

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 3/1/2024 - 6/30/2024										
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
	2-Person	\$936.05	\$715.57	\$532.95	\$287.33	2-Person	\$702.04	\$536.68	\$399.71	\$215.50
Family	\$1,216.90	\$942.54	\$715.25	\$409.61	Family	\$912.68	\$706.91	\$536.44	\$307.21	

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	\$10.70	\$45.51	Single		\$8.02	\$34.13		
	2-Person	\$22.03	\$93.75	2-Person	\$16.52	\$70.31				
Family	\$27.48	\$119.44	Family	\$20.61	\$89.58					

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.