

Table 1  
Average 9 month Salaries - Thousands of Current Dollars - 2004/2005

	Professor	Associate	Assistant	Instructor	Overall
Missouri State University	\$64.9	\$52.1	\$46.4	\$31.7	\$51.6
University of Missouri Columbia	\$93.6	\$66.2	\$53.3	\$39.5	\$67.9
UMSL	\$88.0	\$60.8	\$52.2	\$38.7	\$59.8
UMKC	\$94.7	\$65.0	\$51.8	\$42.2	\$67.8
Missouri Science and Technology	\$98.1	\$70.9	\$63.8	\$45.5	\$75.1
Averages	\$93.6	\$65.7	\$55.3	\$41.5	\$67.7
Central Missouri State	\$69.0	\$57.2	\$48.1	\$34.7	\$53.5
Northwest Missouri State	\$70.1	\$55.8	\$47.1	\$37.0	\$50.0
Southeast Missouri State	\$68.1	\$54.1	\$48.0	\$38.1	\$53.0
Truman State	\$64.8	\$52.0	\$42.1	\$36.4	\$53.3
Missouri Southern	\$67.0	\$50.8	\$43.8	\$35.2	\$53.0
Averages	\$67.8	\$54.0	\$45.8	\$36.3	\$52.6
Florida Atlantic	\$85.0	\$61.5	\$55.2	\$39.6	\$63.3
University of Colorado Denver	\$87.3	\$65.8	\$58.3	\$39.1	\$61.3
University of Arkansas Little Rock	\$71.0	\$60.3	\$53.1	\$35.9	\$55.8
Northeastern Illinois	\$73.5	\$59.9	\$52.1	\$29.3	\$51.0
Oakland University	\$82.8	\$64.5	\$55.7	\$43.5	\$65.3
Towson University	\$78.0	\$63.8	\$51.4	\$37.1	\$57.3
University of Nebraska Omaha	\$75.1	\$62.9	\$54.5	\$35.6	\$61.6
University of Nevada - Las Vegas	\$99.1	\$73.4	\$60.7	\$48.0	\$74.2
University of North Carolina Charlotte	\$89.1	\$65.3	\$57.1	\$38.5	\$63.3
University of North Carolina Greensboro	\$86.5	\$63.2	\$54.8	\$36.0	\$59.4
University of North Texas	\$80.7	\$61.8	\$52.1	\$38.6	\$61.5
University of Wisconsin Milwaukee	\$84.3	\$65.0	\$55.7	\$39.5	\$62.7
Weber State University	\$64.1	\$50.8	\$46.3	\$37.6	\$52.3
Averages	\$81.3	\$62.9	\$54.4	\$38.3	\$60.7

Source: NEA 2004-2005 Faculty Salary Report

Table 2  
Average 9 month Salaries - Thousands of Current Dollars - 2016/2017

	Professor	Associate	Assistant	Instructor	Overall
Missouri State University	\$84.1	\$71.1	\$63.5	\$43.3	\$67.1
University of Missouri Columbia	\$119.1	\$78.8	\$67.0	\$40.7	\$82.3
UMSL	\$97.2	\$70.0	\$63.5	\$54.4	\$76.2
UMKC	\$106.1	\$77.7	\$71.6	\$51.6	\$80.0
Missouri Science and Technology	\$125.9	\$84.1	\$72.7	\$50.0	\$91.8
Averages	\$112.1	\$77.7	\$68.7	\$49.2	\$82.6
University of Central Missouri	\$85.1	\$67.5	\$61.3	\$53.3	\$65.1
Northwest Missouri State	\$80.3	\$66.8	\$61.0	\$49.9	\$62.6
Southeast Missouri State	\$84.8	\$69.5	\$59.9	\$45.8	\$64.4
Truman State	\$75.8	\$62.3	\$54.8	\$43.1	\$64.1
Missouri Southern	\$76.3	\$58.6	\$48.2	\$37.8	\$59.2
Averages	\$80.5	\$64.9	\$57.0	\$46.0	\$63.1
Florida Atlantic	\$110.2	\$87.4	\$75.8	\$55.6	\$83.1
University of Colorado Denver	\$130.4	\$94.4	\$87.6	\$63.2	\$92.0
University of Arkansas Little Rock	\$91.8	\$69.4	\$55.9	\$50.4	\$69.8
Northeastern Illinois	NA	NA	NA	NA	NA
Oakland University	\$109.2	\$80.9	\$67.6	\$66.4	\$81.3
Towson University	\$96.6	\$81.8	\$70.7	\$47.7	\$73.7
University of Nebraska Omaha	\$92.3	\$80.8	\$69.8	\$47.8	\$74.0
University of Nevada - Las Vegas	\$121.1	\$91.3	\$70.8	\$54.6	\$91.8
University of North Carolina Charlotte	\$121.8	\$87.4	\$76.3	\$55.1	\$81.9
University of North Carolina Greensboro	\$110.3	\$80.2	\$73.9	\$47.9	\$76.3
University of North Texas	\$124.3	\$93.5	\$80.5	\$63.6	\$90.7
University of Wisconsin Milwaukee	\$101.6	\$78.3	\$73.6	\$46.4	\$75.9
Weber State University	\$88.0	\$71.4	\$66.5	\$50.7	\$69.7
Averages	\$108.1	\$83.1	\$72.4	\$54.1	\$80.0

