



**Medical Plan Biweekly Premium Schedule**  
**January 1, 2010 through December 31, 2010**  
**AAUP-AFT, Graduate Assistants and Stipends**

	12-Month Employees			9-Month Employees		
	Total Biweekly Cost	University Biweekly Subsidy	Employee Biweekly Cost	Total Biweekly Cost	University Biweekly Subsidy	Employee Biweekly Cost
<b>Blue Cross and Blue Shield</b>						
Single	\$345.41	\$177.19	\$168.23	\$460.55	\$236.25	\$224.30
Two Person	\$761.32	\$377.93	\$383.39	\$1,015.09	\$503.91	\$511.18
Family	\$930.14	\$414.23	\$515.91	\$1,240.19	\$552.31	\$687.88
<b>Blue Care Network (HMO)</b>						
Single	\$209.28	\$171.09	\$38.19	\$279.03	\$228.12	\$50.91
Two Person	\$481.34	\$389.27	\$92.07	\$641.78	\$519.02	\$122.76
Family	\$491.80	\$393.19	\$98.61	\$655.73	\$524.25	\$131.48
<i>Sponsored Dependent</i>	\$251.13	\$0.00	\$251.13	\$334.84	\$0.00	\$334.84
<i>Senior Rider</i>	\$235.38	\$0.00	\$235.38	\$313.84	\$0.00	\$313.84
<b>Community Blue (PPO)</b>						
Single	\$322.60	\$205.66	\$116.95	\$430.13	\$274.21	\$155.93
Two Person	\$712.11	\$468.74	\$243.38	\$949.48	\$624.98	\$324.50
Family	\$871.26	\$582.49	\$288.77	\$1,161.67	\$776.65	\$385.02
<b>DMC Care (PPO)</b>						
Single	\$245.58	\$196.18	\$49.41	\$327.44	\$261.57	\$65.87
Two Person	\$545.20	\$428.62	\$116.58	\$726.93	\$571.49	\$155.43
Family	\$665.53	\$511.48	\$154.05	\$887.37	\$681.97	\$205.40
<i>Sponsored Dependent</i>	\$307.65	\$0.00	\$307.65	\$410.20	\$0.00	\$410.20
<i>Senior Rider</i>	\$375.19	\$0.00	\$375.19	\$500.25	\$0.00	\$500.25
<b>Health Alliance Plan (HMO)</b>						
Single	\$197.28	\$162.99	\$34.29	\$263.04	\$217.32	\$45.72
Two Person	\$453.75	\$370.62	\$83.14	\$605.00	\$494.15	\$110.85
Family	\$463.62	\$374.26	\$89.36	\$618.15	\$499.01	\$119.14
<i>Sponsored Dependent</i>	\$246.60	\$0.00	\$246.60	\$328.80	\$0.00	\$328.80
<i>Senior Rider</i>	\$222.43	\$0.00	\$222.43	\$296.57	\$0.00	\$296.57
<b>Total Health Care (HMO)</b>						
Single	\$109.36	\$97.25	\$12.12	\$145.81	\$129.66	\$16.15
Two Person	\$227.91	\$202.67	\$25.25	\$303.88	\$270.22	\$33.66
Family	\$289.92	\$257.81	\$32.11	\$386.56	\$343.75	\$42.81
<i>Sponsored Dependent</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

# Wayne State University Medical Plans

## Monthly Premium Schedule

January 1, 2010 through December 31, 2010

AAUP-AFT, Graduate Assistants and Stipends

	Unpaid Leave of Absence (Non - FMLA)	COBRA Coverage		
	Monthly Premium	Monthly Premium	Admin Fee	COBRA Cost
<b>Blue Cross and Blue Shield</b>				
Single	\$690.82	\$690.82	\$13.82	\$704.64
Two Person	\$1,522.63	\$1,522.63	\$30.45	\$1,553.08
Family	\$1,860.28	\$1,860.28	\$37.21	\$1,897.49
<b>Blue Care Network (HMO)</b>				
Single	\$418.55	\$418.55	\$8.37	\$426.92
Two Person	\$962.67	\$962.67	\$19.25	\$981.92
Family	\$983.60	\$983.60	\$19.67	\$1,003.27
<i>Sponsored Dependent</i>	\$502.26	\$502.26	\$10.05	\$512.31
<i>Senior Rider</i>	\$470.76	\$470.76	\$9.42	\$480.18
<b>Community Blue (PPO)</b>				
Single	\$645.20	\$645.20	\$12.90	\$658.10
Two Person	\$1,424.22	\$1,424.22	\$28.48	\$1,452.70
Family	\$1,742.51	\$1,742.51	\$34.85	\$1,777.36
<b>DMC Care (PPO)</b>				
Single	\$491.16	\$491.16	\$9.82	\$500.98
Two Person	\$1,090.39	\$1,090.39	\$21.81	\$1,112.20
Family	\$1,331.06	\$1,331.06	\$26.62	\$1,357.68
<i>Sponsored Dependent</i>	\$615.30	\$615.30	\$12.31	\$627.61
<i>Senior Rider</i>	\$750.37	\$750.37	\$15.01	\$765.38
<b>Health Alliance Plan (HMO)</b>				
Single	\$394.56	\$394.56	\$7.89	\$402.45
Two Person	\$907.50	\$907.50	\$18.15	\$925.65
Family	\$927.23	\$927.23	\$18.54	\$945.77
<i>Sponsored Dependent</i>	\$493.20	\$493.20	\$9.86	\$503.06
<i>Senior Rider</i>	\$444.85	\$444.85	\$8.90	\$453.75
<b>Total Health Care (HMO)</b>				
Single	\$218.72	\$218.72	\$4.37	\$223.09
Two Person	\$455.82	\$455.82	\$9.12	\$464.94
Family	\$579.84	\$579.84	\$11.60	\$591.44
<i>Sponsored Dependent</i>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Delta Dental</b>				
Single	\$33.32	\$33.32	\$0.67	\$33.99
Two Person	\$60.50	\$60.50	\$1.21	\$61.71
Family	\$107.12	\$107.12	\$2.14	\$109.26
<b>Vision Coverage - EyeMed</b>				
Single	\$8.00	\$8.00	\$0.16	\$8.16
Two Person	\$15.14	\$15.14	\$0.30	\$15.44
Family	\$22.28	\$22.28	\$0.45	\$22.73