

## 2024 - 2025 Monthly Employee Premium Cost Share

| BCBS Medical/Prescription - Staff, Fixed Term Faculty, Medical Faculty & Postdoctoral Research Fellows |   |            |                  |                         |                   |  |   |          |                  |                         |                   |                         |
|--|---|------------|------------------|-------------------------|-------------------|--|---|----------|------------------|-------------------------|-------------------|-------------------------|
| Monthly  | PART-TIME EMPLOYEE Monthly Contributions      |            |                  |                         |                   | FULL-TIME EMPLOYEE Monthly Contributions |   |          |                  |                         |                   |                         |
|  | BCBS Plans w/<br>CVS Caremark<br>Prescription | PPO2       | HSA Advantage    |                         | Advantage Plus    |  | BCBS Plans w/<br>CVS Caremark<br>Prescription | PPO2     | HSA Advantage    |                         | Advantage Plus    |                         |
|  |   |            | HSA<br>Advantage | CMU HSA<br>Contribution | Advantage<br>Plus | CMU HSA<br>Contribution                  |   |          | HSA<br>Advantage | CMU HSA<br>Contribution | Advantage<br>Plus | CMU HSA<br>Contribution |
|  | Single  | \$145.16   | \$55.13          | \$18.75                 | \$0.00            | \$40.59                                  | Single  | \$145.16 | \$55.13          | \$18.75                 | \$0.00            | \$40.59                 |
| 2-Person   | \$963.28                                      | \$753.72   | \$18.75          | \$631.95                | \$40.59           | 2-Person                                 | \$306.88                                      | \$117.50 | \$38.93          | \$0.00                  | \$65.04           |                         |
| Family   | \$1,314.99                                    | \$1,054.04 | \$18.75          | \$909.87                | \$40.59           | Family                                   | \$373.69                                      | \$141.48 | \$47.49          | \$0.00                  | \$72.01           |                         |

| MESSA Medical/Prescription - Regular Faculty 3/1/2024 - 6/30/2024 |   |                  |                    |                     |                  |  |                  |                    |                     |                  |
|---|---|------------------|--------------------|---------------------|------------------|--|------------------|--------------------|---------------------|------------------|
| Monthly   | 9-MONTH REGULAR FACULTY Monthly Contributions |                  |                    |                     |                  | 12-MONTH REGULAR FACULTY Monthly Contributions |                  |                    |                     |                  |
|   | MESSA Plans                                   | Choices<br>10/20 | Choices<br>200/400 | Choices<br>500/1000 | ABC HSA<br>Saver | MESSA Plans                                    | Choices<br>10/20 | Choices<br>200/400 | Choices<br>500/1000 | ABC HSA<br>Saver |
|   |   |                  |                    |                     |                  |  |                  |                    |                     |                  |
|   | 2-Person                                      | \$936.05         | \$715.57           | \$532.95            | \$287.33         | 2-Person                                       | \$702.04         | \$536.68           | \$399.71            | \$215.50         |
| Family  | \$1,216.90                                    | \$942.54         | \$715.25           | \$409.61            | Family           | \$912.68                                       | \$706.91         | \$536.44           | \$307.21            |                  |

| Guardian Dental - Regular Faculty |   |          |         |                         |         |  |        |         |         |        |
|-----------------------------------|---|----------|---------|-------------------------|---------|--|--------|---------|---------|--------|
| Monthly                           | 9-MONTH REGULAR FACULTY Monthly Contributions |          |         |                         |         | 12-MONTH REGULAR FACULTY Monthly Contributions |        |         |         |        |
|                                   | Dental Plans (Guardian)                       | CORE     | BUY-UP  | Dental Plans (Guardian) | CORE    | BUY-UP   |        |         |         |        |
|                                   |   |          |         |                         |         |  | Single | \$10.70 | \$45.51 | Single |
|                                   | 2-Person                                      | \$22.03  | \$93.75 | 2-Person                | \$16.52 | \$70.31  |        |         |         |        |
| Family                            | \$27.48                                       | \$119.44 | Family  | \$20.61                 | \$89.58 |  |        |         |         |        |

| Guardian Dental - Staff, Fixed Term Faculty, Medical Faculty & Postdoctoral Research Fellows |  |          |          |                         |         |  |        |         |         |        |
|--|--|----------|----------|-------------------------|---------|--|--------|---------|---------|--------|
| Monthly  | PART-TIME EMPLOYEE Monthly Contributions |          |          |                         |         | FULL-TIME EMPLOYEE Monthly Contributions |        |         |         |        |
|  | Dental Plans (Guardian)                  | CORE     | BUY-UP   | Dental Plans (Guardian) | CORE    | BUY-UP                                   |        |         |         |        |
|  |  |          |          |                         |         |  | Single | \$36.26 | \$62.37 | Single |
|  | 2-Person                                 | \$74.70  | \$128.49 | 2-Person                | \$12.71 | \$66.50                                  |        |         |         |        |
| Family   | \$93.20                                  | \$162.17 | Family   | \$15.84                 | \$84.81 |  |        |         |         |        |

| VSP Vision - All Benefit-Eligible Employees* |  |          |         |                    |          |   |        |        |         |        |
|--|--|----------|---------|--------------------|----------|---|--------|--------|---------|--------|
| Monthly                                      | 9-MONTH EMPLOYEE Monthly Contributions |          |         |                    |          | 12-MONTH EMPLOYEE Monthly Contributions |        |        |         |        |
|  | Vision Plans (VSP)                     | STANDARD | PREMIUM | Vision Plans (VSP) | STANDARD | PREMIUM                                 |        |        |         |        |
|  |  |          |         |                    |          |   | Single | \$8.53 | \$13.29 | Single |
|  | 2-Person                               | \$17.09  | \$26.61 | 2-Person           | \$12.82  | \$19.96                                 |        |        |         |        |
| Family                                       | \$27.49                                | \$42.83  | Family  | \$20.62            | \$32.12  |   |        |        |         |        |

\*Postdoctoral Research Fellows not eligible for vision coverage.

Note: This document is designed to give you an estimate of the cost for benefits. Some actual costs may vary.