



# WAYNE STATE UNIVERSITY

## Monthly Premium Rate Schedule - **Plan 1**

January 1, 2022 through December 31, 2022

	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	\$1,423.02	\$1,423.02	\$28.46	\$1,451.48
Two Person	\$3,130.65	\$3,130.65	\$62.61	\$3,193.26
Family	\$3,842.16	\$3,842.16	\$76.84	\$3,919.00
<b>Community Blue (PPO)</b>				
Single	\$1,348.20	\$1,348.20	\$26.96	\$1,375.16
Two Person	\$2,966.03	\$2,966.03	\$59.32	\$3,025.35
Family	\$3,640.13	\$3,640.13	\$72.80	\$3,712.93
<b>Health Alliance Plan (HMO)</b>				
Single	\$750.77	\$750.77	\$15.02	\$765.79
Two Person	\$1,740.28	\$1,740.28	\$34.81	\$1,775.09
Family	\$1,778.04	\$1,778.04	\$35.56	\$1,813.60
<b>Blue Care Network (HMO) *</b>				
Single	\$711.22	\$711.22	\$14.22	\$725.44
Two Person	\$1,635.80	\$1,635.80	\$32.72	\$1,668.52
Family	\$1,671.37	\$1,671.37	\$33.43	\$1,704.80
<b>Priority Health Care (HMO)</b>				
Single	\$348.81	\$348.81	\$6.98	\$355.79
Two Person	\$697.62	\$697.62	\$13.95	\$711.57
Family	\$1,081.31	\$1,081.31	\$21.63	\$1,102.94
<b>Delta Dental</b>				
Single	\$30.51	\$30.51	\$0.61	\$31.12
Two Person	\$61.02	\$61.02	\$1.22	\$62.25
Family	\$111.37	\$111.37	\$2.23	\$113.60
<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



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	Monthly Premium	Monthly Premium	Administration Fee	Total COBRA Monthly Cost
<b>Delta Dental (Voluntary)</b>				
Single	\$30.51	\$30.51	\$0.61	\$31.12
Two Person	\$61.02	\$61.02	\$1.22	\$62.25
Family	\$111.37	\$111.37	\$2.23	\$113.60
<b>EyeMed Vision - Basic (Voluntary)</b>				
Single	\$8.46	\$8.46	\$0.17	\$8.63
Two Person	\$16.02	\$16.02	\$0.32	\$16.34
Family	\$23.58	\$23.58	\$0.47	\$24.05
<b>EyeMed Vision - Enhanced (Voluntary)</b>				
Single	\$14.92	\$14.92	\$0.30	\$15.22
Two Person	\$28.24	\$28.24	\$0.56	\$28.80
Family	\$41.56	\$41.56	\$0.83	\$42.39
<b>*Blue Care Network (HMO)</b>				
<i>COBRA rates for any member currently enrolled in Medicare</i>				
Single with Medicare A&B	\$810.69	\$810.69	\$16.21	\$826.90
2 Person 1 with 1 without Medicare A&B	\$1,520.91	\$1,520.91	\$30.42	\$1,551.33
2 Person both with Medicare A&B	\$1,621.38	\$1,621.38	\$32.43	\$1,653.81
Family (1 with 2 without Medicare A&B)	\$2,444.19	\$2,444.19	\$48.88	\$2,493.07