



WAYNE STATE UNIVERSITY

Medical/Dental/Vision Plans Monthly Premium Rate Schedule January 1, 2021 through December 31, 2021

	Unpaid Leave of Absence (Non-FMLA)	COBRA Coverage		
	Monthly Premium	Monthly Premium	Administration Fee	Total COBRA Monthly Cost
Blue Cross and Blue Shield				
Single	\$1,260.87	\$1,260.87	\$25.22	\$1,286.09
Two Person	\$2,773.92	\$2,773.92	\$55.48	\$2,829.39
Family	\$3,404.35	\$3,404.35	\$68.09	\$3,472.44
Community Blue (PPO)				
Single	\$1,194.57	\$1,194.57	\$23.89	\$1,218.46
Two Person	\$2,628.06	\$2,628.06	\$52.56	\$2,680.62
Family	\$3,225.34	\$3,225.34	\$64.51	\$3,289.85
Health Alliance Plan (HMO)				
Single	\$704.70	\$704.70	\$14.09	\$718.79
Two Person	\$1,633.48	\$1,633.48	\$32.67	\$1,666.15
Family	\$1,668.98	\$1,668.98	\$33.38	\$1,702.36
Blue Care Network (HMO)				
Single	\$631.93	\$631.93	\$12.64	\$644.57
Two Person	\$1,453.44	\$1,453.44	\$29.07	\$1,482.51
Family	\$1,485.03	\$1,485.03	\$29.70	\$1,514.73
Total Health Care (HMO)				
Single	\$296.87	\$296.87	\$5.94	\$302.81
Two Person	\$593.74	\$593.74	\$11.87	\$605.61
Family	\$920.29	\$920.29	\$18.41	\$938.70
Delta Dental				
Single	\$31.04	\$31.04	\$0.62	\$31.66
Two Person	\$62.08	\$62.08	\$1.24	\$63.32
Family	\$113.30	\$113.30	\$2.27	\$115.56
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



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Delta Dental (Voluntary)				
Single	\$15.52	\$20.69	\$0.41	\$20.69
Two Person	\$31.04	\$41.39	\$0.83	\$41.39
Family	\$56.65	\$75.53	\$1.51	\$75.53
EyeMed Vision - Basic (Voluntary)				
Single	\$4.23	\$5.64	\$0.11	\$5.64
Two Person	\$8.01	\$10.68	\$0.21	\$10.68
Family	\$11.79	\$15.72	\$0.31	\$15.72
EyeMed Vision - Enhanced (Voluntary)				
Single	\$7.46	\$9.95	\$0.20	\$9.95
Two Person	\$14.12	\$18.82	\$0.38	\$18.82
Family	\$20.78	\$27.70	\$0.55	\$27.70