

Wayne State University Medical Plans
Monthly Premium Schedule
January 1, 2007 through December 31, 2007
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	\$712.51	\$712.51	\$336.22	\$376.29
Single With Medicare A&B	\$713.87	\$713.87	\$336.22	\$377.65
2 Person Both Without Medicare A&B	\$1,573.02	\$1,573.02	\$714.60	\$858.42
2 Person 1 With 1 Without Medicare A&B	\$1,426.39	\$1,426.39	\$714.60	\$711.79
2 Person Both With Medicare A&B	\$1,427.75	\$1,427.75	\$714.60	\$713.15
Family (1 With 2 Without Medicare A&B)	\$2,286.89	\$2,286.89	\$782.05	\$1,504.84
Family Regular (3 without Medicare)	\$1,924.76	\$1,924.76	\$782.05	\$1,142.71
Blue Care Network (HMO)				
Single Without Medicare A&B	\$380.83	\$380.83	\$312.08	\$68.75
Single With Medicare A&B	\$468.02	\$468.02	\$312.08	\$155.94
2 Person Both Without Medicare A&B	\$875.90	\$875.90	\$709.28	\$166.62
2 Person 1 With 1 Without Medicare A&B	\$848.85	\$848.85	\$709.28	\$139.57
2 Person Both With Medicare A&B	\$936.04	\$936.04	\$709.28	\$226.76
Family (1 With 2 Without Medicare A&B)	\$1,343.92	\$1,343.92	\$715.64	\$628.28
Family Regular (3 without Medicare)	\$1,362.95	\$1,362.95	\$715.64	\$647.31
DMC Care (PPO)				
Single Without Medicare A&B	\$880.32	\$880.32	\$356.64	\$523.68
Single With Medicare A&B	\$551.93	\$551.93	\$356.64	\$195.29
2 Person Both Without Medicare A&B	\$1,954.31	\$1,954.31	\$777.98	\$1,176.33
2 Person 1 With 1 Without Medicare A&B	\$1,432.25	\$1,432.25	\$777.98	\$654.27
2 Person Both With Medicare A&B	\$1,103.86	\$1,103.86	\$777.98	\$325.88
Family (1 With 2 Without Medicare A&B)	\$2,506.24	\$2,506.24	\$926.20	\$1,580.04
Family Regular (3 without Medicare)	\$2,385.66	\$2,385.66	\$926.20	\$1,459.46
Health Alliance Plan (HMO)				
Single Without Medicare A&B	\$586.28	\$586.28	\$315.70	\$270.58
Single With Medicare A&B	\$422.24	\$422.24	\$315.70	\$106.54
2 Person Both Without Medicare A&B	\$1,348.44	\$1,348.44	\$717.60	\$630.84
2 Person 1 With 1 Without Medicare A&B	\$1,008.52	\$1,008.52	\$717.60	\$290.92
2 Person Both With Medicare A&B	\$844.48	\$844.48	\$717.60	\$126.88
Family (1 With 2 Without Medicare A&B)	\$1,770.68	\$1,770.68	\$724.36	\$1,046.32
Family Regular (3 without Medicare)	\$1,382.16	\$1,382.16	\$724.36	\$657.80
Aetna - Medicare Advantage (Private Fee For Service)				
Single With Medicare A&B	\$360.50	\$360.50	\$201.43	\$159.07
2 Person Both With Medicare A&B	\$721.00	\$721.00	\$395.52	\$325.48
Family (3 With Medicare A&B)	\$1,081.50	\$1,081.50	\$446.96	\$634.54