



# WAYNE STATE UNIVERSITY

## Monthly Premium Rate Schedule - Plan 2

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	\$1,383.72	\$1,383.72	\$27.67	\$1,411.39
Two Person	\$3,044.18	\$3,044.18	\$60.88	\$3,105.06
Family	\$3,736.04	\$3,736.04	\$74.72	\$3,810.76
<b>Community Blue (PPO)</b>				
Single	\$1,290.74	\$1,290.74	\$25.81	\$1,316.55
Two Person	\$2,839.62	\$2,839.62	\$56.79	\$2,896.41
Family	\$3,484.99	\$3,484.99	\$69.70	\$3,554.69
<b>Health Alliance Plan (HMO)</b>				
Single	\$727.37	\$727.37	\$14.55	\$741.92
Two Person	\$1,686.05	\$1,686.05	\$33.72	\$1,719.77
Family	\$1,722.64	\$1,722.64	\$34.45	\$1,757.09
<b>Blue Care Network (HMO) *</b>				
Single	\$675.25	\$675.25	\$13.51	\$688.76
Two Person	\$1,553.08	\$1,553.08	\$31.06	\$1,584.14
Family	\$1,586.84	\$1,586.84	\$31.74	\$1,618.58
<b>Priority Health Care (HMO)</b>				
Single	\$325.03	\$325.03	\$6.50	\$331.53
Two Person	\$650.06	\$650.06	\$13.00	\$663.06
Family	\$1,007.59	\$1,007.59	\$20.15	\$1,027.74
<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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	Unpaid Leave of Absence (Non-FMLA)	COBRA Coverage		
	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