

Administrative Professional
Blue Cross Blue Shield Medical Plans

Effective 01/01/2024 – 12/31/2024

<u>Plan</u>	<u>Total Cost</u>	<u>University Contribution</u>	<u>Monthly Employee Cost</u>
PPO-1 Plan 2 (0011)	In Network Deductible \$0.00; Max Out of Pocket--\$600 / \$1,200 <i>Rx = \$15/\$30 Generic; \$50/\$100 Brand; 50% Non-Preferred; Office Visit = \$20</i>		
Single	\$821.60	\$811.00	\$10.60
2 Person	\$1,971.85	\$1,520.00	\$451.85
Family	\$2,464.81	\$1,722.00	\$742.81
PPO-3 (0009)	In Network Deductible \$250 / \$500; Max Out of Pocket-- \$1,250 / \$2,500 <i>Rx = \$15/\$30 Generic; \$50/\$100 Brand; 50% Non-Preferred; Office Visit = \$25</i>		
Single	\$752.06	\$811.00	\$0.00
2 Person	\$1,804.95	\$1,520.00	\$284.95
Family	\$2,256.18	\$1,722.00	\$534.18
Simply Blue HDHP (0022)	In Network Deductible \$1,600 / \$3,200; Max Out of Pocket-- \$2,250 / \$4,500 <i>Rx = \$15/\$30 Generic; \$50/\$100 Brand; 50% Non-Preferred</i>		
Single	\$567.52	\$811.00	\$0.00
2 Person	\$1,357.71	\$1,520.00	\$0.00
Family	\$1,696.78	\$1,722.00	\$0.00
Administrative Professional Medical Waiver = \$1,512.00 Annual Reimbursement			

Administrative Professional

Blue Cross Blue Shield Dental & Vision Plans

Effective 01/01/2024 – 12/31/2024

<u>Plan</u>	<u>Total Cost</u>	<u>University Contribution</u>	<u>Monthly Employee Cost</u>
Vision Plan (0001)			
Single	\$10.42	\$10.42	\$0.00
2 Person	\$20.84	\$10.42	\$10.42
Family	\$34.59	\$10.42	\$24.17
Dental Plan (0000)			
Single	\$35.60	\$35.60	\$0.00
2 Person	\$71.19	\$35.60	\$35.59
Family	\$124.58	\$35.60	\$88.98

Support Staff

MESSA Medical Plans

Effective 01/01/2024 – 12/31/2024

Plan	Total Cost	University Contribution	Monthly Employee Cost
Choices II SS	In Network Deductible \$0.00; Max Out of Pocket-- \$2,000 / \$4,000 <i>Saver Rx = \$2/\$10 Generic; \$20/\$40 Brand; Office Visit = \$20; Urgent Care = \$25; ER = \$50</i>		
Single	\$852.62	\$810.00	\$42.62
2 Person	\$1,916.53	\$1,520.00	\$396.53
Family	\$2,384.64	\$1,722.00	\$662.64
Choices \$500/\$1000	In Network Deductible \$500 / \$1,000; Max Out of Pocket--\$2,500 / \$5,000 <i>Saver Rx = \$2/\$10 Generic; \$20/\$40 Brand; Office Visit = \$20; Urgent Care = \$25; ER = \$50</i>		
Single	\$736.21	\$810.00	\$0.00
2 Person	\$1,654.58	\$1,520.00	\$134.58
Family	\$2,058.66	\$1,722.00	\$336.66
ABC HDHP (HSA)	In Network Deductible \$1,600 / \$3,200; Max Out of Pocket-- \$2,600 / \$5,200 <i>Saver Rx = \$0/\$2/\$10 Generic; \$20/\$40 Brand; Office Visit/Urgent Care/ER = \$0</i>		
Single	\$650.88	\$810.00	\$0.00
2 Person	\$1,462.60	\$1,520.00	\$0.00
Family	\$1,819.76	\$1,722.00	\$97.76
Support Staff Medical Waiver = \$1,512.00 Annual Reimbursement			

Support Staff

MESSA Dental & Vision Plans

Effective 01/01/2024 – 12/31/2024

Plan	Total Cost	University Contribution	Monthly Employee Cost
Vision-VSP 3 Plus P 250 CL			
Single	\$9.31	\$9.31	\$0.00
2 Person	\$20.00	\$9.31	\$10.69
Family	\$30.07	\$9.31	\$20.76
MESSA Dental			
Single	\$42.39	\$42.39	\$0.00
2 Person	\$79.20	\$42.39	\$36.81
Family	\$143.66	\$42.39	\$101.27

Faculty

MESSA Medical Plans

Effective 01/01/2024 – 12/31/2024

Plan	Total Cost	University Contribution	Monthly Employee Cost
Choices II FA	In Network Deductible \$0.00; Max Out of Pocket-- \$2,000 / \$4,000		
	<i>Saver Rx = \$2/\$10 Generic; \$20/\$40 Brand; Office Visit = \$5; Urgent Care = \$10; ER = \$25</i>		
Single	\$881.45	\$811.00	\$70.45
2 Person	\$1,981.39	\$1,520.00	\$461.39
Family	\$2,465.37	\$1,722.00	\$743.37
Choices \$200/\$400	In Network Deductible \$200 / \$400; Max Out of Pocket--\$2,200 / \$4,400		
	<i>Saver Rx=\$2/\$10 Generic; \$20/\$40 Brand; Office Visit = \$10; Urgent Care = \$25; ER = \$50</i>		
Single	\$816.51	\$811.00	\$5.51
2 Person	\$1,835.28	\$1,520.00	\$315.28
Family	\$2,283.53	\$1,722.00	\$561.53
Choices \$500/\$1000	In Network Deductible \$500 / \$1000; Max Out of Pocket--\$2,500 / \$5,000		
	<i>Saver Rx=\$2/\$10 Generic; \$20/\$40 Brand; Office Visit = \$20; Urgent Care = \$25; ER = \$50</i>		
Single	\$738.07	\$811.00	\$0.00
2 Person	\$1,658.76	\$1,520.00	\$138.76
Family	\$2,063.87	\$1,722.00	\$341.87
Faculty Medical Waiver = \$1,512.00 Annual Reimbursement			

Faculty

MESSA Dental & Vision Plans

Effective 01/01/2024 – 12/31/2024

Plan	Total Cost	University Contribution	Monthly Employee Cost
Vision Plan (0001)			
Single	\$9.31	\$9.31	\$0.00
2 Person	\$20.00	\$9.31	\$10.69
Family	\$30.07	\$9.31	\$20.76
Dental Plan (0000)			
Single	\$41.19	\$41.19	\$0.00
2 Person	\$77.07	\$41.19	\$35.88
Family	\$140.95	\$41.19	\$99.76