

## Administrative Professional

### Blue Cross Blue Shield Medical Plans

Effective 01/01/2026 – 12/31/2026

Plan	Total Cost	University Contribution	Monthly Employee Cost
<b>PPO \$500 (0009)</b>	<b>In Network Deductible \$500/\$1000; Max Out of Pocket--\$2,000 / \$4,000</b> <i>Rx = \$15 /\$50 / \$70 or 50% max \$100 .; Office Visit = \$25</i>		
Single	\$907.02	\$859.00	\$48.02
2 Person	\$2,176.87	\$1,613.00	\$563.87
Family	\$2,721.08	\$1,827.00	\$894.08
<b>PPO (0011)</b>	<b>In Network Deductible \$250 / \$500; Max Out of Pocket-- \$2,000 / \$4,000</b> <i>Rx = \$15 Generic; \$50 Brand; \$70-100 Non-Preferred; Office Visit = \$25</i>		
Single	\$967.48	\$859.00	\$108.48
2 Person	\$2,321.96	\$1,613.00	\$708.96
Family	\$2,902.44	\$1,827.00	\$1,075.44
<b>Simply Blue HDHP (0022)</b>	<b>In Network Deductible \$2,000 / \$4,000; Max Out of Pocket-- \$4,000 / \$8,000</b> <i>Rx = \$15/\$30 Generic; \$50/\$100 Brand; 50% Non-Preferred</i>		
Single	\$732.82	\$732.82	\$0.00
2 Person	\$1,758.78	\$1,613.00	\$145.78
Family	\$2,198.48	\$1,827.00	\$371.48
<b>Simply Blue HDHP 2 (0022)</b>	<b>In Network Deductible \$2,000 / \$4,000; Max Out of Pocket-- \$4,000 / \$8,000, 10% Coinsurance</b> <i>Rx = \$15/\$30 Generic; \$50/\$100 Brand; 50% Non-Preferred</i>		
Single	\$666.87	\$666.87	\$0.00
2 Person	\$1,600.49	\$1,600.49	\$0.00
Family	\$2,000.62	\$1,827.00	\$173.62
<b>Administrative Professional Medical Waiver = \$1,512.00 Annual Reimbursement</b>			

## Administrative Professional

### Blue Cross Blue Shield Dental & Vision Plans

Effective 01/01/2026 – 12/31/2026

Plan	Total Cost	University Contribution	Monthly Employee Cost
<b>Vision Plan (0001)</b>			
Single	\$11.54	\$11.54	\$0.00
2 Person	\$23.09	\$11.54	\$11.55
Family	\$38.33	\$11.54	\$26.79
<b>Dental Plan (0000)</b>			
Single	\$39.22	\$39.22	\$0.00
2 Person	\$78.44	\$39.22	\$39.22
Family	\$137.27	\$39.22	\$98.05