



# WAYNE STATE UNIVERSITY

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

January 1, 2025 through December 31, 2025

	Unpaid Leave of Absence (Non-FMLA)	COBRA Coverage		
	Monthly Premium	Monthly Premium	Administration Fee	Total COBRA Monthly Cost
<b>Blue Cross Blue Shield Trad Plan</b>				
Single	\$1,407.92	\$1,407.92	\$28.16	\$1,436.08
Two Person	\$3,097.42	\$3,097.42	\$61.95	\$3,159.37
Family	\$3,801.38	\$3,801.38	\$76.03	\$3,877.41
<b>BCBSM PPO</b>				
Single	\$1,313.36	\$1,313.36	\$26.27	\$1,339.63
Two Person	\$2,889.38	\$2,889.38	\$57.79	\$2,947.17
Family	\$3,546.06	\$3,546.06	\$70.92	\$3,616.98
<b>Health Alliance Plan (HMO)</b>				
Single	\$871.48	\$871.48	\$17.43	\$888.91
Two Person	\$2,021.83	\$2,021.83	\$40.44	\$2,062.27
Family	\$2,178.69	\$2,178.69	\$43.57	\$2,222.26
<b>Blue Care Network (HMO)*</b>				
Single	\$853.46	\$853.46	\$17.07	\$870.53
Two Person	\$1,962.95	\$1,962.95	\$39.26	\$2,002.21
Family	\$2,133.63	\$2,133.63	\$42.67	\$2,176.30
<b>Priority Health Care (HMO)</b>				
Single	\$409.17	\$409.17	\$8.18	\$417.35
Two Person	\$818.34	\$818.34	\$16.37	\$834.71
Family	\$1,268.43	\$1,268.43	\$25.37	\$1,293.80
<b>Delta Dental - Basic with Medical</b>				
Single	\$33.58	\$33.58	\$0.67	\$34.25
Two Person	\$67.15	\$67.15	\$1.34	\$68.49
Family	\$122.55	\$122.55	\$2.45	\$125.00
<b>Delta Dental - Enhanced with Medical</b>				
Single	\$37.75	\$37.75	\$0.76	\$38.51
Two Person	\$75.51	\$75.51	\$1.51	\$77.02
Family	\$137.80	\$137.80	\$2.76	\$140.56
<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

\*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
<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
<b>Delta Dental - Basic (Voluntary/Enrolled in Cash in Lieu of Medical)</b>				
Single	\$33.58	\$33.58	\$0.67	\$34.25
Two Person	\$67.15	\$67.15	\$1.34	\$68.49
Family	\$122.55	\$122.55	\$2.45	\$125.00
<b>Delta Dental - Enhanced (Voluntary/Enrolled in Cash in Lieu of Medical)</b>				
Single	\$37.75	\$37.75	\$0.76	\$38.51
Two Person	\$75.51	\$75.51	\$1.51	\$77.02
Family	\$137.80	\$137.80	\$2.76	\$140.56
<b>EyeMed Vision - Basic (Voluntary/Enrolled in Cash in Lieu of Medical)</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/Enrolled in Cash in Lieu of Medical)</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	\$1,167.85	\$1,167.85	\$23.36	\$1,191.21
2 Person 1 with 1 without Medicare A&B	\$2,083.93	\$2,083.93	\$41.68	\$2,125.61
2 Person both with Medicare A&B	\$2,335.70	\$2,335.70	\$46.71	\$2,382.41
Family (1 with 2 without Medicare A&B)	\$3,274.84	\$3,274.84	\$65.50	\$3,340.34

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