

Administrative Professional Blue Cross Blue Shield Medical Plans

Effective 01/01/2022 – 12/31/2022

Plan	Total Cost	University Contribution	Monthly Employee Cost
PPO1 – 2 Plan (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	\$777.50	\$779.00	\$0.00
2 Person	\$1,865.99	\$1,461.00	\$404.99
Family	\$2,332.50	\$1,655.00	\$677.50
PPO3 - Plan (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	\$718.73	\$779.00	\$0.00
2 Person	\$1,724.94	\$1,461.00	\$263.94
Family	\$2,156.18	\$1,655.00	\$501.18
Simply Blue HDHP (0022)	In Network Deductible \$1,400 / \$2,800; Max Out of Pocket-- \$2,250 / \$4,500 <i>Rx = \$15/\$30 Generic; \$50/\$100 Brand; 50% Non-Preferred</i>		
Single	\$542.10	\$779.00	\$0.00
2 Person	\$1,296.90	\$1,461.00	\$0.00
Family	\$1,620.78	\$1,655.00	\$0.00
Administrative Professional Medical Waiver = \$1,512.00 Annual Reimbursement			

Administrative Professional & Faculty Blue Cross Blue Shield Dental & Vision Plans

Effective 01/01/2022 – 12/31/2022

Plan	Total Cost	University Contribution	Monthly Employee Cost
Vision Plan (0001)			
Single	\$12.44	\$12.44	\$0.00
2 Person	\$24.88	\$12.44	\$12.44
Family	\$41.31	\$12.44	\$28.87
Dental Plan (0000)			
Single	\$31.13	\$31.13	\$0.00
2 Person	\$62.25	\$31.13	\$31.12
Family	\$108.95	\$31.13	\$77.82

Faculty

MESSA Medical Plans

Effective 01/01/2022 – 12/31/2022

Plan	Total Cost	University Contribution	Monthly Employee Cost
Choice Plan 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	\$771.02	\$779.00	\$0.00
2 Person	\$1,732.92	\$1,461.00	\$271.92
Family	\$2,156.15	\$1,655.00	\$501.15
Choice Plan \$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	\$714.22	\$779.00	\$0.00
2 Person	\$1,605.14	\$1,461.00	\$144.14
Family	\$1,997.14	\$1,655.00	\$342.14
Faculty Medical Waiver = \$1,512.00 Annual Reimbursement			

Support Staff

MESSA Medical Plans

Effective 01/01/2022 – 12/31/2022

Plan	Total Cost	University Contribution	Monthly Employee Cost
Choice 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	\$738.36	\$779.00	\$0.00
2 Person	\$1,659.44	\$1,461.00	\$198.44
Family	\$2,064.72	\$1,655.00	\$409.72
Choice \$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	\$637.57	\$779.00	\$0.00
2 Person	\$1,432.66	\$1,461.00	\$0.00
Family	\$1,782.50	\$1,655.00	\$127.50
ABC (HDHP/HSA)	In Network Deductible \$1,400/\$2,800; Max Out of Pocket-- \$2,400 / \$4,800 <i>Saver Rx = \$0/\$2/\$10 Generic; \$20/\$40 Brand; Office Visit/Urgent Care/ER = \$0</i>		
Single	\$563.70	\$779.00	\$0.00
2 Person	\$1,266.45	\$1,461.00	\$0.00
Family	\$1,575.67	\$1,655.00	\$0.00
Support Staff Medical Waiver = \$1,512.00 Annual Reimbursement			

Support Staff

MESSA Dental & Vision Plans

Effective 01/01/2022 – 12/31/2022

Plan	Total Cost	University Contribution	Monthly Employee Cost
Vision-VSP 3 Plus P 250 CL			
Single	\$10.30	\$10.30	\$0.00
2 Person	\$22.12	\$10.30	\$11.82
Family	\$33.26	\$10.30	\$22.96
MESSA Dental			
Single	\$40.36	\$40.36	\$0.00
2 Person	\$75.40	\$40.36	\$35.04
Family	\$136.77	\$40.36	\$96.41