

**Wayne State University Medical Plan Rates**  
**Biweekly Premium Schedule**  
**January 1, 2009 through December 31, 2009**  
**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	\$328.52	\$175.42	\$153.10	\$438.03	\$233.89	\$204.13
Two Person	\$724.09	\$373.92	\$350.17	\$965.45	\$498.56	\$466.89
Family	\$884.66	\$409.53	\$475.13	\$1,179.55	\$546.04	\$633.51
<b>Blue Care Network (HMO)</b>						
Single	\$209.36	\$171.15	\$38.21	\$279.15	\$228.20	\$50.95
Two Person	\$481.53	\$389.40	\$92.13	\$642.03	\$519.19	\$122.84
Family	\$491.99	\$393.32	\$98.67	\$655.99	\$524.43	\$131.56
<i>Sponsored Dependent</i>	\$251.23	\$0.00	\$251.23	\$334.97	\$0.00	\$334.97
<i>Senior Rider</i>	\$253.55	\$0.00	\$253.55	\$338.06	\$0.00	\$338.06
<b>Community Blue (PPO)</b>						
Single	\$306.83	\$194.62	\$112.21	\$409.10	\$259.49	\$149.61
Two Person	\$677.29	\$444.36	\$232.93	\$903.05	\$592.48	\$310.57
Family	\$828.66	\$552.67	\$275.99	\$1,104.87	\$736.88	\$367.99
<b>DMC Care (PPO)</b>						
Single	\$245.34	\$196.01	\$49.33	\$327.11	\$261.34	\$65.77
Two Person	\$544.65	\$428.24	\$116.41	\$726.20	\$570.99	\$155.21
Family	\$664.87	\$511.02	\$153.85	\$886.49	\$681.36	\$205.13
<i>Sponsored Dependent</i>	\$307.35	\$0.00	\$307.35	\$409.80	\$0.00	\$409.80
<i>Senior Rider</i>	\$374.82	\$0.00	\$374.82	\$499.75	\$0.00	\$499.75
<b>Health Alliance Plan (HMO)</b>						
Single	\$195.18	\$161.52	\$33.66	\$260.24	\$215.36	\$44.88
Two Person	\$448.92	\$367.23	\$81.69	\$598.56	\$489.64	\$108.92
Family	\$458.68	\$370.81	\$87.88	\$611.57	\$494.41	\$117.17
<i>Sponsored Dependent</i>	\$243.98	\$0.00	\$243.98	\$325.30	\$0.00	\$325.30
<i>Senior Rider</i>	\$216.96	\$0.00	\$216.96	\$289.28	\$0.00	\$289.28
<b>Total Health Care (HMO)</b>						
Single	\$114.81	\$101.06	\$13.75	\$153.08	\$134.75	\$18.33
Two Person	\$239.26	\$210.61	\$28.65	\$319.01	\$280.81	\$38.20
Family	\$304.36	\$267.92	\$36.44	\$405.81	\$357.22	\$48.59
<i>Sponsored Dependent</i>	\$80.37	\$0.00	\$80.37	\$107.15	\$0.00	\$107.15

# Wayne State University Medical Plans

## Monthly Premium Schedule

January 1, 2009 through December 31, 2009

	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	\$657.04	\$657.04	\$13.14	\$670.18
Two Person	\$1,448.18	\$1,448.18	\$28.96	\$1,477.14
Family	\$1,769.32	\$1,769.32	\$35.39	\$1,804.71
<b>Blue Care Network (HMO)</b>				
Single	\$418.72	\$418.72	\$8.37	\$427.09
Two Person	\$963.05	\$963.05	\$19.26	\$982.31
Family	\$983.98	\$983.98	\$19.68	\$1,003.66
<i>Sponsored Dependent</i>	\$502.46	\$502.46	\$10.05	\$512.51
<i>Senior Rider</i>	\$507.09	\$507.09	\$10.14	\$517.23
<b>Community Blue (PPO)</b>				
Single	\$613.65	\$613.65	\$12.27	\$625.92
Two Person	\$1,354.58	\$1,354.58	\$27.09	\$1,381.67
Family	\$1,657.31	\$1,657.31	\$33.15	\$1,690.46
<b>DMC Care (PPO)</b>				
Single	\$490.67	\$490.67	\$9.81	\$500.48
Two Person	\$1,089.30	\$1,089.30	\$21.79	\$1,111.09
Family	\$1,329.73	\$1,329.73	\$26.59	\$1,356.32
<i>Sponsored Dependent</i>	\$614.70	\$614.70	\$12.29	\$626.99
<i>Senior Rider</i>	\$749.63	\$749.63	\$14.99	\$764.62
<b>Health Alliance Plan (HMO)</b>				
Single	\$390.36	\$390.36	\$7.81	\$398.17
Two Person	\$897.84	\$897.84	\$17.96	\$915.80
Family	\$917.36	\$917.36	\$18.35	\$935.71
<i>Sponsored Dependent</i>	\$487.95	\$487.95	\$9.76	\$497.71
<i>Senior Rider</i>	\$433.92	\$433.92	\$8.68	\$442.60
<b>Total Health Care (HMO)</b>				
Single	\$229.62	\$229.62	\$4.59	\$234.21
Two Person	\$478.52	\$478.52	\$9.57	\$488.09
Family	\$608.71	\$608.71	\$12.17	\$620.88
<i>Sponsored Dependent</i>	\$160.73	\$160.73	\$3.21	\$163.94
<b>Delta Dental</b>				
Single	\$33.36	\$33.36	\$0.67	\$34.03
Two Person	\$61.95	\$61.95	\$1.24	\$63.19
Family	\$107.17	\$107.17	\$2.14	\$109.31
<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