Source: NEA 2016-2017 Faculty Salary Report

Table 3  
Average 9 month Salaries - Thousands of Current Dollars - 2017/2018

	Professor	Associate	Assistant	Instructor	Overall
Missouri State University	\$83.8	\$70.9	\$62.2	\$44.2	\$66.2
University of Missouri Columbia	\$122.6	\$80.6	\$73.6	\$45.5	\$90.3
UMSL	\$101.1	\$69.4	\$65.1	\$67.7	\$75.9
UMKC	\$112.1	\$78.3	\$73.3	\$51.2	\$84.8
Missouri Science and Technology	\$126.8	\$83.3	\$74.9	\$47.4	\$95.0
Averages	\$115.7	\$77.9	\$71.7	\$53.0	\$86.5
University of Central Missouri	\$85.4	\$69.2	\$66.9	\$49.7	\$64.1
Northwest Missouri State	\$80.1	\$67.4	\$60.5	\$50.0	\$62.3
Southeast Missouri State	\$84.7	\$69.4	\$58.9	\$46.0	\$63.7
Truman State	\$75.4	\$62.7	\$54.0	\$44.8	\$64.0
Missouri Southern	\$76.6	\$59.8	\$49.9	\$41.6	\$60.1
Averages	\$80.4	\$65.7	\$58.0	\$46.4	\$62.8
Florida Atlantic	\$111.5	\$82.9	\$74.5	\$57.1	\$83.8
University of Colorado Denver	\$121.1	\$93.1	\$84.7	\$63.9	\$88.1
University of Arkansas Little Rock	\$92.9	\$75.5	\$67.8	\$51.4	\$74.9
Northeastern Illinois	\$91.2	\$80.8	\$70.7	\$47.5	\$71.4
Oakland University	\$111.1	\$82.2	\$68.8	\$68.3	\$83.0
Towson University	\$94.7	\$82.3	\$70.4	\$46.9	\$72.9
University of Nebraska Omaha	\$95.0	\$81.6	\$73.3	\$48.3	\$75.9
University of Nevada - Las Vegas	\$129.8	\$94.5	\$69.8	\$54.6	\$93.3
University of North Carolina Charlotte	\$126.3	\$89.8	\$82.6	\$60.8	\$88.5
University of North Carolina Greensboro	\$113.4	\$83.1	\$77.3	\$50.5	\$80.2
University of North Texas	\$130.6	\$97.5	\$86.1	\$66.3	\$96.1
University of Wisconsin Milwaukee	\$104.6	\$78.4	\$77.1	\$47.4	\$77.0
Weber State University	\$92.0	\$72.0	\$68.8	\$52.4	\$71.4
Averages	\$108.8	\$84.1	\$74.8	\$55.0	\$81.3

Source: NEA 2017-2018 Faculty Salary Report

Table 4  
Average 9 month Salaries - Percentage Change from 2004/2005 to 2017/2018

	Professor	Associate	Assistant	Instructor	Overall
Missouri State University	29.12%	36.08%	34.05%	39.43%	28.29%
University of Missouri Columbia	30.98%	21.75%	38.09%	15.19%	32.99%
UMSL	14.89%	14.14%	24.71%	74.94%	26.92%
UMKC	18.37%	20.46%	41.51%	21.33%	25.07%
Missouri Science and Technology	29.26%	17.49%	17.40%	4.18%	26.50%
Averages	23.56%	18.52%	29.76%	27.67%	27.86%
University of Central Missouri	23.77%	20.98%	39.09%	43.23%	19.81%
Northwest Missouri State	14.27%	20.79%	28.45%	35.14%	24.60%
Southeast Missouri State	24.38%	28.28%	22.71%	20.73%	20.19%
Truman State	16.36%	20.58%	28.27%	23.08%	20.08%
Missouri Southern	14.33%	17.72%	13.93%	18.18%	13.40%
Averages	18.64%	21.71%	26.67%	27.95%	19.56%
Florida Atlantic	31.18%	34.80%	34.96%	44.19%	32.39%
University of Colorado Denver	38.72%	41.49%	45.28%	63.43%	43.72%
University of Arkansas Little Rock	30.85%	25.21%	27.68%	43.18%	34.23%
Northeastern Illinois	24.08%	34.89%	35.70%	62.12%	40.00%
Oakland University	34.18%	27.44%	23.52%	57.01%	27.11%
Towson University	21.41%	29.00%	36.96%	26.42%	27.23%
University of Nebraska Omaha	26.50%	29.73%	34.50%	35.67%	23.21%
University of Nevada - Las Vegas	30.98%	28.75%	14.99%	13.75%	25.74%
University of North Carolina Charlotte	41.75%	37.52%	44.66%	57.92%	39.81%
University of North Carolina Greensboro	31.10%	31.49%	41.06%	40.28%	35.02%
University of North Texas	61.83%	57.77%	65.26%	71.76%	56.26%
University of Wisconsin Milwaukee	24.08%	20.62%	38.42%	20.00%	22.81%
Weber State University	43.53%	41.73%	48.60%	39.36%	36.52%
Averages	33.86%	33.67%	37.47%	43.57%	33.90%

Table 5  
Average 9 month Salaries - Percentage Change from 2016/2017 to 2017/2018

	Professor	Associate	Assistant	Instructor	Overall
Missouri State University	-0.36%	-0.28%	-2.05%	2.08%	-1.34%
University of Missouri Columbia	2.94%	2.28%	9.85%	11.79%	9.72%
UMSL	4.01%	-0.86%	2.52%	24.45%	-0.39%
UMKC	5.66%	0.77%	2.37%	-0.78%	6.00%
Missouri Science and Technology	0.71%	-0.95%	3.03%	-5.20%	3.49%
Averages	3.19%	0.32%	4.40%	7.68%	4.75%
University of Central Missouri	0.35%	2.52%	9.14%	-6.75%	-1.54%
Northwest Missouri State	-0.25%	0.90%	-0.82%	0.20%	-0.48%
Southeast Missouri State	-0.12%	-0.14%	-1.67%	0.44%	-1.09%
Truman State	-0.53%	0.64%	-1.46%	3.94%	-0.16%
Missouri Southern	0.39%	2.05%	3.53%	10.05%	1.52%
Averages	-0.02%	1.17%	1.75%	0.96%	-0.38%
Florida Atlantic	1.18%	-5.15%	-1.72%	2.70%	0.84%
University of Colorado Denver	-7.13%	-1.38%	-3.31%	1.11%	-4.24%
University of Arkansas Little Rock	1.20%	8.79%	21.29%	1.98%	7.31%
Northeastern Illinois	N.A.	N.A.	N.A.	N.A.	N.A.
Oakland University	1.74%	1.61%	1.78%	2.86%	2.09%
Towson University	-1.97%	0.61%	-0.42%	-1.68%	-1.09%
University of Nebraska Omaha	2.93%	0.99%	5.01%	1.05%	2.57%
University of Nevada - Las Vegas	7.18%	3.50%	-1.41%	0.00%	1.63%
University of North Carolina Charlotte	3.69%	2.75%	8.26%	10.34%	8.06%
University of North Carolina Greensboro	2.81%	3.62%	4.60%	5.43%	5.11%
University of North Texas	5.07%	4.28%	6.96%	4.25%	5.95%
University of Wisconsin Milwaukee	2.95%	0.13%	4.76%	2.16%	1.45%
Weber State University	4.55%	0.84%	3.46%	3.35%	2.44%
Averages	0.60%	1.28%	3.24%	1.69%	1.57%

