

# Wayne State University Medical Plans

## 2008 Monthly Premium Schedule

### Long-Term Disability and Retirees

	Retirees	Long-Term Disability		
	<u>Monthly Premium</u>	<u>Total Cost</u>	<u>University Subsidy</u>	<u>Monthly Premium</u>
<b>Blue Cross and Blue Shield</b>				
Single Without Medicare A&B	\$812.26	\$812.26	\$350.58	\$461.68
Single With Medicare A&B	\$758.63	\$758.63	\$350.58	\$408.05
2 Person Both Without Medicare A&B	\$1,793.24	\$1,793.24	\$746.74	\$1,046.50
2 Person 1 With 1 Without Medicare A&B	\$1,570.89	\$1,570.89	\$746.74	\$824.15
2 Person Both With Medicare A&B	\$1,517.26	\$1,517.26	\$746.74	\$770.52
Family (1 With 2 Without Medicare A&B)	\$2,551.87	\$2,551.87	\$819.94	\$1,731.93
Family (All Without Medicare A&B)	\$2,194.23	\$2,194.23	\$819.94	\$1,374.29
<b>Blue Care Network (HMO)</b>				
Single Without Medicare A&B	\$399.98	\$399.98	\$329.18	\$70.80
Single With Medicare A&B	\$505.40	\$505.40	\$329.18	\$176.22
2 Person Both Without Medicare A&B	\$919.93	\$919.93	\$748.60	\$171.33
2 Person 1 With 1 Without Medicare A&B	\$905.38	\$905.38	\$748.60	\$156.78
2 Person Both With Medicare A&B	\$1,010.80	\$1,010.80	\$748.60	\$262.20
Family (1 With 2 Without Medicare A&B)	\$1,343.92	\$1,343.92	\$755.82	\$588.10
Family (All Without Medicare A&B)	\$1,445.33	\$1,445.33	\$755.82	\$689.51
<b>DMC Care (PPO)</b>				
Single Without Medicare A&B	\$985.16	\$985.16	\$387.52	\$597.64
Single With Medicare A&B	\$613.86	\$613.86	\$387.52	\$226.34
2 Person Both Without Medicare A&B	\$2,187.06	\$2,187.06	\$846.52	\$1,340.54
2 Person 1 With 1 Without Medicare A&B	\$1,599.02	\$1,599.02	\$846.52	\$752.50
2 Person Both With Medicare A&B	\$1,227.71	\$1,227.71	\$846.52	\$381.19
Family (1 With 2 Without Medicare A&B)	\$2,757.13	\$2,757.13	\$1,009.86	\$1,747.27
Family (All Without Medicare A&B)	\$2,624.69	\$2,624.69	\$1,009.86	\$1,614.83
<b>Health Alliance Plan (HMO)</b>				
Single Without Medicare A&B	\$580.42	\$580.42	\$313.04	\$267.38
Single With Medicare A&B	\$418.02	\$418.02	\$313.04	\$104.98
2 Person Both Without Medicare A&B	\$1,334.96	\$1,334.96	\$711.48	\$623.48
2 Person 1 With 1 Without Medicare A&B	\$998.44	\$998.44	\$711.48	\$286.96
2 Person Both With Medicare A&B	\$836.04	\$836.04	\$711.48	\$124.56
Family (1 With 2 Without Medicare A&B)	\$1,752.98	\$1,752.98	\$718.10	\$1,034.88
Family (All Without Medicare A&B)	\$1,368.34	\$1,368.34	\$718.10	\$650.24
<b>Health Alliance Plan Senior Plus - Medicare Advantage (HMO)</b>				
Single With Medicare A&B	\$333.21	\$333.21	\$182.21	\$151.00
2 Person Both With Medicare A&B	\$666.42	\$666.42	\$358.23	\$308.19
Family (3 With Medicare A&B)	\$999.63	\$999.63	\$406.73	\$592.90
<b>Aetna - Medicare Advantage (Private Fee For Service)</b>				
Single With Medicare A&B	See Attached	Please call Total Compensation & Wellness for LTD rates		
2 Person Both With Medicare A&B	Sheet for state			
Family (3 With Medicare A&B)	specific rates			