

2018-19 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 Monthly			HDHP	HSA - CMU Contributions Monthly
Single	\$94.10	\$33.85	\$13.18	\$32.15	Single	\$94.10	\$33.85	\$13.18	\$32.15
2-Person	\$194.78	\$70.08	\$27.28	\$66.54	2-Person	\$779.43	\$654.73	\$577.54	\$32.15
Family	\$238.08	\$85.66	\$33.35	\$81.33	Family	\$1,074.08	\$921.66	\$820.17	\$32.15

MESSA Medical/Prescription - Regular Faculty 1/1/2019 - 12/31/2019				
18-Pay	Academic Year Regular Faculty - Monthly Cost (9 months)*			
	MESSA Plans*	Choices 10/20	Choices Saver	ABC HSA Saver^
	Single	\$208.40	\$131.28	-\$11.94
	2-Person	\$503.11	\$329.56	\$7.32
	Family	\$673.68	\$457.71	\$56.70
No Coverage^	\$106.68			
24-Pay	12-Month Regular Faculty - Monthly Costs (12 months)*			
	MESSA Plans*	Choices 10/20	Choices Saver	ABC HSA Saver^
	Single	\$156.30	\$98.46	-\$8.95
	2-Person	\$377.33	\$247.17	\$5.49
	Family	\$505.26	\$343.28	\$42.52
No Coverage^	\$80.00			

*The "No Coverage" payback amount for medical and / or dental will be applied to other benefit elections and, if there is still money left, this amount (up to the amount provided for "No Coverage") will be "paid back to the faculty member."

^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.

Dental - Staff, Fixed Term Faculty, Medical Faculty & Postdoctoral Research Fellows						
Monthly	FULL-TIME EMPLOYEE Monthly Contributions			PART-TIME EMPLOYEE Monthly Contributions		
	Dental Plans	100/50/50	100/75/50/50	Dental Plans	100/50/50	100/75/50/50
	Single	\$4.88	\$28.30	Single	\$32.58	\$56.00
	2-Person	\$10.06	\$57.48	2-Person	\$67.11	\$114.53
Family	\$12.55	\$74.64	Family	\$83.73	\$145.82	

Dental - Regular Faculty						
Monthly	Academic Year Regular Faculty - Monthly Cost (9 months)			12-Month Regular Faculty - Monthly Costs (12 months)		
	Dental Plans	100/50/50	100/75/50/50	Dental Plans	100/50/50	100/75/50/50
	Single	\$13.65	\$44.88	Single	\$10.24	\$33.66
	2-Person	\$26.89	\$90.12	2-Person	\$20.17	\$67.59
	Family	\$37.60	\$120.39	Family	\$28.20	\$90.29
No Coverage	\$13.33			No Coverage	\$10.00	

Vision - All Benefit-Eligible Employees**		
Monthly	Monthly Contribution	
	VSP Vision Care	Employee Monthly Contributions
	Single	\$6.40
	2-Person	\$12.82
Family	\$20.62	

**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.