Table 6  
Selected (Relevant) Results from the 2018/2019 Faculty Morale Survey

The following statements will address the University teaching loads and policies.																
How strongly do you agree/disagree with the following statements regarding teaching loads and policies?																
Likert Scale with 1 = Strongly Disagree, 2 = Moderately Disagree, 3 = Neutral, 4 = Moderately Agree, 5 = Strongly Agree																
	2018			2016			2014			2012			2010			
	N	Mean	Standard Deviation	N	Mean	Standard Deviation	N	Mean	Standard Deviation	N	Mean	Standard Deviation	N	Mean	Standard Deviation	
6	Missouri State University salaries are equivalent those of peer institutions															
32	Prospects for salary increases look good															
42	Rate of pay for summer teaching (2.5 percent per hour) is adequate															
44	Compensation for per-course faculty is appropriate.															
45	Faculty who teach an overload receive consistent compensation.															
46	Compensation for additional teaching responsibilities (e.g., GEP, Honors College) encourages participation															

The following statements address University benefits:																
How satisfied are you with the value of the following services?																
Likert Scale with 1 = Extremely Dissatisfied, 2 = Moderately Dissatisfied, 3 = Neutral, 4 = Somewhat Satisfied, 5 = Extremely Satisfied																
	2018			2016			2014			2012			2010			
	N	Mean	Standard Deviation	N	Mean	Standard Deviation	N	Mean	Standard Deviation	N	Mean	Standard Deviation	N	Mean	Standard Deviation	
47	Life insurance program															
48	Medical/health benefits															
49	Dental care															
50	Vision benefits															
51	Sick leave benefits															
52	Educational benefits for employees and families Greenwood/MSU															
53	Retirement program															
54	Services available at Magers Health & Wellness Center															
55	Recreational services and facilities for faculty															

Table 7  
Summary of Benefits by University

University	Health Insurance	Dental Insurance	Self Funded?	Life Insurance	Long Term Care Insurance	Vision Insurance	Cafeteria Plan	Sick Leave	Family Leave	Tuition	Retirement	Tax Deferred Savings
Missouri State University	x	x	x	x	x	x	x	x	x	x	x	x
Central Missouri State	x	x		x	x	x	x	x			x	x
Northwest Missouri State	x	x		x		x	x	x	x	x	x	x
Southeast Missouri State	x	x		x	x	x	x	x	x	x	x	x
Truman State	x	x		x	x	x	x		x	x	x	x
University of Missouri	x	x		x	x	x	x	x	x	x	x	x
Missouri Southern	x	x		x	x	x	x	x		x	x	x
Florida Atlantic	x	x		x	x		x	x		x	x	x
University of Colorado Denver	x	x		x	x	x	x			x	x	x
University of Arkansas Little Rock	x	x			x	x	x			x	x	
Northeastern Illinois	x	x		x	x	x	x			x	x	
Towson University	x	x		x		x	x	x			x	x
University of Nebraska Omaha	x	x		x	x	x	x	x	x	x	x	
University of Nevada - Las Vegas	x	x		x	x	x	x	x	x		x	x
University of North Carolina Charlotte	x	x		x	x	x	x	x	x	x	x	x
University of North Carolina Greensboro	x	x		x	x	x	x	x	x	x	x	x
University of North Texas	x	x	x	x	x	x	x	x	x	x	x	
University of Wisconsin Milwaukee	x	x		x	x	x			x		x	x
Weber State University	x	x		x		x	x			x	x	x

Note: All universities must comply with the Family Medical Leave Act (FMLA) which mandates the availability of unpaid family leave.

Table 8  
Detailed Benefits  
Missouri State University

Health Insurance Monthly Premiums Base			
2019			
Employee (paid by MSU)			\$440.51
Employee (paid by self)			\$40.00
Spouse (paid by employee)			\$340.00
Spouse (paid by MSU)			\$207.28
Child/Children			\$240.00
Spouse & Child/Children (paid by employee)			\$395.00
Spouse & Child/Children (paid by MSU)			\$555.13
Health Insurance Deductible Per Calendar Year			
	In-Network	Out-of-Network	Magers Health and Wellness Center Services
Per Covered Person	\$1,600	\$3,200	Waived
Per Family Unit	\$3,200	\$6,400	Waived
Employee Pays	20%	40%	20%
Annual out of Pocket			
Per Person	\$2,000	\$4,000	\$2,000
Per Family	\$4,000	\$8,000	\$4,000
Prescription Benefits			
		Magers & Participating Pharmacies	Other Pharmacies
Deductible		\$0	\$0
Employee Pays		20%	30%
Annual out of Pocket			
Per Person		\$2,000	\$2,000
Per Family		\$4,000	\$4,000

Health Insurance Monthly Premiums Buy Up			
2019			
Employee (paid by MSU)			\$431.49
Employee (paid by self)			\$76.00
Spouse (paid by employee)			\$340.00
Spouse (paid by MSU)			\$185.51
Child/Children			\$240.00
Spouse & Child/Children (paid by employee)			\$395.00
Spouse & Child/Children (paid by MSU)			\$608.82
Health Insurance Deductible Per Calendar Year			
	In-Network	Out-of-Network	Magers Health and Wellness Center Services
Per Covered Person	\$800	\$1,600	Waived
Per Family Unit	\$1,600	\$3,200	Waived
Employee Pays	20%	40%	20%
Annual out of Pocket			
Per Person	\$2,000	\$4,000	\$2,000
Per Family	\$4,000	\$8,000	\$4,000
Prescription Benefits			
		Magers & Participating Pharmacies	Other Pharmacies
Deductible		\$0	\$0
Employee Pays		20%	30%
Annual out of Pocket			
Per Person		\$1,500	\$1,500
Per Family		\$3,000	\$3,000

