

Wayne State University

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

January 1, 2019 through December 31, 2019

	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
Blue Cross and Blue Shield				
Single without Medicare A&B	\$1,743.75	\$1,743.75	\$578.98	\$1,164.77
Single with Medicare A&B	\$1,133.43	\$1,133.43	\$578.98	\$554.45
2 Person both without Medicare A&B	\$3,836.26	\$3,836.26	\$1,257.80	\$2,578.46
2 Person 1 with 1 without Medicare A&B	\$2,877.19	\$2,877.19	\$1,257.80	\$1,619.39
2 Person both with Medicare A&B	\$2,266.86	\$2,266.86	\$1,257.80	\$1,009.06
Family (1 with 2 without Medicare A&B)	\$4,969.69	\$4,969.69	\$1,397.26	\$3,572.43
Family (All without Medicare A&B)	\$4,710.49	\$4,710.49	\$1,397.26	\$3,313.23
Family (2 with and 1 without Medicare A&B)	\$4,010.62	\$4,010.62	\$1,397.26	\$2,613.36
Blue Care Network (HMO)				
Single without Medicare A&B	\$663.22	\$663.22	\$608.84	\$54.38
Single with Medicare A&B	\$848.08	\$848.08	\$608.84	\$239.24
2 Person both without Medicare A&B	\$1,525.41	\$1,525.41	\$1,391.84	\$133.57
2 Person 1 with 1 without Medicare A&B	\$1,511.30	\$1,511.30	\$1,391.84	\$119.46
2 Person both with Medicare A&B	\$1,696.16	\$1,696.16	\$1,391.84	\$304.32
Family (1 with 2 without Medicare A&B)	\$2,373.49	\$2,373.49	\$1,413.00	\$960.49
Family (All without Medicare A&B)	\$1,558.57	\$1,558.57	\$1,413.00	\$145.57
Health Alliance Plan (HMO)				
Single w/out Medicare	\$1,112.94	\$1,112.94	\$554.17	\$558.77
Single with Medicare	\$880.00	\$880.00	\$554.17	\$325.83
2 Person both w/out Medicare	\$2,559.78	\$2,559.78	\$1,266.10	\$1,293.68
2 Person Sub w/out Medicare, Sp w/ Medicare	\$1,992.94	\$1,992.94	\$1,266.10	\$726.84
2 Person Sub w/ Medicare, Sp w/out Medicare	\$2,326.84	\$2,326.84	\$1,266.10	\$1,060.74
2 Person Sub w/ Medicare, Child w/out Medicare	\$2,326.84	\$2,326.84	\$1,266.10	\$1,060.74
2 Person both with Medicare	\$1,760.00	\$1,760.00	\$1,266.10	\$493.90
Family all w/out Medicare	\$2,623.76	\$2,623.76	\$1,284.79	\$1,338.97
Family Sub, Spouse (Medicare) & Child	\$3,439.78	\$3,439.78	\$1,284.79	\$2,154.99
Family Sub, Spouse (Medicare) & Children	\$3,503.76	\$3,503.76	\$1,284.79	\$2,218.97
Family Sub (Medicare), Sp (Medicare) & Child	\$3,206.84	\$3,206.84	\$1,284.79	\$1,922.05
Family Sub (Medicare), Sp (Medicare) & Children	\$3,270.82	\$3,270.82	\$1,284.79	\$1,986.03
Family Sub (Medicare) & Children	\$2,390.82	\$2,390.82	\$1,284.79	\$1,106.03
Family Sub (Medicare), Spouse & Children	\$2,390.82	\$2,390.82	\$1,284.79	\$1,106.03
Health Alliance Plan Senior Plus - Medicare Advantage (HMO)				
Single with Medicare A&B	\$644.84	\$644.84	\$375.72	\$269.12
2 Person both with Medicare A&B	\$1,289.68	\$1,289.68	\$745.83	\$543.85
Family (All without Medicare A&B)	\$1,934.52	\$1,934.52	\$801.65	\$1,132.87
Aetna - Medicare Advantage (PPO)				
Single with Medicare A&B	\$368.14	\$368.14	\$214.50	\$153.64
2 Person both with Medicare A&B	\$736.28	\$736.28	\$425.80	\$310.48
Family (All without Medicare A&B)	\$1,104.42	\$1,104.42	\$457.66	\$646.76

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Delta Dental				
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
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

2019 Plan Year * some rounding differences reflected