



Wayne State University

Healthcare Plan Premium Rate Schedule - Retirees & Long-Term Disability Recipients

January 1, 2021 through December 31, 2021

	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
Blue Cross and Blue Shield				
Single without Medicare A&B	\$1,910.43	\$1,910.43	\$585.62	\$1,324.81
Single with Medicare A&B	\$1,241.77	\$1,241.77	\$585.62	\$656.15
2 Person both without Medicare A&B	\$4,202.95	\$4,202.95	\$1,268.93	\$2,934.02
2 Person 1 with 1 without Medicare A&B	\$3,152.20	\$3,152.20	\$1,268.92	\$1,883.28
2 Person both with Medicare A&B	\$2,483.54	\$2,483.54	\$1,268.93	\$1,214.61
Family (1 with 2 without Medicare A&B)	\$5,444.72	\$5,444.72	\$1,442.21	\$4,002.51
Family (All without Medicare A&B)	\$5,160.74	\$5,160.74	\$1,442.22	\$3,718.52
Family (2 with and 1 without Medicare A&B)	\$4,393.98	\$4,393.98	\$1,442.21	\$2,951.77
Blue Care Network (HMO)				
Single without Medicare A&B	\$660.63	\$660.63	\$581.35	\$79.28
Single with Medicare A&B	\$769.03	\$769.03	\$507.56	\$261.47
2 Person both without Medicare A&B	\$1,519.46	\$1,519.46	\$1,337.13	\$182.33
2 Person 1 with 1 without Medicare A&B	\$1,429.66	\$1,429.66	\$1,243.81	\$185.85
2 Person both with Medicare A&B	\$1,538.06	\$1,538.06	\$1,168.92	\$369.14
Family (1 with 2 without Medicare A&B)	\$2,288.49	\$2,288.49	\$1,304.44	\$984.05
Family (All without Medicare A&B)	\$1,552.48	\$1,552.48	\$1,366.18	\$186.30
Health Alliance Plan (HMO)				
Single w/out Medicare	\$1,212.73	\$1,212.73	\$559.54	\$653.19
Single with Medicare	\$735.21	\$735.21	\$471.08	\$264.13
2 Person both w/out Medicare	\$2,811.05	\$2,811.05	\$1,287.70	\$1,523.35
2 Person Sub w/out Medicare, Sp w/ Medicare	\$1,947.94	\$1,947.94	\$1,202.47	\$745.47
2 Person Sub w/ Medicare, Sp w/out Medicare	\$2,333.53	\$2,333.53	\$1,213.44	\$1,120.09
2 Person Sub w/ Medicare, Child w/out Medicare	\$2,333.53	\$2,333.53	\$1,213.44	\$1,120.09
2 Person both with Medicare	\$1,470.42	\$1,470.42	\$1,084.12	\$386.30
Family all w/out Medicare	\$2,872.15	\$2,872.15	\$1,348.79	\$1,523.36
Family Sub, Spouse (Medicare) & Child	\$3,546.26	\$3,546.26	\$1,312.12	\$2,234.14
Family Sub, Spouse (Medicare) & Children	\$3,607.36	\$3,607.36	\$1,298.65	\$2,308.71
Family Sub (Medicare), Sp (Medicare) & Child	\$3,068.74	\$3,068.74	\$1,237.45	\$1,831.29
Family Sub (Medicare), Sp (Medicare) & Children	\$3,129.84	\$3,129.84	\$1,251.94	\$1,877.90
Family Sub (Medicare) & Children	\$2,394.63	\$2,394.63	\$1,275.27	\$1,119.36
Family Sub (Medicare), Spouse & Children	\$2,394.63	\$2,394.63	\$1,275.27	\$1,119.36
Family Sub, Spouse & Child (all w/ Medicare)	\$2,205.63	\$2,205.63	\$1,124.87	\$1,080.76
Health Alliance Plan Senior Plus - Medicare Advantage (HMO)				
Single with Medicare A&B	\$684.79	\$684.79	\$376.63	\$308.16
2 Person both with Medicare A&B	\$1,369.58	\$1,369.58	\$753.27	\$616.31
Family all with Medicare A&B	\$2,054.37	\$2,054.37	\$821.75	\$1,232.62
Aetna - Medicare Advantage (PPO)				
Single with Medicare A&B	\$406.94	\$406.94	\$223.82	\$183.12
2 Person both with Medicare A&B	\$813.88	\$813.88	\$447.63	\$366.25
Family all with Medicare A&B	\$1,220.82	\$1,220.82	\$488.33	\$732.49



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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