

2024 - 2025 Monthly Employee Premium Cost Share

BCBS Medical/Prescription - Staff, Fixed Term Faculty, Medical Faculty & Postdoctoral Research Fellows												
Monthly	PART-TIME EMPLOYEE Monthly Contributions					FULL-TIME EMPLOYEE Monthly Contributions						
	BCBS Plans w/ CVS Caremark Prescription	PPO2	HSA Advantage		Advantage Plus		BCBS Plans w/ CVS Caremark Prescription	PPO2	HSA Advantage		Advantage Plus	
			HSA Advantage	CMU HSA Contribution	Advantage Plus	CMU HSA Contribution			HSA Advantage	CMU HSA Contribution	Advantage Plus	CMU HSA Contribution
	Single	\$145.16	\$55.13	\$18.75	\$0.00	\$40.59	Single	\$145.16	\$55.13	\$18.75	\$0.00	\$40.59
2-Person	\$963.28	\$753.72	\$18.75	\$631.95	\$40.59	2-Person	\$306.88	\$117.50	\$38.93	\$0.00	\$65.04	
Family	\$1,314.99	\$1,054.04	\$18.75	\$909.87	\$40.59	Family	\$373.69	\$141.48	\$47.49	\$0.00	\$72.01	

MESSA Medical/Prescription - Regular Faculty 07/01/2024 - 12/31/2024										
Monthly	9-MONTH REGULAR FACULTY Monthly Contributions					12-MONTH REGULAR FACULTY Monthly Contributions				
	MESSA Plans	Choices 10/20	Choices 200/400	Choices 500/1000	ABC HSA Saver	MESSA Plans	Choices 10/20	Choices 200/400	Choices 500/1000	ABC HSA Saver
		Single	\$341.13	\$243.15	\$161.97		\$52.81	Single	\$255.85	\$182.36
	2-Person	\$808.05	\$587.57	\$404.95	\$159.33	2-Person	\$606.04	\$440.68	\$303.71	\$119.50
Family	\$1,062.24	\$787.88	\$560.59	\$254.95	Family	\$796.68	\$590.91	\$420.44	\$191.21	

Guardian Dental - Regular Faculty						
Monthly	9-MONTH REGULAR FACULTY Monthly Contributions			12-MONTH REGULAR FACULTY Monthly Contributions		
	Dental Plans (Guardian)	CORE	BUY-UP	Dental Plans (Guardian)	CORE	BUY-UP
	Single	\$8.40	\$43.21	Single	\$6.30	\$32.41
	2-Person	\$17.31	\$89.03	2-Person	\$12.98	\$66.77
Family	\$21.60	\$113.56	Family	\$16.20	\$85.17	

Guardian Dental - Staff, Fixed Term Faculty, Medical Faculty & Postdoctoral Research Fellows						
Monthly	PART-TIME EMPLOYEE Monthly Contributions			FULL-TIME EMPLOYEE Monthly Contributions		
	Dental Plans (Guardian)	CORE	BUY-UP	Dental Plans (Guardian)	CORE	BUY-UP
	Single	\$36.26	\$62.37	Single	\$6.16	\$32.27
	2-Person	\$74.70	\$128.49	2-Person	\$12.71	\$66.50
Family	\$93.20	\$162.17	Family	\$15.84	\$84.81	

VSP Vision - All Benefit-Eligible Employees*						
Monthly	9-MONTH EMPLOYEE Monthly Contributions			12-MONTH EMPLOYEE Monthly Contributions		
	Vision Plans (VSP)	STANDARD	PREMIUM	Vision Plans (VSP)	STANDARD	PREMIUM
	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.