

Administrative Professional
Blue Cross Blue Shield Medical Plans

Effective 01/01/2025 – 12/31/2025

<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	\$890.34	\$835.00	\$55.34
2 Person	\$2,136.83	\$1,566.00	\$570.83
Family	\$2,671.03	\$1,774.00	\$897.03
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	\$824.72	\$835.00	\$0.00
2 Person	\$1,979.32	\$1,566.00	\$413.32
Family	\$2,474.15	\$1,774.00	\$700.15
Simply Blue HDHP (0022)	In Network Deductible \$1,650 / \$3,300; Max Out of Pocket-- \$2,250 / \$4,500 <i>Rx = \$15/\$30 Generic; \$50/\$100 Brand; 50% Non-Preferred</i>		
Single	\$650.08	\$835.00	\$0.00
2 Person	\$1,560.20	\$1,566.00	\$0.00
Family	\$1,950.24	\$1,774.00	\$176.24
Administrative Professional Medical Waiver = \$1,512.00 Annual Reimbursement			

Administrative Professional

Blue Cross Blue Shield Dental & Vision Plans

Effective 01/01/2025 – 12/31/2025

<u>Plan</u>	<u>Total Cost</u>	<u>University Contribution</u>	<u>Monthly Employee Cost</u>
Vision Plan (0001)			
Single	\$10.67	\$10.67	\$0.00
2 Person	\$21.34	\$10.67	\$10.67
Family	\$35.43	\$10.67	\$24.76
Dental Plan (0000)			
Single	\$37.41	\$37.41	\$0.00
2 Person	\$74.82	\$37.41	\$37.41
Family	\$130.93	\$37.41	\$93.52

Support Staff

MESSA Medical Plans

Effective 01/01/2025 – 12/31/2025

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	\$981.90	\$834.00	\$147.90
2 Person	\$2,207.41	\$1,566.00	\$641.41
Family	\$2,746.64	\$1,774.00	\$972.64
Choices \$500/\$1000	In Network Deductible \$500 / \$1,000; Max Out of Pocket--\$3,500 / \$7,000 <i>3-Tier Rx with Mandatory Mail; Office Visit = \$20; Urgent Care = \$25; ER = \$50</i>		
Single	\$794.55	\$834.00	\$0.00
2 Person	\$1,785.86	\$1,566.00	\$219.86
Family	\$2,222.04	\$1,774.00	\$448.04
ABC HDHP (HSA)	In Network Deductible \$1,650 / \$3,300; Max Out of Pocket-- \$3,650 / \$7,300 <i>3-Tier Rx with Mandatory Mail; Office Visit/Urgent Care/ER = \$0</i>		
Single	\$697.94	\$834.00	\$0.00
2 Person	\$1,568.60	\$1,566.00	\$2.50
Family	\$1,951.54	\$1,774.00	\$177.54
Support Staff Medical Waiver = \$1,512.00 Annual Reimbursement			

Support Staff

MESSA Dental & Vision Plans

Effective 01/01/2025 – 12/31/2025

Plan	Total Cost	University Contribution	Monthly Employee Cost
Vision-VSP 3 Plus P 250 CL			
Single	\$9.32	\$9.32	\$0.00
2 Person	\$20.03	\$9.32	\$10.71
Family	\$30.11	\$9.32	\$20.79
MESSA Dental			
Single	\$44.10	\$44.10	\$0.00
2 Person	\$82.50	\$44.10	\$38.40
Family	\$156.72	\$44.10	\$112.62

Faculty

MESSA Medical Plans

Effective 01/01/2025 – 12/31/2025

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	\$1,022.87	\$835.00	\$187.87
2 Person	\$2,299.59	\$1,566.00	\$733.59
Family	\$2,861.35	\$1,774.00	\$1,087.35
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	\$947.50	\$835.00	\$112.50
2 Person	\$2,129.99	\$1,566.00	\$563.99
Family	\$2,650.28	\$1,774.00	\$876.28
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	\$856.43	\$835.00	\$21.43
2 Person	\$1,925.10	\$1,566.00	\$359.10
Family	\$2,395.32	\$1,774.00	\$621.32
Faculty Medical Waiver = \$1,512.00 Annual Reimbursement			

Faculty

MESSA Dental & Vision Plans

Effective 01/01/2025 – 12/31/2025

Plan	Total Cost	University Contribution	Monthly Employee Cost
Vision Plan (0001)			
Single	\$9.32	\$9.32	\$0.00
2 Person	\$20.03	\$9.32	\$10.71
Family	\$30.11	\$9.32	\$20.79
Dental Plan (0000)			
Single	\$47.38	\$47.38	\$0.00
2 Person	\$85.32	\$47.38	\$37.94
Family	\$162.12	\$47.38	\$114.74