WAYNE STATE UNIVERSITY

Medical/Dental/Vision Plans Premium Rate Schedule - Plan 2

January 1, 2024 through December 31, 2024

AAUP, GEOC & Non-Represented Employees and Stipend Recipients

	12-Month Employees			9-Month Employees		
	Total Bi-weekly Costs	University Bi-weekly Subsidy	Employee Bi-weekly (per pay) Cost	Total Bi-weekly Costs	University Bi-weekly Subsidy	Employee Bi-weekly (per pay) Cost
Blue Cross and Blue Shield Trad Plan						
Single	$668.75	$303.71	**$365.04**	$891.67	$404.95	**$486.72**
Two Person	$1,471.25	$660.39	**$810.86**	$1,961.67	$880.52	**$1,081.15**
Family	$1,805.63	$764.26	**$1,041.37**	$2,407.51	$1,019.01	**$1,388.49**
BCBSM PPO (formerly Community Blue)						
Single	$623.84	$416.52	**$207.32**	$831.78	$555.35	**$276.43**
Two Person	$1,372.44	$930.96	**$441.48**	$1,829.92	$1,241.28	**$588.64**
Family	$1,684.36	$1,151.66	**$532.70**	$2,245.81	$1,535.55	**$710.26**
Health Alliance Plan (HMO)						
Single	$402.37	$306.73	**$95.64**	$536.49	$408.97	**$127.52**
Two Person	$933.49	$706.85	**$226.64**	$1,244.65	$942.46	**$302.18**
Family	$991.83	$744.44	**$247.39**	$1,322.44	$992.58	**$329.86**
Blue Care Network (HMO)						
Single	$373.57	$285.55	**$88.02**	$498.09	$380.73	**$117.36**
Two Person	$866.68	$657.76	**$208.91**	$1,155.57	$877.02	**$278.55**
Family	$913.37	$687.02	**$226.35**	$1,217.83	$916.02	**$301.80**
Sponsored Dependent	$523.00	$0.00	**$523.00**	$697.33	$0.00	**$697.33**
Priority Health Care (HMO)						
Single	$189.44	$148.34	**$41.10**	$252.58	$197.78	**$54.80**
Two Person	$378.87	$297.79	**$81.08**	$505.16	$397.05	**$108.11**
Family	$587.25	$453.56	**$133.69**	$782.99	$604.74	**$178.25**
Sponsored Dependent	$227.32	$0.00	**$227.32**	$303.10	$0.00	**$303.10**
Delta Dental - Basic with Medical*						
Single	$16.02	$12.01	**$4.00**	$21.36	$16.02	**$5.34**
Two Person	$32.04	$24.03	**$8.01**	$42.72	$32.04	**$10.68**
Family	$58.47	$43.85	**$14.62**	$77.96	$58.47	**$19.49**
Delta Dental - Enhanced with Medical*						
Single	$18.01	$12.01	**$6.00**	$24.02	$16.02	**$8.00**
Two Person	$36.02	$24.03	**$12.00**	$48.03	$32.04	**$15.99**
Family	$65.74	$43.85	**$21.89**	$87.66	$58.47	**$29.19**
EyeMed Vision - Basic with Medical*						
Single	$2.32	$1.16	**$1.16**	$3.09	$1.54	**$1.54**
Two Person	$4.37	$2.19	**$2.19**	$5.83	$2.91	**$2.91**
Family	$6.41	$3.21	**$3.21**	$8.55	$4.27	**$4.27**
EyeMed Vision - Enhanced with Medical*						
Single	$4.31	$1.16	**$3.15**	$5.74	$1.54	**$4.20**
Two Person	$8.13	$2.19	**$5.95**	$10.84	$2.91	**$7.93**
Family	$11.93	$3.21	**$8.73**	$15.91	$4.27	**$11.63**

*University subsidy provided if enrolled in medical or waived both medical and cash in lieu of medical.
Stipend recipients are not eligible for cash in lieu of medical.

11/20/2023

Medical/Dental/Vision Plans Premium Rate Schedule - Plan 2

January 1, 2024 through December 31, 2024

AAUP, GEOC & Non-Represented Employees

	12-Month Employees			9-Month Employees		
	Total Bi-weekly Costs	University Bi-weekly Subsidy	Employee Bi-weekly (per pay) Cost	Total Bi-weekly Costs	University Bi-weekly Subsidy	Employee Bi-weekly (per pay) Cost
Voluntary Plans						
Delta Dental - Basic - Voluntary (Enrolled in Cash-in-Lieu of Medical)						
Single	$16.02	$0.00	**$16.02**	$21.36	$0.00	**$21.36**
Two Person	$32.04	$0.00	**$32.04**	$42.72	$0.00	**$42.72**
Family	$58.47	$0.00	**$58.47**	$77.96	$0.00	**$77.96**
Delta Dental - Enhanced - Voluntary (Enrolled in Cash-in-Lieu of Medical)						
Single	$18.01	$0.00	**$18.01**	$24.02	$0.00	**$24.02**
Two Person	$36.02	$0.00	**$36.02**	$48.03	$0.00	**$48.03**
Family	$65.74	$0.00	**$65.74**	$87.66	$0.00	**$87.66**
EyeMed Vision - Basic - Voluntary (Enrolled in Cash-in-Lieu of Medical)						
Single	$4.23	$0.00	**$4.23**	$5.64	$0.00	**$5.64**
Two Person	$8.01	$0.00	**$8.01**	$10.68	$0.00	**$10.68**
Family	$11.79	$0.00	**$11.79**	$15.72	$0.00	**$15.72**
EyeMed Vision - Enhanced - Voluntary (Enrolled in Cash in Lieu of Medical)						
Single	$7.46	$0.00	**$7.46**	$9.95	$0.00	**$9.95**
Two Person	$14.12	$0.00	**$14.12**	$18.83	$0.00	**$18.83**
Family	$20.78	$0.00	**$20.78**	$27.71	$0.00	**$27.71**

*University subsidy provided if enrolled in medical or waived both medical and cash in lieu of medical.
Stipend recipients are not eligible for cash in lieu of medical.

11/20/2023