Office Visit Copays			
	Magers	In-Network	Out-of-Network
Primary Care	10	\$40	NA
Specialist	10	\$60.00	NA
Emergency Room			
	Magers	In-Network	Out-of-Network
Deductible (per incident)		\$500	\$500
Copay & ER Deductible			
Individual Maximum		\$1,750	
Family Maximum		\$3,500	
Total Medical Out of Pocket			
Individual Maximum	\$5,350		
Family Maximum	\$10,700		
Dental Monthly Premiums			
2019			
Employee			\$0
Spouse			\$27.25
Child/Children			\$21.22
Spouse & Child/Children			\$42.78
Dental Benefits*			
	Deductible	Co-pay	
Preventative	\$0	20%	
Basic Restorative	\$50	20%	
Major Restorative	\$50	50%	
TMJ	\$50	50%	

Office Visit Copays			
	Magers	In-Network	Out-of-Network
Primary Care	5	\$20	NA
Specialist	5	\$30.00	NA
Emergency Room			
	Magers	In-Network	Out-of-Network
Deductible (per incident)		\$250	\$250
Copay & ER Deductible			
Individual Maximum		\$700	
Family Maximum		\$1,400	
Total Medical Out of Pocket			
Individual Maximum	\$3,500		
Family Maximum	\$7,000		
Dental Monthly Premiums			
2019			
Employee			\$0
Spouse			\$27.25
Child/Children			\$21.22
Spouse & Child/Children			\$42.78
Dental Benefits*			
	Deductible	Co-pay	
Preventative	\$0	20%	
Basic Restorative	\$50	20%	
Major Restorative	\$50	50%	
TMJ	\$50	50%	

**Retirement**  
New Employees - CURP Defined Contribution - currently MSU contributes 6% of wages,  
Older Employees - MOSERS Defined Benefit

**Retirement**  
New Employees - CURP Defined Contribution - currently MSU contributes 6% of wages,  
Older Employees - MOSERS Defined Benefit

Table 9  
Detailed Benefits  
University of Missouri

Health Insurance Monthly Premiums				
Self Only	\$171.00			
Self and spouse	\$411.00			
self and child(ren)	\$360.00			
Self, spouse, and child(ren)	\$629.00			
Insurance Deductible Per Calendar Year				
Health and RX combined	In Network		Out of Network	
	self	family	self	family
	\$500.00	\$1,500.00	\$1,000.00	\$3,000.00
RX	Retail:\$75/person; Mail-Order: \$0/person			
Payment Prescription Drugs				
	In Network	Out of Network		
	10% after Deductible	30% after Deductible		
	Retail:\$75/person; Mail-Order: \$0/person			
Annual of Pocket limits Medical and RX combined				
	In Network		Out of Network	
	self	family	self	family
	\$3,500.00	\$7,000.00	\$10,500.00	\$21,000.00
RX	\$3,650/self coverage		\$7,300/family coverage	
Dental Monthly Premiums				
Coverage Level	Employee Costs	University Costs		
Self (only)	\$14.76	\$14.76		
Self and Spouse	\$29.52	\$29.52		
Self and Children	\$35.82	\$35.82		
Self, Spouse and Children	\$50.58	\$50.58		
Dental Benefits*				
Deductible	\$100 self	\$300 for family		
Preventative	100% no deductible	100% no deductible		
Basic Restorative	80% after deductible	80% after deductible		
Major Restorative	50% after deductible	50% after deductible		

Maximal Amount for Dental is \$1, 500 per individual.

Retirement Benefits		
Defined Benefits	Defined Contribution	
	Employees hired after 9/30/2012	Employees hired prior 9/30/2012
<b>Automatic Employee Contribution:</b>	1% of salary < \$50,000 2% of salary > \$50,000	1% of salary < \$50,000 2% of salary > \$50,000
<b>UM Contribution:</b>	6.77% of salary*	10.78% of salary*
Employees hired after 9/30/2012, in addition to Denfined Contribution Portion		
Automatic UM contribution to 401(a)	2% of pay	
Employee Contribution to 457(b)	Employee's choice*	
UM Match Contribution to 401(a)	100% match up to 3% of pay	
	*Employees are automatically enrolled at a contribution rate-3% of pay.	

Table 10  
Detailed Benefits  
Truman State

Health Insurance Monthly Premiums				
	Aetna A	Aetna B	Plan C - HAS	
Employee (paid by Truman)	\$668.31	\$668.31	\$668.31	
Employee (paid by self)	\$88	\$42	\$92	*biometrics wellness covers premium
Spouse (paid by employee)	645.14	375.49	270	
Spouse (paid by Truman)	\$932.82	\$932.82	\$932.82	
Child/Children	452.98	222.3	132.09	
Spouse & Child/Children (paid by employee)	1020.61	669.52	532.18	
Spouse & Child/Children (paid by Truman)	\$1,033.99	\$1,033.99	\$1,033.99	
<p><b>ALL Plans</b> will now use Aetna Standard Formulary for pharmacy coverage. <b>For H.S.A. Accounts</b>, this will include a coverage enhancement whereby certain preventive medications are not subject to the plan deductible. Instead, these preventive medications are subject only to the coinsurance (plan pays 80%, employee pays 20%), and medical out-of-pocket maximum.</p> <p><b>For H.S.A Accounts:</b> The IRS made changes for 2019 that no longer allow excess University Contributions to be added to the H.S.A account each month. To help offset this change, the University will contribute \$1,000 per year to accounts that are employee only and \$2,000 per year to accounts with dependent tiers.</p> <p>H.S.A Participants – The University will contribute \$83.33/month to an H.S.A. account for employee only. And \$166.67/month to an H.S.A. for those enrolled in dependent tiers.</p>				
Health Insurance Deductible Per Calendar Year				
	Aetna A	Aetna B	Aetna C	
Per Covered Person	750/1700	1500/3000	3000/3000	
Per Family Unit	1200/4200	2000/4000	6000/6000	
Employee Pays	Copays only, deductible waived on prevention; 20% procedures	copays; then 20%	20%/40%	
<u>Annual out of Pocket</u>				
Per Person	2500 in network	\$5,000	\$5,000	
Per Family	5000 in network	10,000	\$10,000	
Prescription Benefits				
	Aetna A	Aetna B	Aetna C	
Deductible	0	0	0	
Employee Pays	\$15/\$30/\$60	\$15/\$30/\$60	20%	
<u>Annual out of Pocket</u>	Generic/Preferred/NonPreferred			
Per Person	2000	1600		
Per Family	3000	3000		
Dental Monthly Premiums				
	Delta Dental Plans A and B			
Employee	0	17.97		
Spouse	15.66	48.78		
Child/Children	31.9	65.5		
Spouse & Child/Children	46.67	100.41		
Dental Benefits				
	Co-pay	Co-pay		
Preventative	0 - max year is \$1000	covers 100%		
Basic Restorative		80%		
Major Restorative		10%		
TMJ				
Orthodontic for children		0 for first two years; 50% third year		
Retirement				
	University contributes to MOSERS			

