

Administrative Professional

Blue Cross Blue Shield Medical Plans

Effective 01/01/2023 – 12/31/2023

Plan	Total Cost	University Contribution	Monthly Employee Cost
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	\$795.00	\$26.60
2 Person	\$1,971.85	\$1,490.00	\$481.85
Family	\$2,464.81	\$1,688.00	\$776.81
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	\$795.00	\$0.00
2 Person	\$1,804.95	\$1,490.00	\$314.95
Family	\$2,256.18	\$1,688.00	\$568.18
Simply Blue HDHP (0022)	In Network Deductible \$1,500 / \$3,000; Max Out of Pocket-- \$2,250 / \$4,500 <i>Rx = \$15/\$30 Generic; \$50/\$100 Brand; 50% Non-Preferred</i>		
Single	\$567.52	\$795.00	\$0.00
2 Person	\$1,357.71	\$1,490.00	\$0.00
Family	\$1,696.78	\$1,688.00	\$8.78
Administrative Professional Medical Waiver = \$1,512.00 Annual Reimbursement			

Administrative Professional & Faculty

Blue Cross Blue Shield Dental & Vision Plans

Effective 01/01/2023 – 12/31/2023

Plan	Total Cost	University Contribution	Monthly Employee Cost
Vision Plan (0001)			
Single	\$10.48	\$10.48	\$0.00
2 Person	\$20.96	\$10.48	\$10.48
Family	\$34.79	\$10.48	\$24.31
Dental Plan (0000)			
Single	\$33.14	\$33.14	\$0.00
2 Person	\$66.28	\$33.14	\$33.14
Family	\$115.98	\$33.14	\$82.84

Faculty

MESSA Medical Plans

Effective 01/01/2023 – 12/31/2023

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 = \$0/\$2/\$10 Generic; \$20/\$40 Brand; Office Visit = \$5; Urgent Care = \$10; ER = \$25</i>		
Single	\$844.12	\$795.00	\$49.12
2 Person	\$1,897.40	\$1,490.00	\$407.40
Family	\$2,360.85	\$1,688.00	\$672.85
Choices \$200/\$400	In Network Deductible \$200 / \$400; Max Out of Pocket--\$2,200 / \$4,400 <i>Saver Rx=\$0/\$2/\$10 Generic; \$20/\$40 Brand; Office Visit = \$10; Urgent Care = \$25; ER = \$50</i>		
Single	\$781.93	\$795.00	\$0.00
2 Person	\$1,757.49	\$1,490.00	\$267.49
Family	\$2,186.72	\$1,688.00	\$498.72
Faculty Medical Waiver = \$1,512.00 Annual Reimbursement			

Support Staff

MESSA Medical Plans

Effective 01/01/2023 – 12/31/2023

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 = \$0/\$2/\$10 Generic; \$20/\$40 Brand; Office Visit = \$20; Urgent Care = \$25; ER = \$50</i>		
Single	\$808.37	\$795.00	\$13.37
2 Person	\$1,816.94	\$1,490.00	\$326.94
Family	\$2,260.72	\$1,689.00	\$571.72
Choices \$500/\$1000	In Network Deductible \$500 / \$1,000; Max Out of Pocket--\$2,500 / \$5,000		
	<i>Saver Rx = \$0/\$2/\$10 Generic; \$20/\$40 Brand; Office Visit = \$20; Urgent Care = \$25; ER = \$50</i>		
Single	\$698.00	\$795.00	\$0.00
2 Person	\$1,568.62	\$1,490.00	\$78.62
Family	\$1,951.69	\$1,689.00	\$262.69
ABC HDHP (HSA)	In Network Deductible \$1,500/\$3,000; Max Out of Pocket-- \$2,500 / \$5,000		
	<i>Saver Rx = \$0/\$2/\$10 Generic; \$20/\$40 Brand; Office Visit/Urgent Care/ER = \$0</i>		
Single	\$617.11	\$795.00	\$0.00
2 Person	\$1,386.63	\$1,490.00	\$0.00
Family	\$1,725.22	\$1,689.00	\$36.22
Support Staff Medical Waiver = \$1,512.00 Annual Reimbursement			

Support Staff

MESSA Dental & Vision Plans

Effective 01/01/2023 – 12/31/2023

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