2024 - 2025 Monthly Employee Premium Cost Share

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

	MESSA Medical/Prescription - Regular Faculty 01/01/2025 - 12/31/2025										
	<u>9-MONTH REGU</u>	JLAR FACUL	TY Monthly (Contribution	ns	П	12-MONTH REGULAR FACULTY Monthly Contributions				
Monthly	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	\$435.40	\$398.75	\$305.20	\$173.71	1	Single	\$326.55	\$299.06	\$228.90	\$130.28
	2-Person	\$1,020.15	\$937.69	\$727.21	\$431.35		2-Person	\$765.11	\$703.27	\$545.41	\$323.51
	Family	\$1,326.18	\$1,223.59	\$961.66	\$593.46		Family	\$994.63	\$917.69	\$721.24	\$445.09

	Guardian Dental - Regular Faculty									
	9-MONTH REGU	JLAR FACULTY Monthly	Contributions		12-MONTH REGULAR FACULTY Monthly Contributions					
<u>~</u>	Dental Plans (Guardian)	CORE	BUY-UP		Dental Plans (Guardian)	CORE	BUY-UP			
Month	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									
	PART-TIME I	EMPLOYEE Monthly Con	tributions		FULL-TIME EMPLOYEE Monthly Contributions					
Monthly	Dental Plans (Guardian)	CORE	BUY-UP		Dental Plans (Guardian)	CORE	BUY-UP			
	Single	\$36.26	\$62.37 S		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*								
	<u>9-MONTH E</u>	MPLOYEE Monthly Cont	tributions	<u>12-MO</u>	12-MONTH EMPLOYEE Monthly Contributions				
<u>۲</u>	Vision Plans (VSP)	STANDARD	PREMIUM	Vision Plans (VSP)	STANDARD	PREMIUM			
Mont	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: September 2024