

2020-2021 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	PPO1	PPO2	HDHP		PPO1	PPO2	HDHP	
				HDHP	HSA - CMU			HDHP	HSA - CMU
					Contributions				Monthly
Single	\$145.87	\$55.68	\$13.96	\$1.42	Single	\$145.87	\$55.68	\$13.96	\$1.42
2-Person	\$301.96	\$115.26	\$28.78	\$8.30	2-Person	\$886.61	\$699.91	\$606.55	\$1.42
Family	\$369.06	\$140.87	\$35.20	\$9.34	Family	\$1,205.06	\$976.87	\$863.28	\$1.42

MESSA Medical/Prescription - Regular Faculty 1/1/2020 - 12/31/2020				
18-Pay	Academic Year Regular Faculty - Monthly Cost (9 months)*			
	MESSA Plans*	Choices 10/20	Choices Saver	ABC HSA Saver^
	Single	\$203.12	\$124.59	-\$21.25
	2-Person	\$492.55	\$315.84	-\$12.28
Family	\$663.26	\$443.37	\$35.05	

^Excess contributions are applied to dental, vision, employee life, and disability elections. When the sum of university contributions for these elections exceeds premium costs the excess university contributions will not be "paid back" to the faculty member.

24-Pay	12-Month Regular Faculty - Monthly Costs (12 months)*			
	MESSA Plans*	Choices 10/20	Choices Saver	ABC HSA Saver^
	Single	\$152.34	\$93.44	-\$15.94
	2-Person	\$369.41	\$236.88	-\$9.21
Family	\$497.45	\$332.53	\$26.29	

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	\$6.10	\$30.43	Single	\$33.80	\$58.13
	2-Person	\$12.57	\$62.70	2-Person	\$69.62	\$119.75
Family	\$15.68	\$79.97	Family	\$86.86	\$151.15	

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	\$8.15	\$40.59	Single	\$6.11	\$30.44
	2-Person	\$16.78	\$83.62	2-Person	\$12.58	\$62.71
Family	\$20.92	\$106.64	Family	\$15.69	\$79.98	

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	

**Fixed-term Faculty Lecturer I and 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