

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/ NCRx Prescription | PPO2 | HSA Advantage | | Advantage Plus | | BCBS Plans w/ NCRx Prescription | PPO2 | HSA Advantage | | Advantage Plus | |
| | | | HSA Advantage | CMU HSA Contribution | Advantage Plus | CMU HSA Contribution | | | HSA Advantage | CMU HSA Contribution | Advantage Plus | CMU HSA Contribution |
| Single | \$181.28 | \$87.01 | \$21.10 | \$0.00 | \$27.22 | Single | \$181.28 | \$87.01 | \$21.10 | \$0.00 | \$27.22 | |
| 2-Person | \$1,151.17 | \$930.38 | \$21.10 | \$743.73 | \$27.22 | 2-Person | \$375.27 | \$179.79 | \$46.41 | \$0.00 | \$59.41 | |
| Family | \$1,568.13 | \$1,292.96 | \$21.10 | \$1,063.47 | \$27.22 | Family | \$458.66 | \$219.67 | \$57.29 | \$0.00 | \$73.23 | |

| 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 |
| 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 | \$8.82 | \$36.75 | | | | | | |
| 2-Person | \$28.34 | \$108.00 | 2-Person | \$18.17 | \$75.70 | | | | | | | |
| Family | \$35.36 | \$137.50 | Family | \$22.67 | \$96.44 | | | | | | | |

| 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.



Effective: July 2026