

**Wayne State University Medical Plans**  
**2015 Monthly Premium Schedule**  
**Retirees and Long-Term Disability Recipients**  
**January 1, 2015 through December 31, 2015**

	<b>Retirees</b>	<b>Long-Term Disability</b>		
	<b>Monthly Premium</b>	<b>Total Cost</b>	<b>University Subsidy</b>	<b>Monthly Premium</b>
<b>Blue Cross and Blue Shield</b>				
Single Without Medicare A&B	\$1,310.86	\$1,310.86	\$477.22	\$833.64
Single With Medicare A&B	\$852.05	\$852.05	\$477.22	\$374.83
2 Person Both Without Medicare A&B	\$2,883.89	\$2,883.89	\$1,030.34	\$1,853.55
2 Person 1 With 1 Without Medicare A&B	\$2,162.91	\$2,162.91	\$1,030.34	\$1,132.57
2 Person Both With Medicare A&B	\$1,704.10	\$1,704.10	\$1,030.34	\$673.76
Family (1 With 2 Without Medicare A&B)	\$3,735.94	\$3,735.94	\$1,141.70	\$2,594.24
Family (All Without Medicare A&B)	\$3,541.09	\$3,541.09	\$1,141.70	\$2,399.39
<b>Blue Care Network (HMO)</b>				
Single Without Medicare A&B	\$636.69	\$636.69	\$494.88	\$141.81
Single With Medicare A&B	\$731.60	\$731.60	\$494.88	\$236.72
2 Person Both Without Medicare A&B	\$1,464.40	\$1,464.40	\$1,129.74	\$334.66
2 Person 1 With 1 Without Medicare A&B	\$1,368.29	\$1,368.29	\$1,129.74	\$238.55
2 Person Both With Medicare A&B	\$1,463.20	\$1,463.20	\$1,129.74	\$333.46
Family (1 With 2 Without Medicare A&B)	\$2,196.00	\$2,196.00	\$1,145.22	\$1,050.78
Family (All Without Medicare A&B)	\$1,496.24	\$1,496.24	\$1,145.22	\$351.02
<b>DMC Care (PPO)</b>				
Single Without Medicare A&B	\$1,437.08	\$1,437.08	\$530.60	\$906.48
Single With Medicare A&B	\$895.45	\$895.45	\$530.60	\$364.85
2 Person Both Without Medicare A&B	\$3,190.30	\$3,190.30	\$1,164.16	\$2,026.14
2 Person 1 With 1 Without Medicare A&B	\$2,332.52	\$2,332.52	\$1,164.16	\$1,168.36
2 Person Both With Medicare A&B	\$1,790.89	\$1,790.89	\$1,164.16	\$626.73
Family (1 With 2 Without Medicare A&B)	\$4,085.75	\$4,085.75	\$1,397.62	\$2,688.13
Family (All Without Medicare A&B)	\$3,828.66	\$3,828.66	\$1,397.62	\$2,431.04
<b>Health Alliance Plan (HMO)</b>				
Single Without Medicare A&B	\$851.74	\$851.74	\$435.82	\$415.92
Single With Medicare A&B	\$673.26	\$673.26	\$435.82	\$237.44
2 Person Both Without Medicare A&B	\$1,959.00	\$1,959.00	\$993.90	\$965.10
2 Person 1 With 1 Without Medicare A&B	\$1,525.00	\$1,525.00	\$993.90	\$531.10
2 Person Both With Medicare A&B	\$1,346.52	\$1,346.52	\$993.90	\$352.62
Family (1 With 2 Without Medicare A&B)	\$2,632.26	\$2,632.26	\$1,006.66	\$1,625.60
Family (All Without Medicare A&B)	\$2,007.98	\$2,007.98	\$1,006.66	\$1,001.32
<b>Health Alliance Plan Senior Plus - Medicare Advantage (HMO)</b>				
Single With Medicare A&B	\$547.39	\$547.39	\$276.74	\$270.65
2 Person Both With Medicare A&B	\$1,094.78	\$1,094.78	\$547.66	\$547.12
Family (3 With Medicare A&B)	\$1,642.17	\$1,642.17	\$637.00	\$1,005.17
<b>Aetna - Medicare Advantage (Preferred Provider Organization)</b>				
Single With Medicare A&B	\$350.38	\$350.38	\$177.14	\$173.24
2 Person Both With Medicare A&B	\$700.76	\$700.76	\$350.56	\$350.20
Family (3 With Medicare A&B)	\$1,051.14	\$1,051.14	\$407.74	\$643.40

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<b>Delta Dental - Group 5989-0001</b>				
Single	\$36.71			\$36.71
Two Person	\$67.39			\$67.39
Family	\$110.79			\$110.79
<b>EyeMed Basic Vision Coverage</b>				
Single	\$7.75			\$7.75
Two Person	\$14.67			\$14.67
Family	\$21.59			\$21.59
<b>EyeMed Enhanced Buy-up Vision Coverage</b>				
Single	\$13.66			\$13.66
Two Person	\$25.85			\$25.85
Family	\$38.05			\$38.05