

# Wayne State University Medical Plans

## Biweekly Premium Schedule

January 1, 2006 through December 31, 2006

### Active Employees

	12-Month Employees			9-Month Employees		
	<u>Total Cost</u>	<u>University Subsidy</u>	<u>Employee Cost</u>	<u>Total Cost</u>	<u>University Subsidy</u>	<u>Employee Cost</u>
<b>Blue Cross and Blue Shield</b>						
Single	\$330.26	\$166.20	\$164.06	\$440.34	\$221.60	\$218.74
Two Person	\$727.39	\$352.90	\$374.49	\$969.85	\$470.53	\$499.31
Family	\$888.11	\$387.14	\$500.97	\$1,184.14	\$516.19	\$667.95
<b>Blue Care Network (HMO)</b>						
Single	\$175.50	\$147.45	\$28.05	\$234.00	\$196.60	\$37.40
Two Person	\$403.66	\$334.89	\$68.77	\$538.21	\$446.52	\$91.69
Family	\$412.43	\$337.62	\$74.80	\$549.90	\$450.16	\$99.74
<i>Sponsored Dependent</i>	\$210.60	\$0.00	\$210.60	\$280.80	\$0.00	\$280.80
<i>Senior Rider</i>	\$235.35	\$0.00	\$235.35	\$313.80	\$0.00	\$313.80
<b>Community Blue (PPO)</b>						
Single	\$308.17	\$195.56	\$112.62	\$410.89	\$260.74	\$150.15
Two Person	\$679.78	\$446.11	\$233.68	\$906.37	\$594.81	\$311.57
Family	\$831.17	\$554.43	\$276.74	\$1,108.22	\$739.24	\$368.98
<b>DMC Care (PPO)</b>						
Single	\$230.20	\$185.41	\$44.79	\$306.93	\$247.21	\$59.72
Two Person	\$511.88	\$405.30	\$106.58	\$682.51	\$540.40	\$142.11
Family	\$624.75	\$482.93	\$141.82	\$833.00	\$643.91	\$189.09
<i>Sponsored Dependent</i>	\$283.53	\$0.00	\$283.53	\$378.04	\$0.00	\$378.04
<i>Senior Rider</i>	\$363.94	\$0.00	\$363.94	\$485.25	\$0.00	\$485.25
<b>Health Alliance Plan (HMO)</b>						
Single	\$176.78	\$148.64	\$28.14	\$235.71	\$198.19	\$37.52
Two Person	\$406.60	\$337.61	\$68.99	\$542.13	\$450.14	\$91.98
Family	\$415.44	\$340.53	\$74.90	\$553.91	\$454.04	\$99.87
<i>Sponsored Dependent</i>	\$220.98	\$0.00	\$220.98	\$294.63	\$0.00	\$294.63
<i>Senior Rider</i>	\$191.91	\$0.00	\$191.91	\$255.88	\$0.00	\$255.88
<b>Total Health Care (HMO)</b>						
Single	\$114.97	\$101.17	\$13.80	\$153.29	\$134.90	\$18.40
Two Person	\$239.60	\$210.85	\$28.75	\$319.47	\$281.13	\$38.34
Family	\$304.79	\$268.22	\$36.57	\$406.39	\$357.62	\$48.77
<i>Sponsored Dependent</i>	\$109.22	\$0.00	\$109.22	\$145.63	\$0.00	\$145.63

# Wayne State University Medical Plans

## Monthly Premium Schedule

January 1, 2006 through December 31, 2006

	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	\$660.51	\$660.51	\$13.21	\$673.72
Two Person	\$1,454.77	\$1,454.77	\$29.10	\$1,483.87
Family	\$1,776.21	\$1,776.21	\$35.52	\$1,811.73
<b>Blue Care Network (HMO)</b>				
Single	\$351.00	\$351.00	\$7.02	\$358.02
Two Person	\$807.31	\$807.31	\$16.15	\$823.46
Family	\$824.85	\$824.85	\$16.50	\$841.35
<i>Sponsored Dependent</i>	\$421.20	\$421.20	\$8.42	\$429.62
<i>Senior Rider</i>	\$470.70	\$470.70	\$9.41	\$480.11
<b>Community Blue (PPO)</b>				
Single	\$616.34	\$616.34	\$12.33	\$628.67
Two Person	\$1,359.56	\$1,359.56	\$27.19	\$1,386.75
Family	\$1,662.33	\$1,662.33	\$33.25	\$1,695.58
<b>DMC Care (PPO)</b>				
Single	\$460.40	\$460.40	\$9.21	\$469.61
Two Person	\$1,023.76	\$1,023.76	\$20.48	\$1,044.24
Family	\$1,249.50	\$1,249.50	\$24.99	\$1,274.49
<i>Sponsored Dependent</i>	\$567.06	\$567.06	\$11.34	\$578.40
<i>Senior Rider</i>	\$727.88	\$727.88	\$14.56	\$742.44
<b>Health Alliance Plan (HMO)</b>				
Single	\$353.56	\$353.56	\$7.07	\$360.63
Two Person	\$813.19	\$813.19	\$16.26	\$829.45
Family	\$830.87	\$830.87	\$16.62	\$847.49
<i>Sponsored Dependent</i>	\$441.95	\$441.95	\$8.84	\$450.79
<i>Senior Rider</i>	\$383.82	\$383.82	\$7.68	\$391.50
<b>Total Health Care (HMO)</b>				
Single	\$229.94	\$229.94	\$4.60	\$234.54
Two Person	\$479.20	\$479.20	\$9.58	\$488.78
Family	\$609.58	\$609.58	\$12.19	\$621.77
<i>Sponsored Dependent</i>	\$218.44	\$218.44	\$4.37	\$222.81
<b>Delta Dental</b>				
Single		\$30.09	\$0.60	\$30.69
Two Person		\$58.48	\$1.17	\$59.65
Family		\$102.11	\$2.04	\$104.15
<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