Table 11  
Detailed Benefits  
Missouri Southern

**Health Insurance Monthly Premiums**

	Enriched Plan		HSA Plan		MSSU contribution to HSA
	Employee Cost	Total Plan Cost	Employee Cost	Total Plan Cost	
<b>Varies by Annual Base Pay</b>					
Tier 1 < \$30k					
Employee	\$54.83	\$711.87	\$31.40	\$506.51	\$52.50
+Spouse	\$568.50	\$1,347.80	\$200.38	\$958.98	\$105.00
+ Children	\$385.21	\$1,135.89	\$66.49	\$808.20	\$105.00
+Family	\$935.27	\$1,771.19	\$468.23	\$1,260.23	\$105.00
Tier 2 \$30k to \$44,999					
Employee	\$71.80	\$711.87	\$32.74	\$506.51	\$52.50
+Spouse	\$580.83	\$1,347.80	\$232.94	\$958.98	\$105.00
+ Children	\$397.50	\$1,135.89	\$99.05	\$808.20	\$105.00
+Family	\$947.56	\$1,771.19	\$500.79	\$1,260.23	\$105.00
Tier 3 \$45k to \$74,999					
Employee	\$87.99	\$711.87	\$33.31	\$506.51	\$52.50
+Spouse	\$593.12	\$1,347.80	\$245.98	\$958.98	\$105.00
+ Children	\$409.79	\$1,135.89	\$112.07	\$808.20	\$105.00
+Family	\$959.85	\$1,771.19	\$513.84	\$1,260.23	\$105.00
Tier 3 \$75k or more					
Employee	\$104.20	\$711.87	\$33.90	\$506.51	\$52.50
+Spouse	\$605.41	\$1,347.80	\$259.00	\$958.98	\$105.00
+ Children	\$422.08	\$1,135.89	\$125.10	\$808.20	\$105.00
+Family	\$972.14	\$1,771.19	\$526.86	\$1,260.23	\$105.00
<b>Health Insurance Deductible Per Calendar Year</b>					
	In Network	Out of Network	In Network	Out of Network	
Deductible					
Single	\$1,500	\$3,000	\$3,500	\$7,000	
Family	\$3,000	\$6,000	\$7,000	\$14,000	
Co-Insurance					
Single	\$1,500	\$3,000	\$0	\$7,000	
Family	\$3,000	\$6,000	\$0	\$14,000	
Out of Pocket Maximums					
Single	\$3,000	\$6,000	\$3,500	\$14,000	
Family	\$6,000	\$12,000	\$7,000	\$28,000	
Co-Pays					
Primary Care	\$20	30%	100% after deductible	30%	
Specialist	\$40	30%		30%	
Chiropractor	\$40	30%		30%	
Hospital - Inpatient	20%	40%		40%	
Hospital - Outpatient	20%	40%		40%	
Urgent Care	\$50/visit	30%		30%	
Emergency Room	\$150/visit. No copay if admitted			\$150/20%	\$150/20%
Preventative Services	\$0	30%	\$0	30%	
Mental Health	\$40	30%	100%	30%	

Table 11  
Detailed Benefits  
Missouri Southern

Prescription Benefits				
	In network PPO	Out network PPO	In network HDHP	Out network HDHP
Deductible	\$100	\$300	100% after HDHP deductible. No deductible on preventative generics.	50%
Generic	\$12 & no deduct	40% coinsurance		
Retail preferred	\$40	after deductible		
Retail non-preferred	\$65			
High tiers & speciality	20%			

Dental Monthly Premiums	
Employee	\$33.70
+Spouse	\$65.54
+ Children	\$84.37
+Family	\$121.58

Dental Benefits		
	In network PPO	Out of network
Annual Deductible/Family	\$50/\$150	\$50/\$150
Preventative	100%	100%
Basic Restorative	80%	80%
Major Restorative	50%	50%
TMJ		
Orthodontic	50%	50%
Orthodontic Lifetime Maximum	\$1,500	\$1,500

That MSSU's document has same numbers for in and out of network looks in error. Footnoting implies that as well.

Vision Monthly Premiums	
Employee	\$5.14
+Spouse	\$10.29
+ Children	\$9.83
+Family	\$15.37

Vision Benefits		
	In network	Out of network
Eye exam (every 12 months)	\$20 copay	\$45 allowance
Lenses (every 12 months)	100% after cop	\$40-\$100 allowance
Frames	\$130 allowance	\$71 allowance
Contact lenses (every 12 months)		
Elective	\$130 allowance	\$105 allowance
Necessary	100% after cop	\$210 allowance

Retirement		
	Mosers	Defined Contribution
Employee Contribution	4%	2%
University Contribution (FY 2019)	20.21%	6.00%

Also offers 403(b) and 457(b)

