

## 2023-2024 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	High Deductible Health Plans			BCBS Medical / CVS Caremark Prescription Plans	PPO2	High Deductible Health Plans		
			HSA Advantage	Advantage Plus	CMU HSA Contributions Monthly			HSA Advantage	Advantage Plus	CMU HSA Contributions Monthly
			Single	2-Person	Family			Single	2-Person	Family
	\$89.76	\$49.38	\$9.64	\$17.62	\$89.76	\$49.38	\$9.64	\$17.62	\$17.62	
	\$191.81	\$105.18	\$22.94	\$36.59	\$808.84	\$703.24	\$621.00	\$17.62	\$17.62	
	\$233.14	\$128.78	\$28.26	\$44.64	\$1,117.99	\$986.61	\$886.09	\$17.62	\$17.62	

MESSA Medical/Prescription - Regular Faculty 1/1/2024 - 12/31/2024						
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	\$399.94	\$301.95	\$220.78	\$111.62
		2-Person	\$936.37	\$715.89	\$533.27	\$287.65
		Family	\$1,217.28	\$942.92	\$715.62	\$409.98
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	\$299.95	\$226.46	\$165.58	\$83.71
		2-Person	\$702.28	\$536.92	\$399.95	\$215.74
		Family	\$912.96	\$707.19	\$536.72	\$307.49

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	
		Single	\$6.16		\$30.54		Single
		2-Person	\$12.71		\$62.93		2-Person
	Family	\$15.84		\$80.25		Family	
						Single	
						2-Person	
						Family	

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	
		Single	\$7.50		\$40.00		Single
		2-Person	\$15.44		\$82.40		2-Person
	Family	\$19.24		\$105.12		Family	
						Single	
						2-Person	
						Family	

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.

Revised: January 2024