

**Administrative Professional Medical
Effective 1/1/2021-12/31/2021**

Blue Cross/Blue Shield Plans

PLAN	Total Cost	University Contribution	Monthly Empl. Cost
PPO1-2 Plan (0011)	Rx = \$15 Generic; \$50 Brand; 50% Non Brand Formulary Office Visit = \$20; TROOP = \$600/\$1,200		
Single	\$751.48	\$745.00	\$6.48
2Person	\$1,803.53	\$1,432.00	\$371.53
Family	\$2,254.42	\$1,623.00	\$631.42
PPO3 Plan (0009)	Rx = \$15 Generic; \$50 Brand; 50% Non Brand Formulary; Office Visit = \$25; Deductible \$250 for one member or \$500 for a family; OOP Max = \$1,250/\$2,500; TROOP = \$1,250 /\$2,500		
Single	\$713.89	\$745.00	\$0.00
2Person	\$1,713.34	\$1,432.00	\$281.34
Family	\$2,141.66	\$1,623.00	\$518.66
Simply Blue HSA (0022)	Rx = \$15 Generic; \$50 Brand; 50% Non Brand Formulary; Deductible \$1,400 for one member or \$2,800 for a family; OOP Max = \$2,250/\$4,500		
Single	\$538.73	\$745.00	\$0.00
2Person	\$1,288.85	\$1,432.00	\$0.00
Family	\$1,610.33	\$1,623.00	\$0.00

Administrative Professional Medical Waiver = \$1,512 Annual Reimbursement

All Employees (Effective 1/1/2021-12/31/2021)

DENTAL AND VISION

VISION PLAN (0001)	Total Cost	University Contribution	Monthly Empl. Cost
Single	\$12.36	\$12.36	\$0.00
2Person	\$24.72	\$12.36	\$12.36
Family	\$41.05	\$12.36	\$28.69
DENTAL PLAN (0000)	Total Cost	University Contribution	Monthly Empl. Cost
Single	\$33.45	\$33.45	\$0.00
2Person	\$66.90	\$33.45	\$33.45
Family	\$117.06	\$33.45	\$83.61

12/10/2020

**Support Staff Medical
Effective 1/1/2021-12/31/2021**

Blue Cross/Blue Shield Plans

PLAN	Total Cost	University Contribution	Monthly Empl. Cost
PPO1-2 Plan (0020)	Rx = \$15 Generic; \$50 Brand; 50% Non Brand Formulary Office Visit = \$20; TROOP = \$600/\$1,200		
Single	\$751.48	\$745.00	\$6.48
2Person	\$1,803.53	\$1,432.00	\$371.53
Family	\$2,254.42	\$1,623.00	\$631.42
PPO3 Plan (0019)	Rx = \$15 Generic; \$50 Brand; 50% Non Brand Formulary; Office Visit = \$25; Deductible \$250 for one member or \$500 for a family; OOP Max = \$1,250/\$2,500; TROOP = \$1,250 /\$2,500		
Single	\$713.89	\$745.00	\$0.00
2Person	\$1,713.34	\$1,432.00	\$281.34
Family	\$2,141.66	\$1,623.00	\$518.66
Simply Blue HSA (0021)	Rx = \$15 Generic; \$50 Brand; 50% Non Brand Formulary; Deductible \$1,400 for one member or \$2,800 for a family; OOP Max = \$2,250/\$4,500		
Single	\$538.73	\$745.00	\$0.00
2Person	\$1,288.85	\$1,432.00	\$0.00
Family	\$1,610.33	\$1,623.00	\$0.00

Support Staff Medical Waiver - \$1,512 Annual Reimbursement

Faculty Medical (Effective 1/1/2021 - 12/31/2021)

MESSA PLAN	Total Cost	University Contribution	Monthly Empl. Cost
Choices \$200/400	\$200/\$400 Deductible (Max OOP = \$1,200/\$2,400); OV \$10; Urgent Care \$25; ER \$50; Rx = \$2/\$10 Generic/OTC; \$20/\$40 Brand (RX OOP \$1,000/\$2,000)		
Single	\$664.98	\$764.00	\$0.00
2Person	\$1,494.33	\$1,432.00	\$62.33
Family	\$1,859.25	\$1,623.00	\$236.25
Choices II	OV \$5; Urgent Care \$10; ER \$25; Rx = \$2/\$10 Generic/OTC; \$20/\$40 Brand (RX OOP \$2,000)		
Single	\$717.85	\$764.00	\$0.00
2Person	\$1,613.28	\$1,432.00	\$181.28
Family	\$2,007.28	\$1,623.00	\$384.28

Faculty Medical Waiver = \$1,512 Annual Reimbursement