Table 12

University of Central Missouri - **Plan A** for both medical & dental

<b>Health Insurance Monthly Premiums</b>			
		<b>2018-2019</b>	
<b>Tier 1 &lt;\$34,884</b>			
		<b>12 month</b>	<b>9 month</b>
Employee (paid by UCMO)		\$636	\$848.00
Employee (paid by self)		\$33	\$44.00
Spouse (paid by UCMO)		\$836	\$1,114
Spouse (paid by self)		\$442	\$589
Child/Children (paid by UCMO)		\$836	\$1,114.00
Child/Children (paid by self)		\$266	\$355.00
Spouse & Child/Children (paid by UCMO)		\$836	\$1,114.00
Spouse & Child/Children (paid by self)		\$808	\$1,077.00
<b>Tier 2 \$34,884 - \$61,436</b>			
Employee (paid by UCMO)		\$602	\$803.00
Employee (paid by self)		\$66	\$89.00
Spouse (paid by UCMO)		\$802	\$1,070.00
Spouse (paid by self)		\$475	\$634.00
Child/Children (paid by UCMO)		\$802	\$1,070
Child/Children (paid by self)		\$300	\$400
Spouse & Child/Children (paid by UCMO)		\$802	\$1,070.00
Spouse & Child/Children (paid by self)		\$841	\$1,121.00
<b>Tier 3 &gt;\$61,436</b>			
Employee (paid by UCMO)		\$569	\$758
Employee (paid by self)		\$100	\$133
Spouse (paid by UCMO)		\$769	\$1,025.00
Spouse (paid by self)		\$509	\$679.00
Child/Children (paid by UCMO)		\$769	\$1,025.00
Child/Children (paid by self)		\$333	\$444.00
Spouse & Child/Children (paid by UCMO)		\$769	\$1,025.00
Spouse & Child/Children (paid by self)		\$874	\$1,166.00
<b>Health Insurance Deductible Per Calendar Year</b>			
		Participating Providers	Non Participating
Per Covered Person		\$500	
Per Family Unit		\$1,000	
Employee Pays		20%	
<b>Annual out of Pocket</b>			
Per Person		\$3,000	
Per Family		\$6,000	
<b>Prescription Benefits</b>			
		Network	Non-network
Deductible		Apply to med	
Employee Pays (Copay for Tier 1,2,3)		\$10, \$50, \$75	
<b>Annual out of Pocket</b>			
Per Person		NA	
Per Family		NA	

<b>Dental Monthly Premiums</b>			
<b>Employee cost</b>		<b>12 month</b>	<b>9 month</b>
Employee		\$0	\$0
Spouse		\$16.86	\$22.46
Child/Children		\$33.44	\$45.92
Spouse & Child/Children		\$50.38	\$67.16
<b>Dental Benefits*</b>			
		<b>Deductible</b>	<b>Co-pay</b>
Preventative		\$0	\$0
Basic Restorative		\$0	\$0
Major Restorative		\$0	\$0
TMJ		\$0	\$0
*maximum benefit of \$1000			
<b>Retirement</b>			
MOSERS defined benefit	Hired before Jan 1, 2011 or prior MOSERS credit		
CURP defined contribution			
CURP defined contribution	Hired on or after July 1, 2002 automatically in CURP		

Table 12  
University of Central Missouri - **Plan B** for both medical & dental

<b>Health Insurance Monthly Premiums</b>			
<b>2018-2019</b>			
<b>Tier 1 &lt;\$34,884</b>			
	<b>12 month</b>	<b>9 month</b>	
Employee (paid by UCMO)	\$674	\$898.00	
Employee (paid by self)	\$35	\$47.00	
Spouse (paid by UCMO)	\$874	\$1,165.00	
Spouse (paid by self)	\$480	\$641.00	
Child/Children (paid by UCMO)	\$874	\$1,165.00	
Child/Children (paid by self)	\$294	\$392.00	
Spouse & Child/Children (paid by UCMO)	\$874	\$1,165.00	
Spouse & Child/Children (paid by self)	\$868	\$1,157.00	
<b>Tier 2 \$34,884 - \$61,436</b>			
Employee (paid by UCMO)	\$638	\$851.00	
Employee (paid by self)	\$70	\$94.00	
Spouse (paid by UCMO)	\$838	\$1,118.00	
Spouse (paid by self)	\$516	\$688.00	
Child/Children (paid by UCMO)	\$838	\$1,118.00	
Child/Children (paid by self)	\$329	\$439.00	
Spouse & Child/Children (paid by UCMO)	\$838	\$1,118.00	
Spouse & Child/Children (paid by self)	\$903	\$1,205.00	
<b>Tier 3 &gt;\$61,436</b>			
Employee (paid by UCMO)	\$603	\$804.00	
Employee (paid by self)	\$106	\$141.00	
Spouse (paid by UCMO)	\$803	\$1,070.00	
Spouse (paid by self)	\$551	\$735.00	
Child/Children (paid by UCMO)	\$803	\$1,070.00	
Child/Children (paid by self)	\$365	\$487.00	
Spouse & Child/Children (paid by UCMO)	\$803	\$1,070.00	
Spouse & Child/Children (paid by self)	\$939	\$1,252.00	
<b>Health Insurance Deductible Per Calendar Year</b>			
	Participating Providers	Non Participating	
Per Covered Person	\$1,500	\$1,500	
Per Family Unit	\$3,000	\$3,000	
Employee Pays	20%	50%	
<b>Annual out of Pocket</b>			
Per Person	\$4,250	\$8,500	
Per Family	\$8,500	\$17,000	
<b>Prescription Benefits</b>			
	Network	Non-network	
Deductible	Apply to med	Apply to med	
Employee Pays	\$10, \$50, \$75	Deduct. then 50%	
<b>Annual out of Pocket</b>			
Per Person	NA	NA	
Per Family	NA	NA	

<b>Dental Monthly Premiums</b>			
<b>Employee cost</b>	<b>12 month</b>	<b>9 month</b>	
Employee	\$30.10	\$40.14	
Spouse	\$69.58	\$92.76	
Child/Children	\$88.26	\$117.68	
Spouse & Child/Children	\$136.56	\$182.06	
<b>Dental Benefits* \$2000 pp maximum</b>			
	Deductible	Co-pay	
Preventative	\$25-\$75	\$50-\$150	
Basic Restorative	90 percent	80%	
Major Restorative (1st, 2nd, 3rd year)	60 percent	50 percent	
TMJ	NA	NA	
Orthodontics for children to age 19	50 percent	50%	

