

# Wayne State University

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

January 1, 2018 through December 31, 2018

	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
<b>Blue Cross and Blue Shield</b>				
Single without Medicare A&B	\$1,911.29	\$1,911.29	\$544.28	\$1,367.01
Single with Medicare A&B	\$1,242.32	\$1,242.32	\$544.28	\$698.05
2 Person both without Medicare A&B	\$4,204.83	\$4,204.83	\$1,180.34	\$3,024.49
2 Person 1 with 1 without Medicare A&B	\$3,153.61	\$3,153.61	\$1,180.34	\$1,973.27
2 Person both with Medicare A&B	\$2,484.65	\$2,484.65	\$1,180.34	\$1,304.31
Family (1 with 2 without Medicare A&B)	\$5,447.15	\$5,447.15	\$1,310.09	\$4,137.06
Family (All without Medicare A&B)	\$5,163.05	\$5,163.05	\$1,310.09	\$3,852.95
<b>Blue Care Network (HMO)</b>				
Single without Medicare A&B	\$632.66	\$632.66	\$562.01	\$70.65
Single with Medicare A&B	\$832.81	\$832.81	\$562.01	\$270.80
2 Person both without Medicare A&B	\$1,455.12	\$1,455.12	\$1,284.16	\$170.96
2 Person 1 with 1 without Medicare A&B	\$1,465.47	\$1,465.47	\$1,284.16	\$181.31
2 Person both with Medicare A&B	\$1,665.62	\$1,665.62	\$1,284.16	\$381.46
Family (1 with 2 without Medicare A&B)	\$2,287.93	\$2,287.93	\$1,302.98	\$984.95
Family (All without Medicare A&B)	\$1,486.75	\$1,486.75	\$1,302.98	\$183.77
<b>Health Alliance Plan (HMO)</b>				
Single w/out Medicare	\$1,058.68	\$1,058.68	\$529.56	\$529.12
Single with Medicare	\$837.08	\$837.08	\$529.56	\$307.52
2 Person both w/out Medicare	\$2,434.96	\$2,434.96	\$1,209.49	\$1,225.47
2 Person Sub w/out Medicare, Sp with Medicare	\$1,895.76	\$1,895.76	\$1,209.49	\$686.27
2 Person Sub with Medicare, Sp w/out Medicare	\$2,213.36	\$2,213.36	\$1,209.49	\$1,003.87
2 Person Sub with Medicare, Child w/out Medicare	\$2,214.36	\$2,214.36	\$1,210.49	\$1,003.87
2 Person both with Medicare	\$1,674.16	\$1,674.16	\$1,209.49	\$464.67
Family all w/out Medicare	\$2,495.82	\$2,495.82	\$1,226.95	\$1,268.87
Family Sub, Spouse (Medicare) & Child	\$3,272.04	\$3,272.04	\$1,226.95	\$2,045.09
Family Sub, Spouse (Medicare) & Children	\$3,332.90	\$3,332.90	\$1,226.95	\$2,105.95
Family Sub (Medicare), Sp (Medicare) & Child	\$3,050.44	\$3,050.44	\$1,226.95	\$1,823.49
Family Sub (Medicare), Sp (Medicare) & Children	\$3,111.30	\$3,111.30	\$1,226.95	\$1,884.35
Family Sub (Medicare) & Children	\$2,274.22	\$2,274.22	\$1,226.95	\$1,047.27
Family Sub (Medicare), Spouse & Children	\$2,274.22	\$2,274.22	\$1,226.95	\$1,047.27
<b>Health Alliance Plan Senior Plus - Medicare Advantage (HMO)</b>				
Single with Medicare A&B	\$658.38	\$658.38	\$367.23	\$291.15
2 Person both with Medicare A&B	\$1,316.76	\$1,316.76	\$728.58	\$588.18
Family (All without Medicare A&B)	\$1,975.14	\$1,975.14	\$780.18	\$1,194.96
<b>Aetna - Medicare Advantage (PPO)</b>				
Single with Medicare A&B	\$393.19	\$393.19	\$219.31	\$173.88
2 Person both with Medicare A&B	\$786.38	\$786.38	\$435.11	\$351.27
Family (All without Medicare A&B)	\$1,179.57	\$1,179.57	\$465.93	\$713.64

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	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
<b>Delta Dental</b>				
Single	\$39.43	\$39.43	\$0.00	\$39.43
Two Person	\$76.27	\$76.27	\$0.00	\$76.27
Family	\$126.85	\$126.85	\$0.00	\$126.85
<b>EyeMed Vision - Basic</b>				
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
<b>EyeMed Vision - Enhanced</b>				
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