

Wayne State University

Medical Plan Monthly Premium Rate Schedule - Retirees and Long-Term Disability Recipients

January 1, 2017 through December 31, 2017

	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
Blue Cross and Blue Shield				
Single without Medicare A&B	\$1,546.62	\$1,546.62	\$532.67	\$1,013.95
Single with Medicare A&B	\$1,005.29	\$1,005.29	\$532.67	\$472.63
2 Person both without Medicare A&B	\$3,402.56	\$3,402.56	\$1,153.87	\$2,248.69
2 Person 1 with 1 without Medicare A&B	\$2,551.91	\$2,551.91	\$1,153.87	\$1,398.04
2 Person both with Medicare A&B	\$2,010.58	\$2,010.58	\$1,153.87	\$856.71
Family (1 with 2 without Medicare A&B)	\$4,407.85	\$4,407.85	\$1,283.19	\$3,124.66
Family (All without Medicare A&B)	\$4,177.95	\$4,177.95	\$1,283.19	\$2,894.76
Blue Care Network (HMO)				
Single without Medicare A&B	\$743.10	\$743.10	\$555.30	\$187.80
Single with Medicare A&B	\$1,004.28	\$1,004.28	\$555.30	\$448.98
2 Person both without Medicare A&B	\$1,709.13	\$1,709.13	\$1,268.75	\$440.38
2 Person 1 with 1 without Medicare A&B	\$1,747.38	\$1,747.38	\$1,268.75	\$478.63
2 Person both with Medicare A&B	\$2,008.56	\$2,008.56	\$1,268.75	\$739.81
Family (1 with 2 without Medicare A&B)	\$2,713.41	\$2,713.41	\$1,287.25	\$1,426.17
Family (All without Medicare A&B)	\$1,746.30	\$1,746.30	\$1,287.25	\$459.06
DMC (PPO)				
Single without Medicare A&B	\$1,407.80	\$1,407.80	\$538.55	\$869.25
Single with Medicare A&B	\$878.34	\$878.34	\$538.55	\$339.80
2 Person both without Medicare A&B	\$3,128.27	\$3,128.27	\$1,181.79	\$1,946.48
2 Person 1 with 1 without Medicare A&B	\$2,286.14	\$2,286.14	\$1,181.79	\$1,104.35
2 Person both with Medicare A&B	\$1,756.69	\$1,756.69	\$1,181.79	\$574.90
Family (1 with 2 without Medicare A&B)	\$4,006.62	\$4,006.62	\$1,419.13	\$2,587.48
Family (All without Medicare A&B)	\$3,756.62	\$3,756.62	\$1,419.13	\$2,337.49
Health Alliance Plan (HMO)				
Single without Medicare A&B	\$964.71	\$964.71	\$487.01	\$477.70
Single with Medicare A&B	\$762.80	\$762.80	\$487.01	\$275.79
2 Person both without Medicare A&B	\$2,218.85	\$2,218.85	\$1,111.61	\$1,107.24
2 Person 1 with 1 without Medicare A&B	\$1,727.51	\$1,727.51	\$1,111.61	\$615.90
2 Person both with Medicare A&B	\$1,525.60	\$1,525.60	\$1,111.61	\$413.99
Family (1 with 2 without Medicare A&B)	\$2,981.65	\$2,981.65	\$1,126.94	\$1,854.71
Family (All without Medicare A&B)	\$2,274.32	\$2,274.32	\$1,126.94	\$1,147.38
Health Alliance Plan Senior Plus - Medicare Advantage (HMO)				
Single with Medicare A&B	\$619.92	\$619.92	\$306.71	\$313.21
2 Person both with Medicare A&B	\$1,239.84	\$1,239.84	\$607.59	\$632.25
Family (All without Medicare A&B)	\$1,859.76	\$1,859.76	\$696.33	\$1,163.43
Aetna - Medicare Advantage (PPO)				
Single with Medicare A&B	\$342.01	\$342.01	\$169.21	\$172.80
2 Person both with Medicare A&B	\$684.02	\$684.02	\$335.21	\$348.81
Family (All without Medicare A&B)	\$1,026.03	\$1,026.03	\$384.16	\$641.87

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Delta Dental				
Single	\$37.80	\$37.80	\$0.00	\$37.80
Two Person	\$73.12	\$73.12	\$0.00	\$73.12
Family	\$121.61	\$121.61	\$0.00	\$121.61
EyeMed Vision - Basic				
Single	\$8.46	\$8.46	\$0.00	\$8.46
Two Person	\$16.02	\$16.02	\$0.00	\$16.02
Family	\$23.58	\$23.58	\$0.00	\$23.58
EyeMed Vision - Enhanced				
Single	\$14.92	\$14.92	\$0.00	\$14.92
Two Person	\$28.23	\$28.23	\$0.00	\$28.23
Family	\$41.55	\$41.55	\$0.00	\$41.55