

# 2026 - 2027 Monthly Employee Premium Cost Share

< Costs will vary for those groups currently in bargaining >

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/ CVS Prescription	PPO2	Advantage HDHP	Advantage Plus HDHP	BCBS Plans w/ CVS Prescription	PPO2	Advantage HDHP	Advantage Plus HDHP
	Single	\$181.28	\$87.01	\$0.00	Single	\$181.28	\$87.01	\$0.00
	2-Person	\$1,151.17	\$930.38	\$743.73	2-Person	\$375.27	\$179.79	\$0.00
	Family	\$1,568.13	\$1,292.96	\$1,063.47	Family	\$458.66	\$219.67	\$0.00

MESSA Medical/Prescription - Regular Faculty 01/01/2026 - 12/31/2026										
Monthly	9-MONTH REGULAR FACULTY Monthly Contributions					12-MONTH REGULAR FACULTY Monthly Contributions				
	MESSA Plans	ABC Plan 1 3 Tier Rx	ABC Plan 2 5 Tier Rx	Choices 300/600 3 Tier Rx	Choices 500/1000 5 Tier Rx	MESSA Plans	ABC Plan 1 3 Tier Rx	ABC Plan 2 5 Tier Rx	Choices 300/600 3 Tier Rx	Choices 500/1000 5 Tier Rx
	Single	\$287.31	\$155.41	\$508.08	\$373.28	Single	\$215.48	\$116.56	\$381.06	\$279.96
	2-Person	\$686.95	\$390.19	\$1,183.68	\$880.39	2-Person	\$515.21	\$292.64	\$887.76	\$660.29
	Family	\$911.52	\$542.23	\$1,529.70	\$1,152.26	Family	\$683.64	\$406.67	\$1,147.27	\$864.19

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	\$13.76	\$52.42	Single	\$10.32	\$39.32
	2-Person	\$28.34	\$108.00	2-Person	\$21.25	\$81.00
	Family	\$35.36	\$137.50	Family	\$26.52	\$103.13

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	\$40.28	\$69.28	Single	\$6.44	\$35.44
	2-Person	\$82.97	\$142.72	2-Person	\$13.28	\$73.03
	Family	\$103.52	\$180.13	Family	\$16.56	\$93.17

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	\$6.40	\$9.97
	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.