

**Wayne State University Medical Plan Rates**  
**Biweekly Premium Schedule**  
**January 1, 2008 through December 31, 2008**  
**Active Employees**

	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	\$347.12	\$175.29	\$171.83	\$462.83	\$233.72	\$229.11
Two Person	\$765.07	\$373.37	\$391.70	\$1,020.09	\$497.83	\$522.27
Family	\$934.73	\$409.97	\$524.76	\$1,246.31	\$546.63	\$699.68
<b>Blue Care Network (HMO)</b>						
Single	\$199.99	\$164.59	\$35.40	\$266.65	\$219.45	\$47.20
Two Person	\$459.97	\$374.30	\$85.67	\$613.29	\$499.07	\$114.23
Family	\$469.97	\$377.91	\$92.06	\$626.63	\$503.88	\$122.75
<i>Sponsored Dependent</i>	\$239.99	\$0.00	\$239.99	\$319.99	\$0.00	\$319.99
<i>Senior Rider</i>	\$252.70	\$0.00	\$252.70	\$336.93	\$0.00	\$336.93
<b>Community Blue (PPO)</b>						
Single	\$324.19	\$206.77	\$117.42	\$432.25	\$275.69	\$156.56
Two Person	\$715.63	\$471.19	\$244.44	\$954.17	\$628.25	\$325.92
Family	\$875.56	\$585.50	\$290.06	\$1,167.41	\$780.67	\$386.75
<b>DMC Care (PPO)</b>						
Single	\$242.13	\$193.76	\$48.37	\$322.84	\$258.35	\$64.49
Two Person	\$537.53	\$423.26	\$114.27	\$716.71	\$564.35	\$152.36
Family	\$656.18	\$504.93	\$151.25	\$874.91	\$673.24	\$201.67
<i>Sponsored Dependent</i>	\$297.82	\$0.00	\$297.82	\$397.09	\$0.00	\$397.09
<i>Senior Rider</i>	\$363.20	\$0.00	\$363.20	\$484.27	\$0.00	\$484.27
<b>Health Alliance Plan (HMO)</b>						
Single	\$188.04	\$156.52	\$31.52	\$250.72	\$208.69	\$42.03
Two Person	\$432.50	\$355.74	\$76.76	\$576.67	\$474.32	\$102.35
Family	\$441.90	\$359.05	\$82.85	\$589.20	\$478.73	\$110.47
<i>Sponsored Dependent</i>	\$235.05	\$0.00	\$235.05	\$313.40	\$0.00	\$313.40
<i>Senior Rider</i>	\$209.01	\$0.00	\$209.01	\$278.68	\$0.00	\$278.68
<b>Total Health Care (HMO)</b>						
Single	\$116.20	\$102.03	\$14.17	\$154.93	\$136.04	\$18.89
Two Person	\$242.17	\$212.65	\$29.52	\$322.89	\$283.53	\$39.36
Family	\$308.05	\$270.50	\$37.55	\$410.73	\$360.67	\$50.07
<i>Sponsored Dependent</i>	\$81.34	\$0.00	\$81.34	\$108.45	\$0.00	\$108.45

# Wayne State University Medical Plans

## Monthly Premium Schedule

January 1, 2008 through December 31, 2008

	Unpaid Leave of Absence (Non - FMLA)	COBRA Coverage		
	Monthly <u>Premium</u>	Monthly <u>Premium</u>	Admin <u>Fee</u>	COBRA <u>Cost</u>
<b>Blue Cross and Blue Shield</b>				
Single	\$694.24	\$694.24	\$13.88	\$708.12
Two Person	\$1,530.14	\$1,530.14	\$30.60	\$1,560.74
Family	\$1,869.46	\$1,869.46	\$37.39	\$1,906.85
<b>Blue Care Network (HMO)</b>				
Single	\$399.98	\$399.98	\$8.00	\$407.98
Two Person	\$919.93	\$919.93	\$18.40	\$938.33
Family	\$939.93	\$939.93	\$18.80	\$958.73
<i>Sponsored Dependent</i>	\$479.98	\$479.98	\$9.60	\$489.58
<i>Senior Rider</i>	\$505.40	\$505.40	\$10.11	\$515.51
<b>Community Blue (PPO)</b>				
Single	\$648.38	\$648.38	\$12.97	\$661.35
Two Person	\$1,431.25	\$1,431.25	\$28.63	\$1,459.88
Family	\$1,751.11	\$1,751.11	\$35.02	\$1,786.13
<b>DMC Care (PPO)</b>				
Single	\$484.26	\$484.26	\$9.69	\$493.95
Two Person	\$1,075.06	\$1,075.06	\$21.50	\$1,096.56
Family	\$1,312.35	\$1,312.35	\$26.25	\$1,338.60
<i>Sponsored Dependent</i>	\$595.64	\$595.64	\$11.91	\$607.55
<i>Senior Rider</i>	\$726.39	\$726.39	\$14.53	\$740.92
<b>Health Alliance Plan (HMO)</b>				
Single	\$376.08	\$376.08	\$7.52	\$383.60
Two Person	\$864.99	\$864.99	\$17.30	\$882.29
Family	\$883.79	\$883.79	\$17.68	\$901.47
<i>Sponsored Dependent</i>	\$470.10	\$470.10	\$9.40	\$479.50
<i>Senior Rider</i>	\$418.02	\$418.02	\$8.36	\$426.38
<b>Total Health Care (HMO)</b>				
Single	\$232.40	\$232.40	\$4.65	\$237.05
Two Person	\$484.34	\$484.34	\$9.69	\$494.03
Family	\$616.10	\$616.10	\$12.32	\$628.42
<i>Sponsored Dependent</i>	\$162.68	\$162.68	\$3.25	\$165.93
<b>Delta Dental</b>				
Single		\$33.48	\$0.67	\$34.15
Two Person		\$62.61	\$1.25	\$63.86
Family		\$108.54	\$2.17	\$110.71
<b>Vision Coverage - EyeMed</b>				
Single		\$8.00	\$0.16	\$8.16
Two Person		\$15.14	\$0.30	\$15.44
Family		\$22.28	\$0.45	\$22.73