



# WAYNE STATE UNIVERSITY

## Medical Plan Monthly Premium Rate Schedule Retirees and Long-Term Disability Recipients January 1, 2023 through December 31, 2023

	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
<b>Blue Cross and Blue Shield</b>				
Single without Medicare A&B	\$2,454.69	\$2,454.69	\$752.46	\$1,702.23
Single with Medicare A&B	\$1,595.55	\$1,595.55	\$752.46	\$843.09
2 Person both without Medicare A&B	\$5,400.31	\$5,400.31	\$1,630.43	\$3,769.88
2 Person 1 with 1 without Medicare A&B	\$4,050.23	\$4,050.23	\$1,630.43	\$2,419.81
2 Person both with Medicare A&B	\$3,191.09	\$3,191.09	\$1,630.44	\$1,560.65
Family (1 with 2 without Medicare A&B)	\$6,995.86	\$6,995.86	\$1,818.92	\$5,176.94
Family (All without Medicare A&B)	\$6,627.66	\$6,627.66	\$1,852.16	\$4,775.49
Family (2 with and 1 without Medicare A&B)	\$5,645.78	\$5,645.78	\$1,853.08	\$3,792.70
<b>Blue Care Network (HMO)</b>				
Single without Medicare A&B	\$746.04	\$746.04	\$656.51	\$89.53
Single with Medicare A&B	\$844.61	\$844.61	\$557.44	\$287.17
2 Person both without Medicare A&B	\$1,715.89	\$1,715.89	\$1,509.99	\$205.90
2 Person 1 with 1 without Medicare A&B	\$1,590.65	\$1,590.65	\$1,383.87	\$206.78
2 Person both with Medicare A&B	\$1,689.22	\$1,689.22	\$1,283.80	\$405.42
Family (1 with 2 without Medicare A&B)	\$2,560.50	\$2,560.50	\$1,459.49	\$1,101.01
Family (All without Medicare A&B)	\$1,790.50	\$1,790.50	\$1,575.63	\$214.87
<b>Health Alliance Plan (HMO)</b>				
Single w/out Medicare	\$1,488.52	\$1,488.52	\$686.79	\$801.73
Single with Medicare	\$902.18	\$902.18	\$578.07	\$324.11
2 Person both w/out Medicare	\$3,453.36	\$3,453.36	\$1,581.93	\$1,871.43
2 Person Sub w/out Medicare, Sp w/ Medicare	\$2,390.70	\$2,390.70	\$1,475.79	\$914.91
2 Person Sub w/ Medicare, Sp w/out Medicare	\$2,867.02	\$2,867.02	\$1,490.85	\$1,376.17
2 Person Sub w/ Medicare, Child w/out Medicare	\$2,867.02	\$2,867.02	\$1,490.85	\$1,376.17
2 Person both with Medicare	\$1,804.36	\$1,804.36	\$1,330.33	\$474.03
Family all w/out Medicare	\$3,602.22	\$3,602.22	\$1,691.64	\$1,910.58
Family Sub, Spouse (Medicare) & Child	\$4,355.54	\$4,355.54	\$1,611.55	\$2,743.99
Family Sub, Spouse (Medicare) & Children	\$4,504.40	\$4,504.40	\$1,621.58	\$2,882.82
Family Sub (Medicare), Sp (Medicare) & Child	\$3,769.20	\$3,769.20	\$1,519.91	\$2,249.29
Family Sub (Medicare), Sp (Medicare) & Children	\$3,918.06	\$3,918.06	\$1,567.22	\$2,350.84
Family Sub (Medicare) & Children	\$3,015.88	\$3,015.88	\$1,606.12	\$1,409.76
Family Sub (Medicare), Spouse & Children	\$3,015.88	\$3,015.88	\$1,606.12	\$1,409.76
Family Sub, Spouse & Child (all w/ Medicare)	\$2,706.54	\$2,706.54	\$1,380.34	\$1,326.20
<b>Health Alliance Plan Senior Plus - Medicare Advantage (HMO)</b>				
Single with Medicare A&B	\$729.92	\$729.92	\$401.46	\$328.46
2 Person both with Medicare A&B	\$1,459.84	\$1,459.84	\$802.91	\$656.93
Family all with Medicare A&B	\$2,189.76	\$2,189.76	\$875.90	\$1,313.86
<b>Aetna - Medicare Advantage (PPO)</b>				
Single with Medicare A&B	\$425.40	\$425.40	\$233.97	\$191.43
2 Person both with Medicare A&B	\$850.80	\$850.80	\$467.94	\$382.86
Family all with Medicare A&B	\$1,276.20	\$1,276.20	\$510.48	\$765.72



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	Retirees	Long-Term Disability		
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<b>Delta Dental</b>				
Single	\$37.36	\$37.36	\$0.00	\$37.36
Two Person	\$72.26	\$72.26	\$0.00	\$72.26
Family	\$120.18	\$120.18	\$0.00	\$120.18
<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	\$28.24	\$28.24	\$0.00	\$28.24
Family	\$41.56	\$41.56	\$0.00	\$41.56