

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				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 1/1/2021 - 12/31/2021					
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	\$267.16	\$183.01	\$113.31	\$26.77
	2-Person	\$636.63	\$447.31	\$290.45	\$95.76
Family	\$842.57	\$606.97	\$411.80	\$169.49	

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	\$200.37	\$137.26	\$84.98	\$20.08
	2-Person	\$477.47	\$335.48	\$217.84	\$71.82
Family	\$631.93	\$455.23	\$308.85	\$127.12	

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.