

2022-2023 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	HDHP		BCBS Medical / CVS Caremark Prescription Plans	PPO2	HDHP		
			HDHP	HSA - CMU Contributions			HDHP	HSA - CMU Contributions	
				Monthly				Monthly	
	Single	\$72.15	\$34.13	\$19.67		Single	\$72.15	\$34.13	\$19.67
2-Person	\$155.23	\$69.77	\$39.97		2-Person	\$753.29	\$647.54	\$19.67	
Family	\$188.52	\$85.89	\$49.42		Family	\$1,046.35	\$913.97	\$19.67	

MESSA Medical/Prescription - Regular Faculty 7/1/2022 - 12/31/2022					
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	\$256.80	\$171.35	\$100.56	\$5.35
	2-Person	\$614.31	\$422.04	\$262.76	\$48.56
Family	\$816.49	\$577.22	\$379.01	\$112.45	
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	\$192.60	\$128.51	\$75.42	\$4.01
	2-Person	\$460.73	\$316.53	\$197.07	\$36.42
Family	\$612.37	\$432.92	\$284.26	\$84.34	

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.