

2023-2024 Monthly Employee Premium Cost Share

BCBS Medical / Prescription - Staff, Fixed Term Faculty, Medical Faculty & Postdoctoral Research Fellows										
Monthly	FULL-TIME EMPLOYEE Monthly Contributions					PART-TIME EMPLOYEE Monthly Contributions				
	BCBS Medical / CVS Caremark Prescription Plans	PPO2	High Deductible Health Plans			BCBS Medical / CVS Caremark Prescription Plans	PPO2	High Deductible Health Plans		
			HSA Advantage	Advantage Plus	CMU HSA Contributions Monthly			HSA Advantage	Advantage Plus	CMU HSA Contributions Monthly
	Single	\$89.76	\$49.38	\$9.64	\$17.62	Single	\$89.76	\$49.38	\$9.64	\$17.62
2-Person	\$191.81	\$105.18	\$22.94	\$36.59	2-Person	\$808.84	\$703.24	\$621.00	\$17.62	
Family	\$233.14	\$128.78	\$28.26	\$44.64	Family	\$1,117.99	\$986.61	\$886.09	\$17.62	

MESSA Medical/Prescription - Regular Faculty 1/1/2023 - 12/31/2023					
18-Pay	Academic Year Regular Faculty - Monthly Cost (9 months)				
	MESSA Plans	Choices 10/20	Choices 200/400	Choices 500/1000	ABC HSA Saver
	Single	\$324.83	\$233.42	\$157.70	\$55.86
	2-Person	\$767.39	\$561.71	\$391.32	\$162.20
Family	\$1,006.98	\$751.04	\$539.00	\$253.86	
24-Pay	12-Month Regular Faculty - Monthly Costs (12 months)				
	MESSA Plans	Choices 10/20	Choices 200/400	Choices 500/1000	ABC HSA Saver
	Single	\$243.62	\$175.06	\$118.27	\$41.89
	2-Person	\$575.54	\$421.28	\$293.49	\$121.65
Family	\$755.24	\$563.28	\$404.25	\$190.40	

Dental - Staff, Fixed Term Faculty, Medical Faculty & Postdoctoral Research Fellows						
Monthly	FULL-TIME EMPLOYEE Monthly Contributions			PART-TIME EMPLOYEE Monthly Contributions		
	Dental Plans	CORE	BUY-UP	Dental Plans	CORE	BUY-UP
	Single	\$6.16	\$30.54	Single	\$33.86	\$58.24
	2-Person	\$12.71	\$62.93	2-Person	\$69.76	\$119.98
Family	\$15.84	\$80.25	Family	\$87.02	\$151.43	

Dental - Regular Faculty						
Monthly	Academic Year Regular Faculty - Monthly Cost (9 months)			12-Month Regular Faculty - Monthly Costs (12 months)		
	Dental Plans	CORE	BUY-UP	Dental Plans	CORE	BUY-UP
	Single	\$7.50	\$40.00	Single	\$5.62	\$30.00
	2-Person	\$15.44	\$82.40	2-Person	\$11.58	\$61.80
Family	\$19.24	\$105.12	Family	\$14.43	\$78.84	

Vision - All Benefit-Eligible Employees*						
Monthly	9-MONTH EMPLOYEE Monthly Contributions			12-MONTH EMPLOYEE Monthly Contributions		
	VSP Vision	STANDARD Plan	PREMIUM Plan	VSP Vision	STANDARD Plan	PREMIUM Plan
	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.

Revised: July 2023