

**Wayne State University Medical Plan Rates**  
**Biweekly Premium Schedule**  
**January 1, 2007 through December 31, 2007**  
**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	\$324.46	\$168.11	\$156.35	\$432.61	\$224.14	\$208.47
Two Person	\$715.12	\$357.30	\$357.82	\$953.49	\$476.40	\$477.09
Family	\$873.71	\$391.03	\$482.68	\$1,164.94	\$521.37	\$643.57
<b>Blue Care Network (HMO)</b>						
Single	\$187.78	\$156.04	\$31.74	\$250.37	\$208.06	\$42.31
Two Person	\$431.88	\$354.64	\$77.24	\$575.84	\$472.86	\$102.98
Family	\$441.27	\$357.82	\$83.45	\$588.35	\$477.09	\$111.27
<i>Sponsored Dependent</i>	\$225.33	\$0.00	\$225.33	\$300.44	\$0.00	\$300.44
<i>Senior Rider</i>	\$234.01	\$0.00	\$234.01	\$312.01	\$0.00	\$312.01
<b>Community Blue (PPO)</b>						
Single	\$303.03	\$191.96	\$111.07	\$404.03	\$255.94	\$148.09
Two Person	\$668.91	\$438.49	\$230.42	\$891.87	\$584.65	\$307.22
Family	\$818.40	\$545.49	\$272.91	\$1,091.19	\$727.32	\$363.87
<b>DMC Care (PPO)</b>						
Single	\$220.08	\$178.32	\$41.76	\$293.44	\$237.77	\$55.67
Two Person	\$488.58	\$388.99	\$99.59	\$651.44	\$518.65	\$132.79
Family	\$596.42	\$463.10	\$133.32	\$795.23	\$617.47	\$177.76
<i>Sponsored Dependent</i>	\$271.07	\$0.00	\$271.07	\$361.42	\$0.00	\$361.42
<i>Senior Rider</i>	\$347.94	\$0.00	\$347.94	\$463.92	\$0.00	\$463.92
<b>Health Alliance Plan (HMO)</b>						
Single	\$189.94	\$157.85	\$32.09	\$253.25	\$210.46	\$42.79
Two Person	\$436.87	\$358.80	\$78.07	\$582.49	\$478.40	\$104.09
Family	\$446.36	\$362.18	\$84.18	\$595.15	\$482.91	\$112.24
<i>Sponsored Dependent</i>	\$237.43	\$0.00	\$237.43	\$316.57	\$0.00	\$316.57
<i>Senior Rider</i>	\$211.12	\$0.00	\$211.12	\$281.49	\$0.00	\$281.49
<b>Total Health Care (HMO)</b>						
Single	\$118.41	\$103.58	\$14.83	\$157.88	\$138.11	\$19.77
Two Person	\$246.77	\$215.87	\$30.90	\$329.02	\$287.82	\$41.20
Family	\$313.91	\$274.60	\$39.31	\$418.54	\$366.13	\$52.41
<i>Sponsored Dependent</i>	\$82.89	\$0.00	\$82.89	\$110.51	\$0.00	\$110.51

# Wayne State University Medical Plans

## Monthly Premium Schedule

January 1, 2007 through December 31, 2007

	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	\$648.91	\$648.91	\$12.98	\$661.89
Two Person	\$1,430.24	\$1,430.24	\$28.60	\$1,458.84
Family	\$1,747.41	\$1,747.41	\$34.95	\$1,782.36
<b>Blue Care Network (HMO)</b>				
Single	\$375.55	\$375.55	\$7.51	\$383.06
Two Person	\$863.76	\$863.76	\$17.28	\$881.04
Family	\$882.53	\$882.53	\$17.65	\$900.18
<i>Sponsored Dependent</i>	\$450.66	\$450.66	\$9.01	\$459.67
<i>Senior Rider</i>	\$468.02	\$468.02	\$9.36	\$477.38
<b>Community Blue (PPO)</b>				
Single	\$606.05	\$606.05	\$12.12	\$618.17
Two Person	\$1,337.81	\$1,337.81	\$26.76	\$1,364.57
Family	\$1,636.79	\$1,636.79	\$32.74	\$1,669.53
<b>DMC Care (PPO)</b>				
Single	\$440.16	\$440.16	\$8.80	\$448.96
Two Person	\$977.16	\$977.16	\$19.54	\$996.70
Family	\$1,192.84	\$1,192.84	\$23.86	\$1,216.70
<i>Sponsored Dependent</i>	\$542.13	\$542.13	\$10.84	\$552.97
<i>Senior Rider</i>	\$695.88	\$695.88	\$13.92	\$709.80
<b>Health Alliance Plan (HMO)</b>				
Single	\$379.88	\$379.88	\$7.60	\$387.48
Two Person	\$873.73	\$873.73	\$17.47	\$891.20
Family	\$892.72	\$892.72	\$17.85	\$910.57
<i>Sponsored Dependent</i>	\$474.85	\$474.85	\$9.50	\$484.35
<i>Senior Rider</i>	\$422.24	\$422.24	\$8.44	\$430.68
<b>Total Health Care (HMO)</b>				
Single	\$236.82	\$236.82	\$4.74	\$241.56
Two Person	\$493.53	\$493.53	\$9.87	\$503.40
Family	\$627.81	\$627.81	\$12.56	\$640.37
<i>Sponsored Dependent</i>	\$165.77	\$165.77	\$3.32	\$169.09
<b>Delta Dental</b>				
Single		\$32.09	\$0.64	\$32.73
Two Person		\$59.54	\$1.19	\$60.73
Family		\$104.53	\$2.09	\$106.62
<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