



WAYNE STATE UNIVERSITY

Medical/Dental/Vision Plans Monthly Premium Rate Schedule - **COBRA Plan 2**

January 1, 2023 through December 31, 2023

	Unpaid Leave of Absence (Non-FMLA)	COBRA Coverage		
	Monthly Premium	Monthly Premium	Administration Fee	Total COBRA Monthly Cost
Blue Cross and Blue Shield Trad Plan				
Single	\$1,437.18	\$1,437.18	\$28.74	\$1,465.92
Two Person	\$3,161.79	\$3,161.79	\$63.24	\$3,225.03
Family	\$3,880.38	\$3,880.38	\$77.61	\$3,957.99
Community Blue (PPO)				
Single	\$1,340.65	\$1,340.65	\$26.81	\$1,367.47
Two Person	\$2,949.44	\$2,949.44	\$58.99	\$3,008.42
Family	\$3,619.76	\$3,619.76	\$72.40	\$3,692.16
Health Alliance Plan (HMO)				
Single	\$760.19	\$760.19	\$15.20	\$775.39
Two Person	\$1,763.64	\$1,763.64	\$35.27	\$1,798.91
Family	\$1,839.66	\$1,839.66	\$36.79	\$1,876.45
Blue Care Network (HMO)*				
Single	\$708.75	\$708.75	\$14.18	\$722.93
Two Person	\$1,630.12	\$1,630.12	\$32.60	\$1,662.72
Family	\$1,700.99	\$1,700.99	\$34.02	\$1,735.01
Priority Health Care (HMO)				
Single	\$348.83	\$348.83	\$6.98	\$355.81
Two Person	\$697.66	\$697.66	\$13.95	\$711.61
Family	\$1,081.37	\$1,081.37	\$21.63	\$1,103.00
Delta Dental*				
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
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

*Enrolled in medical or waived both medical and Cash-in-Lieu of Medical



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	Monthly Premium	Monthly Premium	Administration Fee	Total COBRA Monthly Cost
Delta Dental - Voluntary (Enrolled in Cash-in-Lieu of Medical)				
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
EyeMed Vision - Basic - Voluntary (Enrolled in Cash-in-Lieu of Medical)				
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
EyeMed Vision - Enhanced - Voluntary (Enrolled in Cash-in-Lieu of Medical)				
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
*Blue Care Network (HMO)				
<i>COBRA rates for any member currently enrolled in Medicare</i>				
Single with Medicare A&B	\$844.61	\$844.61	\$16.89	\$861.50
2 Person 1 with 1 without Medicare A&B	\$1,590.65	\$1,590.65	\$31.81	\$1,622.46
2 Person both with Medicare A&B	\$1,689.22	\$1,689.22	\$33.78	\$1,723.00
Family (1 with 2 without Medicare A&B)	\$2,560.50	\$2,560.50	\$51.21	\$2,611.71