

Wayne State University Medical Plans
2016 Monthly Premium Schedule
Retirees and Long-Term Disability Recipients
January 1, 2016 through December 31, 2016

	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
Blue Cross and Blue Shield				
Single Without Medicare A&B	\$1,387.54	\$1,387.54	\$496.34	\$891.20
Single With Medicare A&B	\$901.89	\$901.89	\$496.34	\$405.55
2 Person Both Without Medicare A&B	\$3,052.59	\$3,052.59	\$1,073.06	\$1,979.53
2 Person 1 With 1 Without Medicare A&B	\$2,289.43	\$2,289.43	\$1,073.06	\$1,216.37
2 Person Both With Medicare A&B	\$1,803.79	\$1,803.79	\$1,073.06	\$730.73
Family (1 With 2 Without Medicare A&B)	\$3,954.48	\$3,954.48	\$1,190.88	\$2,763.60
Family (All Without Medicare A&B)	\$3,748.23	\$3,748.23	\$1,190.88	\$2,557.35
Blue Care Network (HMO)				
Single Without Medicare A&B	\$662.44	\$662.44	\$512.90	\$149.54
Single With Medicare A&B	\$709.33	\$709.33	\$512.90	\$196.43
2 Person Both Without Medicare A&B	\$1,523.68	\$1,523.68	\$1,171.24	\$352.44
2 Person 1 With 1 Without Medicare A&B	\$1,371.77	\$1,371.77	\$1,171.24	\$200.53
2 Person Both With Medicare A&B	\$1,418.66	\$1,418.66	\$1,171.24	\$247.42
Family (1 With 2 Without Medicare A&B)	\$2,233.01	\$2,233.01	\$1,187.60	\$1,045.41
Family (All Without Medicare A&B)	\$1,556.79	\$1,556.79	\$1,187.60	\$369.19
DMC Care (PPO)				
Single Without Medicare A&B	\$1,425.89	\$1,425.89	\$525.44	\$900.45
Single With Medicare A&B	\$886.91	\$886.91	\$525.44	\$361.47
2 Person Both Without Medicare A&B	\$3,158.79	\$3,158.79	\$1,152.68	\$2,006.11
2 Person 1 With 1 Without Medicare A&B	\$2,312.80	\$2,312.80	\$1,152.68	\$1,160.12
2 Person Both With Medicare A&B	\$1,773.82	\$1,773.82	\$1,152.68	\$621.14
Family (1 With 2 Without Medicare A&B)	\$4,045.70	\$4,045.70	\$1,383.60	\$2,662.10
Family (All Without Medicare A&B)	\$3,793.27	\$3,793.27	\$1,383.60	\$2,409.67
Health Alliance Plan (HMO)				
Single Without Medicare A&B	\$885.77	\$885.77	\$451.26	\$434.51
Single With Medicare A&B	\$700.23	\$700.23	\$451.26	\$248.97
2 Person Both Without Medicare A&B	\$2,037.28	\$2,037.28	\$1,029.38	\$1,007.90
2 Person 1 With 1 Without Medicare A&B	\$1,586.00	\$1,586.00	\$1,029.38	\$556.62
2 Person Both With Medicare A&B	\$1,400.46	\$1,400.46	\$1,029.38	\$371.08
Family (1 With 2 Without Medicare A&B)	\$2,737.51	\$2,737.51	\$1,042.92	\$1,694.59
Family (All Without Medicare A&B)	\$2,088.21	\$2,088.21	\$1,042.92	\$1,045.29
Health Alliance Plan Senior Plus - Medicare Advantage (HMO)				
Single With Medicare A&B	\$569.26	\$569.26	\$286.04	\$283.22
2 Person Both With Medicare A&B	\$1,138.52	\$1,138.52	\$566.53	\$571.99
Family (3 With Medicare A&B)	\$1,707.78	\$1,707.78	\$664.31	\$1,043.47
Aetna - Medicare Advantage (Preferred Provider Organization)				
Single With Medicare A&B	\$355.38	\$355.38	\$178.57	\$176.81
2 Person Both With Medicare A&B	\$710.76	\$710.76	\$353.67	\$357.09
Family (3 With Medicare A&B)	\$1,051.14	\$1,051.14	\$408.88	\$642.26

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Delta Dental - Group 5989-0001				
Single	\$38.02			\$38.02
Two Person	\$69.80			\$69.80
Family	\$114.74			\$114.74
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