

Wayne State University Medical Plans
Monthly Premium Schedule
January 1, 2006 through December 31, 2006
Long-Term Disability and Retirees

	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
Blue Cross and Blue Shield				
Single Without Medicare A&B	\$647.74	\$647.74	\$332.40	\$315.34
Single With Medicare A&B	\$683.33	\$683.33	\$332.40	\$350.93
2 Person Both Without Medicare A&B	\$1,430.02	\$1,430.02	\$705.80	\$724.22
2 Person 1 With 1 Without Medicare A&B	\$1,331.07	\$1,331.07	\$705.80	\$625.27
2 Person Both With Medicare A&B	\$1,366.66	\$1,366.66	\$705.80	\$660.86
Family (1 With 2 Without Medicare A&B)	\$1,749.78	\$1,749.78	\$774.28	\$975.50
Family Regular (3 without Medicare)	\$1,817.64	\$1,817.64	\$774.28	\$1,043.36
Blue Care Network (HMO)				
Single Without Medicare A&B	\$351.00	\$351.00	\$294.89	\$56.11
Single With Medicare A&B	\$470.70	\$470.70	\$294.89	\$175.81
2 Person Both Without Medicare A&B	\$807.31	\$807.31	\$669.78	\$137.53
2 Person 1 With 1 Without Medicare A&B	\$821.70	\$821.70	\$669.78	\$151.92
2 Person Both With Medicare A&B	\$941.40	\$941.40	\$669.78	\$271.62
Family (1 With 2 Without Medicare A&B)	\$1,278.01	\$1,278.01	\$675.24	\$602.77
Family Regular (3 without Medicare)	\$824.85	\$824.85	\$675.24	\$149.61
DMC Care (PPO)				
Single Without Medicare A&B	\$892.86	\$892.86	\$370.82	\$522.04
Single With Medicare A&B	\$468.96	\$468.96	\$370.82	\$98.14
2 Person Both Without Medicare A&B	\$1,982.16	\$1,982.16	\$810.60	\$1,171.56
2 Person 1 With 1 Without Medicare A&B	\$1,361.83	\$1,361.83	\$810.60	\$551.23
2 Person Both With Medicare A&B	\$937.93	\$937.93	\$810.60	\$127.33
Family (1 With 2 Without Medicare A&B)	\$2,451.12	\$2,451.12	\$965.86	\$1,485.26
Family Regular (3 without Medicare)	\$2,419.66	\$2,419.66	\$965.86	\$1,453.80
Health Alliance Plan (HMO)				
Single Without Medicare A&B	\$534.98	\$534.98	\$297.28	\$237.70
Single With Medicare A&B	\$383.82	\$383.82	\$297.28	\$86.54
2 Person Both Without Medicare A&B	\$1,230.45	\$1,230.45	\$675.22	\$555.24
2 Person 1 With 1 Without Medicare A&B	\$918.80	\$918.80	\$675.22	\$243.59
2 Person Both With Medicare A&B	\$767.64	\$767.64	\$675.22	\$92.43
Family (1 With 2 Without Medicare A&B)	\$1,614.27	\$1,614.27	\$681.06	\$933.21
Family Regular (3 without Medicare)	\$1,261.22	\$1,261.22	\$681.06	\$580.16
Total Health Care (HMO)				
Single Without Medicare A&B	\$335.76	\$335.76	\$202.35	\$133.41
Single With Medicare A&B	\$260.21	\$260.21	\$202.35	\$57.86
2 Person Both Without Medicare A&B	\$772.25	\$772.25	\$421.70	\$350.55
2 Person 1 With 1 Without Medicare A&B	\$587.58	\$587.58	\$421.70	\$165.88
2 Person Both With Medicare A&B	\$520.43	\$520.43	\$421.70	\$98.73
Family (1 With 2 Without Medicare A&B)	\$739.41	\$739.41	\$536.43	\$202.98
Family Regular (3 without Medicare)	\$1,106.33	\$1,106.33	\$536.43	\$569.90