



# WAYNE STATE UNIVERSITY

## Part-Time Faculty (UPTF)

### Dental & Vision Plans Premium Rate Schedule

September 1, 2024 through August 31, 2025

	Active PTF Employees	COBRA Coverage		
	Bi-Weekly Premium	Monthly Premium	Administration Fee	Total COBRA Monthly Cost
<b>Delta Dental</b>				
Single	\$29.62	\$34.56	\$0.69	\$35.25
Two Person	\$56.70	\$66.15	\$1.32	\$67.47
Family	\$99.58	\$116.18	\$2.32	\$118.50
<b>EyeMed Vision - Basic</b>				
Single	\$7.25	\$8.46	\$0.17	\$8.63
Two Person	\$13.73	\$16.02	\$0.32	\$16.34
Family	\$20.21	\$23.58	\$0.47	\$24.05
<b>EyeMed Vision - Enhanced</b>				
Single	\$12.79	\$14.92	\$0.30	\$15.22
Two Person	\$24.21	\$28.24	\$0.56	\$28.80
Family	\$35.62	\$41.56	\$0.83	\$42.39