



WAYNE STATE UNIVERSITY

Medical/Dental/Vision Plans Monthly Premium Rate Schedule - **COBRA Plan 2** January 1, 2024 through December 31, 2024

	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	\$1,337.50	\$1,337.50	\$26.75	\$1,364.25
Two Person	\$2,942.51	\$2,942.51	\$58.85	\$3,001.36
Family	\$3,611.26	\$3,611.26	\$72.23	\$3,683.49
BCBSM PPO (formerly Community Blue)				
Single	\$1,247.67	\$1,247.67	\$24.95	\$1,272.63
Two Person	\$2,744.88	\$2,744.88	\$54.90	\$2,799.78
Family	\$3,368.71	\$3,368.71	\$67.37	\$3,436.09
Health Alliance Plan (HMO)				
Single	\$804.73	\$804.73	\$16.09	\$820.82
Two Person	\$1,866.97	\$1,866.97	\$37.34	\$1,904.31
Family	\$1,983.66	\$1,983.66	\$39.67	\$2,023.33
Blue Care Network (HMO)*				
Single	\$747.14	\$747.14	\$14.94	\$762.08
Two Person	\$1,733.35	\$1,733.35	\$34.67	\$1,768.02
Family	\$1,826.74	\$1,826.74	\$36.53	\$1,863.27
Priority Health Care (HMO)				
Single	\$378.87	\$378.87	\$7.58	\$386.45
Two Person	\$757.74	\$757.74	\$15.15	\$772.89
Family	\$1,174.49	\$1,174.49	\$23.49	\$1,197.98
Delta Dental - Basic with Medical				
Single	\$32.04	\$32.04	\$0.64	\$32.68
Two Person	\$64.08	\$64.08	\$1.28	\$65.36
Family	\$116.94	\$116.94	\$2.34	\$119.28
Delta Dental - Enhanced with Medical				
Single	\$36.02	\$36.02	\$0.72	\$36.74
Two Person	\$72.05	\$72.05	\$1.44	\$73.49
Family	\$131.49	\$131.49	\$2.63	\$134.12
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

*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
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
Delta Dental - Basic (Voluntary/Enrolled in Cash in Lieu of Medical)				
Single	\$32.04	\$32.04	\$0.64	\$32.68
Two Person	\$64.08	\$64.08	\$1.28	\$65.36
Family	\$116.94	\$116.94	\$2.34	\$119.28
Delta Dental - Enhanced (Voluntary/Enrolled in Cash in Lieu of Medical)				
Single	\$36.02	\$36.02	\$0.72	\$36.74
Two Person	\$72.05	\$72.05	\$1.44	\$73.49
Family	\$131.49	\$131.49	\$2.63	\$134.12
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	\$1,009.34	\$1,009.34	\$20.19	\$1,029.53
2 Person 1 with 1 without Medicare A&B	\$1,838.26	\$1,838.26	\$36.77	\$1,875.03
2 Person both with Medicare A&B	\$2,018.68	\$2,018.68	\$40.37	\$2,059.05
Family (1 with 2 without Medicare A&B)	\$2,915.84	\$2,915.84	\$58.32	\$2,974.16

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