



**Medical Plan Monthly Premium Rate Schedule - Retiree and Long-Term Disability**

January 1, 2022 through December 31, 2022

	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
<b>Blue Cross and Blue Shield</b>				
Single without Medicare A&B	\$2,452.75	\$2,452.75	\$751.87	\$1,700.89
Single with Medicare A&B	\$1,594.29	\$1,594.29	\$751.87	\$842.42
2 Person both without Medicare A&B	\$5,396.06	\$5,396.06	\$1,629.15	\$3,766.91
2 Person 1 with 1 without Medicare A&B	\$4,047.04	\$4,047.04	\$1,629.14	\$2,417.90
2 Person both with Medicare A&B	\$3,188.58	\$3,188.58	\$1,629.16	\$1,559.42
Family (1 with 2 without Medicare A&B)	\$6,990.35	\$6,990.35	\$1,851.62	\$5,138.73
Family (All without Medicare A&B)	\$6,622.43	\$6,622.43	\$1,850.70	\$4,771.73
Family (2 with and 1 without Medicare A&B)	\$5,641.33	\$5,641.33	\$1,851.62	\$3,789.71
<b>Blue Care Network (HMO)</b>				
Single without Medicare A&B	\$710.22	\$710.22	\$624.99	\$85.23
Single with Medicare A&B	\$810.69	\$810.69	\$535.06	\$275.63
2 Person both without Medicare A&B	\$1,633.50	\$1,633.50	\$1,437.48	\$196.02
2 Person 1 with 1 without Medicare A&B	\$1,520.91	\$1,520.91	\$1,323.20	\$197.71
2 Person both with Medicare A&B	\$1,621.38	\$1,621.38	\$1,232.24	\$389.14
Family (1 with 2 without Medicare A&B)	\$2,444.19	\$2,444.19	\$1,393.19	\$1,051.00
Family (All without Medicare A&B)	\$1,669.01	\$1,669.01	\$1,468.72	\$200.29
<b>Health Alliance Plan (HMO)</b>				
Single w/out Medicare	\$1,405.06	\$1,405.06	\$648.28	\$756.78
Single with Medicare	\$851.65	\$851.65	\$545.69	\$305.96
2 Person both w/out Medicare	\$3,256.92	\$3,256.92	\$1,491.94	\$1,764.98
2 Person Sub w/out Medicare, Sp w/ Medicare	\$2,256.71	\$2,256.71	\$1,393.08	\$863.63
2 Person Sub w/ Medicare, Sp w/out Medicare	\$2,703.51	\$2,703.51	\$1,405.83	\$1,297.68
2 Person Sub w/ Medicare, Child w/out Medicare	\$2,703.51	\$2,703.51	\$1,405.83	\$1,297.68
2 Person both with Medicare	\$1,703.30	\$1,703.30	\$1,255.82	\$447.48
Family all w/out Medicare	\$3,327.60	\$3,327.60	\$1,562.68	\$1,764.92
Family Sub, Spouse (Medicare) & Child	\$4,108.57	\$4,108.57	\$1,520.17	\$2,588.40
Family Sub, Spouse (Medicare) & Children	\$4,179.25	\$4,179.25	\$1,504.53	\$2,674.72
Family Sub (Medicare), Sp (Medicare) & Child	\$3,555.16	\$3,555.16	\$1,433.60	\$2,121.56
Family Sub (Medicare), Sp (Medicare) & Children	\$3,625.84	\$3,625.84	\$1,450.34	\$2,175.50
Family Sub (Medicare) & Children	\$2,774.19	\$2,774.19	\$1,477.41	\$1,296.78
Family Sub (Medicare), Spouse & Children	\$2,774.19	\$2,774.19	\$1,477.41	\$1,296.78
Family Sub, Spouse & Child (all w/ Medicare)	\$2,554.95	\$2,554.95	\$1,303.02	\$1,251.93
<b>Health Alliance Plan Senior Plus - Medicare Advantage (HMO)</b>				
Single with Medicare A&B	\$698.49	\$698.49	\$384.17	\$314.32
2 Person both with Medicare A&B	\$1,396.98	\$1,396.98	\$768.34	\$628.64
Family (All without Medicare A&B)	\$2,095.47	\$2,095.47	\$838.19	\$1,257.28
<b>Aetna - Medicare Advantage (PPO)</b>				
Single with Medicare A&B	\$418.21	\$418.21	\$230.02	\$188.19
2 Person both with Medicare A&B	\$836.42	\$836.42	\$460.03	\$376.39
Family (All without Medicare A&B)	\$1,254.63	\$1,254.63	\$501.85	\$752.78



**WAYNE STATE  
UNIVERSITY**

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	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
<b>Delta Dental</b>				
Single	\$37.36	\$37.36	\$0.00	<b>\$37.36</b>
Two Person	\$72.26	\$72.26	\$0.00	<b>\$72.26</b>
Family	\$120.18	\$120.18	\$0.00	<b>\$120.18</b>
<b>EyeMed Vision - Basic</b>				
Single	\$8.46	\$8.46	\$0.00	<b>\$8.46</b>
Two Person	\$16.02	\$16.02	\$0.00	<b>\$16.02</b>
Family	\$23.58	\$23.58	\$0.00	<b>\$23.58</b>
<b>EyeMed Vision - Enhanced</b>				
Single	\$14.92	\$14.92	\$0.00	<b>\$14.92</b>
Two Person	\$28.23	\$28.23	\$0.00	<b>\$28.23</b>
Family	\$41.55	\$41.55	\$0.00	<b>\$41.55</b>