

Support Staff

MESSA Medical Plans

Effective 01/01/2026 – 12/31/2026

<u>Plan</u>	<u>Total Cost</u>	<u>University Contribution</u>	<u>Monthly Employee Cost</u>
Choices \$500/\$1000	In Network Deductible \$500 / \$1000; Max Out of Pocket-- \$3,500 / \$7,000 <i>Rx = \$10 Generic; \$40 - \$80 Brand; \$60 - \$100 Non-Preferred / Office Visit = \$20; Urgent Care = \$25; ER = \$50</i>		
Single	\$927.87	\$859.00	\$68.87
2 Person	\$2,087.71	\$1,613.00	\$474.71
Family	\$2,598.04	\$1,827.00	\$771.04
Choices \$1000/\$2000	In Network Deductible \$1,000 / \$2,000; Max Out of Pocket--\$4,000 / \$8,000 <i>Rx = \$10 Generic; \$40 - \$80 Brand; \$60 - \$100 Non-Preferred / Office Visit = \$20; Urgent Care = \$25; ER = \$50</i>		
Single	\$871.94	\$859.00	\$12.94
2 Person	\$1,961.87	\$1,613.00	\$348.87
Family	2,441.43	\$1,827.00	\$614.43
ABC HDHP (HSA)	In Network Deductible \$1,700 / \$3,400; Max Out of Pocket-- \$3,700 / \$7,400 <i>Rx = \$0/ \$10 Generic; \$40 - \$80 Brand; \$60 - \$100 Non-Pref. / Office Visit, Urgent Care, ER = \$0% after ded.</i>		
Single	\$814.84	\$814.84	\$0.00
2 Person	\$1,833.39	\$1,613.00	\$220.39
Family	\$2,281.55	\$1,827.00	\$454.55
Support Staff Medical Waiver = \$1,512.00 Annual Reimbursement			

Support Staff

MESSA Dental & Vision Plans

Effective 01/01/2026 – 12/31/2026

<u>Plan</u>	<u>Total Cost</u>	<u>University Contribution</u>	<u>Monthly Employee Cost</u>
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	\$46.31	\$46.31	\$0.00
2 Person	\$86.63	\$46.31	\$40.32
Family	\$164.56	\$46.31	\$118.25