

2021-2022 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 Contributions			HDHP	HSA - CMU Contributions	
					Monthly				Monthly	
Single	\$149.86	\$72.15	\$34.13	\$19.67	Single	\$149.86	\$72.15	\$34.13	\$19.67	
2-Person	\$316.08	\$155.23	\$69.77	\$39.97	2-Person	\$914.14	\$753.29	\$647.54	\$19.67	
Family	\$385.11	\$188.52	\$85.89	\$49.42	Family	\$1,242.94	\$1,046.35	\$913.97	\$19.67	

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	\$6.16	\$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	\$8.23	\$40.73	Single	\$6.17	\$30.55
	2-Person	\$16.96	\$83.92	2-Person	\$12.72	\$62.94
	Family	\$21.14	\$107.02	Family	\$15.85	\$80.26

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.