

Wayne State University Medical Plans

2013 Monthly Premium Schedule

Retirees and Long-Term Disability Recipients

	Retirees	Long-Term Disability		
	<u>Monthly Premium</u>	<u>Total Cost</u>	<u>University Subsidy</u>	<u>Monthly Premium</u>
Blue Cross and Blue Shield				
Single Without Medicare A&B	\$1,213.18	\$1,213.18	\$413.90	\$799.28
Single With Medicare A&B	\$788.56	\$788.56	\$413.90	\$374.66
2 Person Both Without Medicare A&B	\$2,678.33	\$2,678.33	\$872.38	\$1,805.95
2 Person 1 With 1 Without Medicare A&B	\$2,001.74	\$2,001.74	\$872.38	\$1,129.36
2 Person Both With Medicare A&B	\$1,577.12	\$1,577.12	\$872.38	\$704.74
Family (1 With 2 Without Medicare A&B)	\$3,466.89	\$3,466.89	\$979.60	\$2,487.29
Family (All Without Medicare A&B)	\$3,277.22	\$3,277.22	\$979.60	\$2,297.62
Blue Care Network (HMO)				
Single Without Medicare A&B	\$510.87	\$510.87	\$406.80	\$104.07
Single With Medicare A&B	\$612.22	\$612.22	\$406.80	\$205.42
2 Person Both Without Medicare A&B	\$1,174.99	\$1,174.99	\$927.16	\$247.83
2 Person 1 With 1 Without Medicare A&B	\$1,123.09	\$1,123.09	\$927.16	\$195.93
2 Person Both With Medicare A&B	\$1,224.44	\$1,224.44	\$927.16	\$297.28
Family (1 With 2 Without Medicare A&B)	\$1,787.21	\$1,787.21	\$938.22	\$848.99
Family (All Without Medicare A&B)	\$1,200.52	\$1,200.52	\$938.22	\$262.30
DMC Care (PPO)				
Single Without Medicare A&B	\$1,239.09	\$1,239.09	\$464.18	\$774.91
Single With Medicare A&B	\$772.08	\$772.08	\$464.18	\$307.90
2 Person Both Without Medicare A&B	\$2,750.77	\$2,750.77	\$1,016.70	\$1,734.07
2 Person 1 With 1 Without Medicare A&B	\$2,011.17	\$2,011.17	\$1,016.70	\$994.47
2 Person Both With Medicare A&B	\$1,544.16	\$1,544.16	\$1,016.70	\$527.46
Family (1 With 2 Without Medicare A&B)	\$3,522.85	\$3,522.85	\$1,217.64	\$2,305.21
Family (All Without Medicare A&B)	\$3,301.18	\$3,301.18	\$1,217.64	\$2,083.54
Health Alliance Plan (HMO)				
Single Without Medicare A&B	\$778.43	\$778.43	\$402.14	\$376.29
Single With Medicare A&B	\$614.86	\$614.86	\$402.14	\$212.72
2 Person Both Without Medicare A&B	\$1,790.37	\$1,790.37	\$916.40	\$873.97
2 Person 1 With 1 Without Medicare A&B	\$1,393.28	\$1,393.28	\$916.40	\$476.88
2 Person Both With Medicare A&B	\$1,229.72	\$1,229.72	\$916.40	\$313.32
Family (1 With 2 Without Medicare A&B)	\$2,405.22	\$2,405.22	\$927.48	\$1,477.74
Family (All Without Medicare A&B)	\$1,835.14	\$1,835.14	\$927.48	\$907.66
Health Alliance Plan Senior Plus - Medicare Advantage (HMO)				
Single With Medicare A&B	\$490.18	\$490.18	\$248.60	\$241.58
2 Person Both With Medicare A&B	\$980.36	\$980.36	\$489.26	\$491.10
Family (3 With Medicare A&B)	\$1,470.54	\$1,470.54	\$565.71	\$904.83
Aetna - Medicare Advantage (Preferred Provider Organization)				
Single With Medicare A&B	\$306.97	\$306.97	\$155.69	\$151.28
2 Person Both With Medicare A&B	\$613.94	\$613.94	\$306.39	\$307.55
Family (3 With Medicare A&B)	\$920.91	\$920.91	\$354.27	\$566.64

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Delta Dental - Group 5989				
Single	\$36.78			\$36.78
Two Person	\$66.38			\$66.38
Family	\$109.45			\$109.45
EyeMed Basic Vision Coverage				
Single	\$7.60			\$7.60
Two Person	\$14.38			\$14.38
Family	\$21.17			\$21.17
EyeMed Enhanced Buy-up Vision Coverage				
Single	\$13.39			\$13.39
Two Person	\$25.34			\$25.34
Family	\$37.30			\$37.30