

# Wayne State University

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

January 1, 2020 through December 31, 2020

	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	\$591.53	\$264.71	\$326.82	\$788.71	\$352.95	\$435.76
Two Person	\$1,301.38	\$572.31	\$729.07	\$1,735.17	\$763.08	\$972.09
Family	\$1,597.14	\$650.18	\$946.96	\$2,129.53	\$866.91	\$1,262.62
<b>Community Blue (PPO)</b>						
Single	\$560.43	\$372.13	\$188.30	\$747.24	\$496.18	\$251.07
Two Person	\$1,232.95	\$833.31	\$399.63	\$1,643.93	\$1,111.09	\$532.84
Family	\$1,513.16	\$1,031.83	\$481.34	\$2,017.55	\$1,375.77	\$641.78
<b>Health Alliance Plan (HMO)</b>						
Single	\$340.92	\$263.72	\$77.21	\$454.56	\$351.62	\$102.94
Two Person	\$790.24	\$606.57	\$183.67	\$1,053.65	\$808.76	\$244.89
Family	\$807.41	\$615.34	\$192.07	\$1,076.55	\$820.46	\$256.09
<b>Blue Care Network (HMO)</b>						
Single	\$316.29	\$245.46	\$70.83	\$421.72	\$327.28	\$94.44
Two Person	\$727.47	\$560.32	\$167.15	\$969.96	\$747.09	\$222.87
Family	\$743.29	\$567.96	\$175.33	\$991.05	\$757.28	\$233.77
<i>Sponsored Dependent</i>	\$442.81	\$0.00	\$442.81	\$590.41	\$0.00	\$590.41
<b>Total Health Care (HMO)</b>						
Single	\$148.73	\$119.84	\$28.89	\$198.31	\$159.79	\$38.52
Two Person	\$297.46	\$240.80	\$56.66	\$396.61	\$321.06	\$75.54
Family	\$461.06	\$365.22	\$95.84	\$614.75	\$486.96	\$127.78
<i>Sponsored Dependent</i>	\$148.73	\$0.00	\$148.73	\$198.31	\$0.00	\$198.31
<b>Delta Dental</b>						
Single	\$15.98	\$12.78	\$3.20	\$21.31	\$17.05	\$4.26
Two Person	\$31.76	\$25.40	\$6.35	\$42.34	\$33.87	\$8.47
Family	\$57.71	\$46.17	\$11.54	\$76.95	\$61.56	\$15.39
<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 - High Copay

January 1, 2020 through December 31, 2020

	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	\$1,183.07	\$1,183.07	\$23.66	\$1,206.73
Two Person	\$2,602.75	\$2,602.75	\$52.06	\$2,654.81
Family	\$3,194.29	\$3,194.29	\$63.89	\$3,258.17
<b>Community Blue (PPO)</b>				
Single	\$1,120.86	\$1,120.86	\$22.42	\$1,143.28
Two Person	\$2,465.90	\$2,465.90	\$49.32	\$2,515.21
Family	\$3,026.33	\$3,026.33	\$60.53	\$3,086.85
<b>Health Alliance Plan (HMO)</b>				
Single	\$681.84	\$681.84	\$13.64	\$695.48
Two Person	\$1,580.47	\$1,580.47	\$31.61	\$1,612.08
Family	\$1,614.82	\$1,614.82	\$32.30	\$1,647.12
<b>Blue Care Network (HMO)</b>				
Single	\$632.58	\$632.58	\$12.65	\$645.23
Two Person	\$1,454.94	\$1,454.94	\$29.10	\$1,484.04
Family	\$1,486.57	\$1,486.57	\$29.73	\$1,516.30
<b>Total Health Care (HMO)</b>				
Single	\$297.46	\$297.46	\$5.95	\$303.41
Two Person	\$594.91	\$594.91	\$11.90	\$606.81
Family	\$922.12	\$922.12	\$18.44	\$940.56
<b>Delta Dental</b>				
Single	\$31.96	\$31.96	\$0.64	\$32.60
Two Person	\$63.51	\$63.51	\$1.27	\$64.78
Family	\$115.42	\$115.42	\$2.31	\$117.73
<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