



Medical Plan Biweekly Premium Schedule
October 1, 2009 through December 31, 2009
AAUP-AFT and Graduate Assistant 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
Blue Cross and Blue Shield						
Single	\$323.19	\$171.37	\$151.82	\$430.92	\$228.49	\$202.43
Two Person	\$712.34	\$364.77	\$347.57	\$949.78	\$486.36	\$463.42
Family	\$870.30	\$399.42	\$470.88	\$1,160.40	\$532.56	\$627.84
Blue Care Network (HMO)						
Single	\$201.80	\$165.86	\$35.94	\$269.06	\$221.14	\$47.92
Two Person	\$464.13	\$377.22	\$86.91	\$618.83	\$502.95	\$115.88
Family	\$474.21	\$380.88	\$93.34	\$632.28	\$507.83	\$124.45
<i>Sponsored Dependent</i>	\$242.16	\$0.00	\$242.16	\$322.87	\$0.00	\$322.87
<i>Senior Rider</i>	\$234.19	\$0.00	\$234.19	\$312.25	\$0.00	\$312.25
Community Blue (PPO)						
Single	\$301.85	\$191.13	\$110.72	\$402.46	\$254.84	\$147.62
Two Person	\$666.30	\$436.67	\$229.64	\$888.40	\$582.22	\$306.18
Family	\$815.21	\$543.26	\$271.95	\$1,086.94	\$724.34	\$362.60
DMC Care (PPO)						
Single	\$240.02	\$192.28	\$47.74	\$320.02	\$256.37	\$63.65
Two Person	\$532.83	\$419.97	\$112.87	\$710.44	\$559.95	\$150.49
Family	\$650.44	\$500.92	\$149.53	\$867.25	\$667.89	\$199.37
<i>Sponsored Dependent</i>	\$300.69	\$0.00	\$300.69	\$400.91	\$0.00	\$400.91
<i>Senior Rider</i>	\$366.69	\$0.00	\$366.69	\$488.91	\$0.00	\$488.91
Health Alliance Plan (HMO)						
Single	\$185.85	\$154.99	\$30.86	\$247.79	\$206.65	\$41.15
Two Person	\$427.45	\$352.21	\$75.25	\$569.93	\$469.61	\$100.33
Family	\$436.74	\$355.45	\$81.30	\$582.32	\$473.93	\$108.39
<i>Sponsored Dependent</i>	\$232.31	\$0.00	\$232.31	\$309.74	\$0.00	\$309.74
<i>Senior Rider</i>	\$209.57	\$0.00	\$209.57	\$279.43	\$0.00	\$279.43
Total Health Care (HMO)						
Single	\$113.06	\$99.84	\$13.23	\$150.75	\$133.11	\$17.63
Two Person	\$235.62	\$208.07	\$27.56	\$314.16	\$277.42	\$36.74
Family	\$299.73	\$264.67	\$35.06	\$399.63	\$352.89	\$46.74
<i>Sponsored Dependent</i>	\$80.37	\$0.00	\$80.37	\$107.15	\$0.00	\$107.15

Wayne State University Medical Plans
Monthly Premium Schedule
October 1, 2009 through December 31, 2009
AAUP-AFT and Graduate Assistant Employees

	Unpaid Leave of Absence (Non - FMLA)	COBRA Coverage		
	<u>Monthly Premium</u>	<u>Monthly Premium</u>	<u>Admin Fee</u>	<u>COBRA Cost</u>
Blue Cross and Blue Shield				
Single	\$646.38	\$646.38	\$12.93	\$659.31
Two Person	\$1,424.67	\$1,424.67	\$28.49	\$1,453.16
Family	\$1,740.60	\$1,740.60	\$34.81	\$1,775.41
Blue Care Network (HMO)				
Single	\$403.59	\$403.59	\$8.07	\$411.66
Two Person	\$928.25	\$928.25	\$18.57	\$946.82
Family	\$948.42	\$948.42	\$18.97	\$967.39
<i>Sponsored Dependent</i>	\$484.31	\$484.31	\$9.69	\$494.00
<i>Senior Rider</i>	\$468.38	\$468.38	\$9.37	\$477.75
Community Blue (PPO)				
Single	\$603.69	\$603.69	\$12.07	\$615.76
Two Person	\$1,332.60	\$1,332.60	\$26.65	\$1,359.25
Family	\$1,630.41	\$1,630.41	\$32.61	\$1,663.02
DMC Care (PPO)				
Single	\$480.03	\$480.03	\$9.60	\$489.63
Two Person	\$1,065.66	\$1,065.66	\$21.31	\$1,086.97
Family	\$1,300.88	\$1,300.88	\$26.02	\$1,326.90
<i>Sponsored Dependent</i>	\$601.37	\$601.37	\$12.03	\$613.40
<i>Senior Rider</i>	\$733.37	\$733.37	\$14.67	\$748.04
Health Alliance Plan (HMO)				
Single	\$371.69	\$371.69	\$7.43	\$379.12
Two Person	\$854.90	\$854.90	\$17.10	\$872.00
Family	\$873.48	\$873.48	\$17.47	\$890.95
<i>Sponsored Dependent</i>	\$464.61	\$464.61	\$9.29	\$473.90
<i>Senior Rider</i>	\$419.14	\$419.14	\$8.38	\$427.52
Total Health Care (HMO)				
Single	\$226.12	\$226.12	\$4.52	\$230.64
Two Person	\$471.24	\$471.24	\$9.42	\$480.66
Family	\$599.45	\$599.45	\$11.99	\$611.44
<i>Sponsored Dependent</i>	\$160.73	\$160.73	\$3.21	\$163.94
Delta Dental				
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
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