



Medical Plan Biweekly Premium Schedule

January 1, 2010 through December 31, 2010

Active Employees (Excludes 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 |
| Blue Cross and Blue Shield | | | | | | |
| Single | \$350.90 | \$181.13 | \$169.77 | \$467.86 | \$241.51 | \$226.35 |
| Two Person | \$773.41 | \$386.84 | \$386.57 | \$1,031.21 | \$515.79 | \$515.42 |
| Family | \$944.92 | \$424.01 | \$520.91 | \$1,259.89 | \$565.35 | \$694.54 |
| Blue Care Network (HMO) | | | | | | |
| Single | \$217.74 | \$177.01 | \$40.73 | \$290.31 | \$236.01 | \$54.30 |
| Two Person | \$500.79 | \$402.88 | \$97.91 | \$667.72 | \$537.17 | \$130.55 |
| Family | \$511.68 | \$407.10 | \$104.58 | \$682.23 | \$542.80 | \$139.43 |
| <i>Sponsored Dependent</i> | \$280.79 | \$0.00 | \$280.79 | \$374.38 | \$0.00 | \$374.38 |
| <i>Senior Rider</i> | \$258.94 | \$0.00 | \$258.94 | \$345.25 | \$0.00 | \$345.25 |
| Community Blue (PPO) | | | | | | |
| Single | \$327.73 | \$209.25 | \$118.48 | \$436.97 | \$278.99 | \$157.98 |
| Two Person | \$723.43 | \$476.66 | \$246.77 | \$964.57 | \$635.54 | \$329.03 |
| Family | \$885.10 | \$592.18 | \$292.92 | \$1,180.13 | \$789.57 | \$390.56 |
| DMC Care (PPO) | | | | | | |
| Single | \$249.34 | \$198.81 | \$50.53 | \$332.45 | \$265.07 | \$67.38 |
| Two Person | \$553.53 | \$434.46 | \$119.07 | \$738.04 | \$579.28 | \$158.76 |
| Family | \$675.71 | \$518.61 | \$157.10 | \$900.95 | \$691.48 | \$209.47 |
| <i>Sponsored Dependent</i> | \$312.36 | \$0.00 | \$312.36 | \$416.47 | \$0.00 | \$416.47 |
| <i>Senior Rider</i> | \$380.93 | \$0.00 | \$380.93 | \$507.90 | \$0.00 | \$507.90 |
| Health Alliance Plan (HMO) | | | | | | |
| Single | \$206.50 | \$169.44 | \$37.06 | \$275.33 | \$225.92 | \$49.41 |
| Two Person | \$474.95 | \$385.45 | \$89.50 | \$633.26 | \$513.93 | \$119.33 |
| Family | \$485.27 | \$389.42 | \$95.85 | \$647.03 | \$519.23 | \$127.80 |
| <i>Sponsored Dependent</i> | \$258.12 | \$0.00 | \$258.12 | \$344.16 | \$0.00 | \$344.16 |
| <i>Senior Rider</i> | \$229.54 | \$0.00 | \$229.54 | \$306.05 | \$0.00 | \$306.05 |
| Total Health Care (HMO) | | | | | | |
| Single | \$110.98 | \$98.38 | \$12.60 | \$147.97 | \$131.17 | \$16.80 |
| Two Person | \$231.28 | \$205.03 | \$26.25 | \$308.37 | \$273.37 | \$35.00 |
| Family | \$294.21 | \$260.81 | \$33.40 | \$392.27 | \$347.75 | \$44.52 |
| <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

Active Employees (Excludes AAUP-AFT, Graduate Assistants and Stipends)

| | Unpaid Leave of Absence (Non - FMLA) | COBRA Coverage | | |
|-----------------------------------|---|--------------------|--------------|---------------|
| | Monthly Premium | Monthly Premium | Admin Fee | COBRA Cost |
| Blue Cross and Blue Shield | | | | |
| Single | \$701.79 | \$701.79 | \$14.04 | \$715.83 |
| Two Person | \$1,546.82 | \$1,546.82 | \$30.94 | \$1,577.76 |
| Family | \$1,889.84 | \$1,889.84 | \$37.80 | \$1,927.64 |
| Blue Care Network (HMO) | | | | |
| Single | \$435.47 | \$435.47 | \$8.71 | \$444.18 |
| Two Person | \$1,001.58 | \$1,001.58 | \$20.03 | \$1,021.61 |
| Family | \$1,023.35 | \$1,023.35 | \$20.47 | \$1,043.82 |
| <i>Sponsored Dependent</i> | \$561.57 | \$561.57 | \$11.23 | \$572.80 |
| <i>Senior Rider</i> | \$517.88 | \$517.88 | \$10.36 | \$528.24 |
| Community Blue (PPO) | | | | |
| Single | \$655.45 | \$655.45 | \$13.11 | \$668.56 |
| Two Person | \$1,446.85 | \$1,446.85 | \$28.94 | \$1,475.79 |
| Family | \$1,770.20 | \$1,770.20 | \$35.40 | \$1,805.60 |
| DMC Care (PPO) | | | | |
| Single | \$498.67 | \$498.67 | \$9.97 | \$508.64 |
| Two Person | \$1,107.06 | \$1,107.06 | \$22.14 | \$1,129.20 |
| Family | \$1,351.42 | \$1,351.42 | \$27.03 | \$1,378.45 |
| <i>Sponsored Dependent</i> | \$624.71 | \$624.71 | \$12.49 | \$637.20 |
| <i>Senior Rider</i> | \$761.85 | \$761.85 | \$15.24 | \$777.09 |
| Health Alliance Plan (HMO) | | | | |
| Single | \$412.99 | \$412.99 | \$8.26 | \$421.25 |
| Two Person | \$949.89 | \$949.89 | \$19.00 | \$968.89 |
| Family | \$970.54 | \$970.54 | \$19.41 | \$989.95 |
| <i>Sponsored Dependent</i> | \$516.24 | \$516.24 | \$10.32 | \$526.56 |
| <i>Senior Rider</i> | \$459.08 | \$459.08 | \$9.18 | \$468.26 |
| Total Health Care (HMO) | | | | |
| Single | \$221.96 | \$221.96 | \$4.44 | \$226.40 |
| Two Person | \$462.56 | \$462.56 | \$9.25 | \$471.81 |
| Family | \$588.41 | \$588.41 | \$11.77 | \$600.18 |
| <i>Sponsored Dependent</i> | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Delta Dental | | | | |
| 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 |
| Vision Coverage - EyeMed | | | | |
| 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 |