Table 12

University of Central Missouri - **Plan C** for both medical & dental

<b>Health Insurance Monthly Premiums</b>			
		<b>2018-1029</b>	
<b>Tier 1 &lt;\$34,884</b>			
		<b>12 month</b>	<b>9 month</b>
Employee (paid by UCMO)		\$668	\$891.00
Employee (paid by self)		\$35	\$46.00
Spouse (paid by UCMO)		\$868	\$1,157
Spouse (paid by self)		\$475	\$633
Child/Children (paid by UCMO)		\$868	\$1,157.00
Child/Children (paid by self)		\$290	\$387.00
Spouse & Child/Children (paid by UCMO)		\$868	\$1,157.00
Spouse & Child/Children (paid by self)		\$859	\$1,145.00
<b>Tier 2 \$34,884 - \$61,436</b>			
Employee (paid by UCMO)		\$633	\$844.00
Employee (paid by self)		\$70	\$93.00
Spouse (paid by UCMO)		\$833	\$1,111.00
Spouse (paid by self)		\$510	\$680.00
Child/Children (paid by UCMO)		\$833	\$1,111
Child/Children (paid by self)		\$325	\$433
Spouse & Child/Children (paid by UCMO)		\$833	\$1,111.00
Spouse & Child/Children (paid by self)		\$894	\$1,192.00
<b>Tier 3 &gt;\$61,436</b>			
Employee (paid by UCMO)		\$598	\$797
Employee (paid by self)		\$105	\$140
Spouse (paid by UCMO)		\$798	\$1,064.00
Spouse (paid by self)		\$545	\$727.00
Child/Children (paid by UCMO)		\$798	\$1,064.00
Child/Children (paid by self)		\$360	\$480.00
Spouse & Child/Children (paid by UCMO)		\$798	\$1,064.00
Spouse & Child/Children (paid by self)		\$929	\$1,239.00
<b>Health Insurance Deductible Per Calendar Year</b>			
		Participating Providers	Non Participating
Per Covered Person		\$2,700	2700
Per Family Unit		\$5,400	5400
Employee Pays		20%	40%
<b>Annual out of Pocket</b>			
Per Person		\$5,000	\$10,000
Per Family		\$10,000	\$20,000
<b>Prescription Benefits</b>			
		Network	Non-network
Deductible		Apply to med	Apply to med
Employee Pays (Copay for Tier 1,2,3)		\$10, \$30, \$50	50% after copay
<b>Annual out of Pocket</b>			
Per Person		NA	NA
Per Family		NA	NA

10%, 60%

<b>Dental Monthly Premiums</b>			
<b>Employee cost</b>		<b>12 month</b>	<b>9 month</b>
<b>Dental Benefits*</b>			
		Deductible	Co-pay

Table 13  
Detailed Benefits  
Northwest Missouri State

Health Insurance Monthly Premiums								*provider:BCBS of Kansas City, by salary bands	
	base plan <40,000	base plan 40,000-59,000	Base Plan 60,000-99,999	Base Plan 100,000+	High Deductible + HSA <40,000	High Deductible + HSA 40,000-59,999	High Deductible + HSA 60,000-99,000	High Deductible + HSA 100,000+	
Employee (paid by MSU)	662.66	646.66	617.66	563.66	631.13	616.13	590.13	533.13	
Employee (paid by self)	31	47	76	130	30	45	71	128	
Spouse (paid by employee)	524.78	561.8	613.35	705.88	518.47	557.85	603.79	656.29	
Spouse (paid by MSU)	862.55	825.53	773.98	681.45	803.79	764.42	718.47	665.97	
Employee + Child (paid by employee)	510.24	543.41	582.95	676.07	500.33	538.32	582.66	633.31	
Employee + Child (paid by MSU)	828.53	795.37	755.82	662.7	775.66	737.66	693.33	642.66	
Spouse & Child/Children (paid by employee)	830.43	883.87	945.53	1079.14	806.22	867.46	938.89	1020.54	
Spouse & Child/Children (paid by MSU)	1326.87	1273.43	1211.76	1078.15	1249.9	1188.67	1117.23	1035.59	

Health Insurance Deductible Per Calendar Year			
	Base Plan	High Deductible + HSA	\$ 700 (for lower two salary bands) from NWMSU to health savings account annually
Per Covered Person	1750	3000	\$400 (for higher two salary bands) from NWMSU to HSA
Per Family Unit	3500	6000	
Co-Insurance	80/20(in) & 60/40(out network)	100/0(in) & 80/20(out network)	
Annual out of Pocket			
Per Person	\$5,000	\$3,000	
Per Family	\$10,000	\$6,000	

Prescription Benefits *included in plan			
	Tier 1	Tier 2	Tier 3
Copay In-network (short-term in pharmacy)	\$15	\$40	\$65
Copay/Coinsurance Out-of-Network (short-term in pharmacy)	\$15, then 50% coinsurance	\$40, then 50% coinsurance	\$65, then 50% coinsurance
Copay In-network (mail-order pharmacy)	30	80	130
Copay Out of network (mail-order pharmacy)	30, 50% coinsurance	80, 50% coinsurance	130, then 50% coinsurance
Annual out of Pocket			
Per Person	combined with medical out-of-pocket limits (in & out)		
Per Family			

Voluntary Dental Insurance: Delta Dental of Missouri

Dental Monthly Premiums	
Employee	31.09
Spouse	59.26
Child/Children	92.61
Spouse & Child/Children	120.69

Dental Benefits*			
Deductible	\$ 50.00		
Preventative	100% paid		
Basic Restorative	80/20 (in n 70/30 (non-network)	basic	70/30 (non-network)
Major Restorative	50/50 (in or out)		50/50 (non)
Orthodontia	50% paid; \$1000 lifetime benefit		
Annual Maximum Benefit Per Person	\$1,000		

