Faculty

MESSA Medical Plans

Effective 01/01/2026 – 12/31/2026

Plan	Total Cost	University Contribution	Monthly Employee Cost
ABC Plan 2	**In Network Deductible $2000/4000; Max Out of Pocket-- $4,000 / $8,000** *Rx =$0/ $10 Generic; $40 - $80 Brand; $60 - $100 Non-Pref. / Office Visit, Urgent Care, ER = $0% after ded.*		
Single	$758.67	$758.67	**$0.00**
2 Person	$1,707.01	$1,613.00	**$94.01**
Family	$2,124.28	$1,827.00	**$297.28**
Choices $1000/2000	**In Network Deductible $1000 / $2000; Max Out of Pocket--$4,000 / $8,000** *Rx = $10 Generic; $40 - $80 Brand; $60 - $100 Non-Preferred / Office Visit = $20; Urgent Care = $25; ER = $50*		
Single	$896.16	$859.00	**$37.16**
2 Person	$2,016.36	$1,613.00	**$403.36**
Family	$2,509.25	$1,827.00	**$682.25**
Choices $500/$1000	**In Network Deductible $500 / $1000; Max Out of Pocket--$3,500 / $7,000** Rx = $10 Generic; $40 - $80 Brand; $60 - $100 Non-Preferred / Office Visit = $20; Urgent Care = $25; ER = $50		
Single	$952.67	$859.00	**$93.67**
2 Person	$2,143.51	$1,613.00	**$530.51**
Family	$2,667.48	$1,827.00	**$840.48**
Faculty Medical Waiver = $1,512.00 Annual Reimbursement			

Faculty

MESSA Dental & Vision Plans

Effective 01/01/2026 – 12/31/2026

Plan	Total Cost	University Contribution	Monthly Employee Cost
Vision-VSP 3 Plus P 250 CL			
Single	$9.33	$9.33	**$0.00**
2 Person	$20.03	$9.33	**$10.70**
Family	$30.12	$9.33	**$20.79**
MESSA Dental			
Single	$49.75	$49.75	**$0.00**
2 Person	$89.59	$49.75	**$39.84**
Family	$170.23	$49.75	**$120.48**