



Medical/Dental/Vision Plans Biweekly Premium Rate Schedule

January 1, 2021 through December 31, 2021

	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	\$630.44	\$273.06	\$357.38	\$840.58	\$364.08	\$476.50
Two Person	\$1,386.96	\$590.90	\$796.06	\$1,849.28	\$787.86	\$1,061.41
Family	\$1,702.18	\$672.04	\$1,030.14	\$2,269.57	\$896.05	\$1,373.52
Community Blue (PPO)						
Single	\$597.29	\$397.93	\$199.36	\$796.38	\$530.57	\$265.81
Two Person	\$1,314.03	\$890.07	\$423.96	\$1,752.04	\$1,186.76	\$565.28
Family	\$1,612.67	\$1,101.48	\$511.19	\$2,150.23	\$1,468.64	\$681.59
Health Alliance Plan (HMO)						
Single	\$352.35	\$271.72	\$80.63	\$469.80	\$362.29	\$107.51
Two Person	\$816.74	\$625.12	\$191.62	\$1,088.99	\$833.50	\$255.49
Family	\$834.49	\$634.30	\$200.19	\$1,112.65	\$845.73	\$266.92
Blue Care Network (HMO)						
Single	\$315.97	\$245.23	\$70.74	\$421.29	\$326.97	\$94.32
Two Person	\$726.72	\$559.80	\$166.93	\$968.96	\$746.39	\$222.57
Family	\$742.52	\$567.42	\$175.09	\$990.02	\$756.56	\$233.46
<i>Sponsored Dependent</i>	\$462.44	\$0.00	\$462.44	\$616.59	\$0.00	\$616.59
Total Health Care (HMO)						
Single	\$148.44	\$119.63	\$28.80	\$197.91	\$159.51	\$38.40
Two Person	\$296.87	\$240.39	\$56.48	\$395.83	\$320.52	\$75.31
Family	\$460.15	\$364.58	\$95.56	\$613.53	\$486.11	\$127.41
<i>Sponsored Dependent</i>	\$148.44	\$0.00	\$148.44	\$197.91	\$0.00	\$197.91
Delta Dental						
Single	\$15.52	\$12.42	\$3.10	\$20.69	\$16.55	\$4.14
Two Person	\$31.04	\$24.83	\$6.21	\$41.39	\$33.11	\$8.28
Family	\$56.65	\$45.32	\$11.33	\$75.53	\$60.42	\$15.11
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



WAYNE STATE UNIVERSITY

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Delta Dental (Voluntary/Enrolled in Cash in Lieu of Medical)						
Single	\$15.52	\$0.00	\$15.52	\$20.69	\$0.00	\$20.69
Two Person	\$31.04	\$0.00	\$31.04	\$41.39	\$0.00	\$41.39
Family	\$56.65	\$0.00	\$56.65	\$75.53	\$0.00	\$75.53
EyeMed Vision - Basic (Voluntary/Enrolled in Cash in Lieu of Medical)						
Single	\$4.23	\$0.00	\$4.23	\$5.64	\$0.00	\$5.64
Two Person	\$8.01	\$0.00	\$8.01	\$10.68	\$0.00	\$10.68
Family	\$11.79	\$0.00	\$11.79	\$15.72	\$0.00	\$15.72
EyeMed Vision - Enhanced (Voluntary/Enrolled in Cash in Lieu of Medical)						
Single	\$7.46	\$0.00	\$7.46	\$9.95	\$0.00	\$9.95
Two Person	\$14.12	\$0.00	\$14.12	\$18.82	\$0.00	\$18.82
Family	\$20.78	\$0.00	\$20.78	\$27.70	\$0.00	\$27.70