

Wayne State University Medical Plans

2014 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	\$1,296.39	\$1,296.39	\$441.38	\$855.01
Single With Medicare A&B	\$842.65	\$842.65	\$441.38	\$401.27
2 Person Both Without Medicare A&B	\$2,852.06	\$2,852.06	\$950.92	\$1,901.14
2 Person 1 With 1 Without Medicare A&B	\$2,139.04	\$2,139.04	\$950.92	\$1,188.12
2 Person Both With Medicare A&B	\$1,685.30	\$1,685.30	\$950.92	\$734.38
Family (1 With 2 Without Medicare A&B)	\$3,694.71	\$3,694.71	\$1,048.98	\$2,645.73
Family (All Without Medicare A&B)	\$3,502.01	\$3,502.01	\$1,048.98	\$2,453.03
Blue Care Network (HMO)				
Single Without Medicare A&B	\$578.80	\$578.80	\$454.36	\$124.44
Single With Medicare A&B	\$665.03	\$665.03	\$454.36	\$210.67
2 Person Both Without Medicare A&B	\$1,331.18	\$1,331.18	\$1,036.48	\$294.70
2 Person 1 With 1 Without Medicare A&B	\$1,243.83	\$1,243.83	\$1,036.48	\$207.35
2 Person Both With Medicare A&B	\$1,330.05	\$1,330.05	\$1,036.48	\$293.57
Family (1 With 2 Without Medicare A&B)	\$1,996.21	\$1,996.21	\$1,049.96	\$946.25
Family (All Without Medicare A&B)	\$1,360.14	\$1,360.14	\$1,049.96	\$310.18
DMC Care (PPO)				
Single Without Medicare A&B	\$1,299.39	\$1,299.39	\$484.42	\$814.97
Single With Medicare A&B	\$809.65	\$809.65	\$484.42	\$325.23
2 Person Both Without Medicare A&B	\$2,884.63	\$2,884.63	\$1,061.62	\$1,823.01
2 Person 1 With 1 Without Medicare A&B	\$2,109.04	\$2,109.04	\$1,061.62	\$1,047.42
2 Person Both With Medicare A&B	\$1,619.30	\$1,619.30	\$1,061.62	\$557.68
Family (1 With 2 Without Medicare A&B)	\$3,694.29	\$3,694.29	\$1,272.46	\$2,421.83
Family (All Without Medicare A&B)	\$3,461.83	\$3,461.83	\$1,272.46	\$2,189.37
Health Alliance Plan (HMO)				
Single Without Medicare A&B	\$819.21	\$819.21	\$420.96	\$398.25
Single With Medicare A&B	\$647.06	\$647.06	\$420.96	\$226.10
2 Person Both Without Medicare A&B	\$1,884.18	\$1,884.18	\$959.68	\$924.50
2 Person 1 With 1 Without Medicare A&B	\$1,466.27	\$1,466.27	\$959.68	\$506.59
2 Person Both With Medicare A&B	\$1,294.12	\$1,294.12	\$959.68	\$334.44
Family (1 With 2 Without Medicare A&B)	\$2,531.24	\$2,531.24	\$971.72	\$1,559.52
Family (All Without Medicare A&B)	\$1,931.29	\$1,931.29	\$971.72	\$959.57
Health Alliance Plan Senior Plus - Medicare Advantage (HMO)				
Single With Medicare A&B	\$520.57	\$520.57	\$261.86	\$258.71
2 Person Both With Medicare A&B	\$1,041.14	\$1,041.14	\$517.81	\$523.33
Family (3 With Medicare A&B)	\$1,561.71	\$1,561.71	\$600.56	\$961.15
Aetna - Medicare Advantage (Preferred Provider Organization)				
Single With Medicare A&B	\$350.38	\$350.38	\$176.25	\$174.13
2 Person Both With Medicare A&B	\$700.76	\$700.76	\$348.52	\$352.24
Family (3 With Medicare A&B)	\$1,051.14	\$1,051.14	\$404.22	\$646.92

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Delta Dental - Group 5989-0001				
Single	\$38.65			\$38.65
Two Person	\$70.63			\$70.63
Family	\$119.01			\$119.01
EyeMed Basic Vision Coverage				
Single	\$7.75			\$7.75
Two Person	\$14.67			\$14.67
Family	\$21.59			\$21.59
EyeMed Enhanced Buy-up Vision Coverage				
Single	\$13.66			\$13.66
Two Person	\$25.85			\$25.85
Family	\$38.05			\$38.05