plan (HMO)				
Single	\$665.54	\$665.54	\$13.31	\$678.85
Two Person	\$1,530.77	\$1,530.77	\$30.62	\$1,561.39
Family	\$1,564.04	\$1,564.04	\$31.28	\$1,595.32
Blue Care Network (HMO)				
Single	\$640.03	\$640.03	\$12.80	\$652.83
Two Person	\$1,472.06	\$1,472.06	\$29.44	\$1,501.50
Family	\$1,504.06	\$1,504.06	\$30.08	\$1,534.14
Total Health Care (HMO)				
Single	\$338.51	\$338.51	\$6.77	\$345.28
Two Person	\$705.30	\$705.30	\$14.11	\$719.41
Family	\$897.24	\$897.24	\$17.94	\$915.18
Delta Dental				
Single	\$31.45	\$31.45	\$0.63	\$32.08
Two Person	\$62.47	\$62.47	\$1.25	\$63.72
Family	\$113.56	\$113.56	\$2.27	\$115.83
EyeMed Vision - Basic with Medical				
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
EyeMed Vision - Enhanced with Medical				
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

2019 Plan Year * some rounding differences reflected