Retirement	
MOSERS Defined Benefit, 4% employee contribution	

Table 14  
Detailed Benefits  
Southeast Missouri State University

Base Plan with HSA Option

Health Insurance Monthly Premiums			
Effective 2018			
		12 Pay	10 Pay
Employee (paid by UALR)		NA	NA
Employee (paid by self)		\$0.00	\$0.00
Spouse (paid by UALR)		NA	NA
Spouse (paid by self)		\$453.37 - \$528.37	\$544.04 - \$634.04
Child/Children (paid by UALR)		NA	NA
Child/Children (paid by self)		\$268.68 - \$343.68	\$322.42 - \$412.42
Spouse & Child/Children (paid by UALR)		NA	NA
Spouse & Child/Children (paid by self)		\$642.19 - \$742.19	\$770.63 - \$890.63
Health Insurance Deductible Per Calendar Year			
		Participating Providers	Non Participating
Per Covered Person		\$2,000	\$2,000
Per Family Unit		\$4,000	\$4,000
Employee Pays		20%	40%
Annual out of Pocket			
Per Person		\$6,650	\$12,000
Per Family		\$7,350	\$24,000
Prescription Benefits			
		Network	Non-network
Deductible		Applies to Medical	Applies to Medical
Employee Pays (Copay for Tier 1,2,3)		\$10, \$35, \$60	\$10, \$35, \$60
Annual out of Pocket			
Per Person		Applies to Medical	Applies to Medical
Per Family		Applies to Medical	Applies to Medical

Dental Monthly Premiums - Plan A			
		12 Pay	10 Pay
Employee cost			
Employee		\$13.04	\$15.65
Spouse		\$27.94	\$33.56
Child/Children		\$43.42	\$52.10
Spouse & Child/Children		\$57.48	\$68.98

Dental Monthly Premiums - Plan B			
		12 Pay	10 Pay
Employee cost			
Employee		\$30.14	\$36.17
Spouse		\$59.48	\$71.38
Child/Children		\$75.41	\$90.49
Spouse & Child/Children		\$108.64	\$130.37

Dental Benefits - Plan A			
		Deductible	Co-pay
Preventative		None	0% - \$1,000 max
Basic Restorative		NA	NA
Major Restorative		NA	NA
TMJ		NA	NA

Dental Benefits - Plan B			
		Deductible	Co-pay
Preventative		\$0	0% - \$1,000 max
Basic Restorative		\$50	20% - \$1,000 max
Major Restorative		\$50	90% 1st year, 75% 2nd year, 50% 3rd year+
Orthodontic Services to age 19		\$50	100% 1st and 2nd years, 50% 3rd year +

Retirement			
CURP (College and Universities Retirement Plan)			

New Southeast faculty are self-enrolled at employment into the College and Universities Retirement Plan. This 401(a) defined contribution plan offers interstate portability, immediate vesting and self-directed investments. Administered by TIAA.

Self-directed investments can be made into equities, guaranteed accounts, fixed income accounts, money market accounts or real estate.

• Southeast contributes 5.67% (FY18) of salary • Southeast contributes 6.0% (FY19) of salary

• New employees hired on or after July 1, 2018, must contribute 2% of salary.

Table 14  
Detailed Benefits  
Southeast Missouri State University  
Accelerated Plan with MRA Option

<b>Health Insurance Monthly Premiums</b>			
		<b>Effective 2018</b>	
		<b>12 Pay</b>	<b>10 Pay</b>
Employee (paid by UALR)		NA	NA
Employee (paid by self)		\$142.95	\$171.54
Spouse (paid by UALR)		NA	NA
Spouse (paid by self)		\$903.50	\$1,084.30
Child/Children (paid by UALR)		NA	NA
Child/Children (paid by self)		\$765.27	\$918.32
Spouse & Child/Children (paid by UALR)		NA	NA
Spouse & Child/Children (paid by self)		\$1,456.75	\$1,748.10
<b>Health Insurance Deductible Per Calendar Year</b>			
		Participating Providers	Non Participating
Per Covered Person		\$1,000	\$2,000
Per Family Unit		\$2,000	\$4,000
Employee Pays		20%	40%
<b>Annual out of Pocket</b>			
Per Person		\$5,000	\$10,000
Per Family		\$7,350	\$20,000
<b>Prescription Benefits</b>			
		Network	Non-network
Deductible		Applies to Medical	Applies to Medical
Employee Pays (Copay for Tier 1,2,3)		\$15, \$40, \$75	\$15, \$40, \$75
<b>Annual out of Pocket</b>			
Per Person		Applies to Medical	Applies to Medical
Per Family		Applies to Medical	Applies to Medical

**Dental and Retirement - Same as numbers at left**

Table 15  
Detailed Benefits  
Florida Atlantic University

<b>Health Insurance Monthly Premiums</b>				
Employee (paid by FAU)	\$684.42	\$684.42	\$684.42	\$684.42
Employee (paid by self)	\$50	\$50	\$50	\$50
Spouse (paid by employee)	\$180 family	\$180 family	\$180 family	\$180 family
Family (paid by FAU)	\$1,473.18	\$1,473.18	\$1,473.18	\$1,473.18

<b>Health Insurance Deductible Per Calendar Year</b>				
	Standard PPO: Network/ NonNetwork	Health Investor PPO Net / NonNet	Standard HMO	Health Investor HMO
Per Covered Person	250/750	1350/2500	None	1400
Per Family Unit	500/1500	2700/5000	None	2800
Employee Pays	20%/40%	20%/40%	Copays only	20%
<u>Annual out of Pocket</u>			\$20 to \$250	
Per Person	7900/NA	4350/NA	1500	3000
Per Family	1580/NA	8700/NA	3000	6000

<b>Prescription Benefits</b>				
Deductible				
Employee Pays	0			
<u>Annual out of Pocket</u>	7/30/50	30%/30%/50	7/30/50	30%/30%/50%
Per Person	Generic/Preferred/NonPreferred			
Per Family	NA	NA	See above	See above
	NA	NA	See above	See above

<b>Dental Monthly Premiums</b>				
	Cigna Prepaid	Ameritas Indemnity w/PPO	Ameritas Standard PPO	Humana Schedule B
Employee	\$24.01	\$40.62	\$33.72	\$14.74
Employee and Spouse	\$47.31	\$75.32	\$63.16	\$21.96
Employee and Children	\$56.41	\$85.76	\$70.72	\$23.30
Employee and Family	\$72.04	\$123.86	\$102.96	\$37.10
Note: there are more options than these				

<b>Dental Benefits</b>				
	Co-pay	Co-pay	Co-pay	
Preventative	\$5	\$5	0	
Basic Restorative	Vary by service	20%	20%	
Major Restorative	"\$0 to >\$1000	50%	50%	
TMJ		50%	50%	
Calendar Year Maximum	\$1,200	\$1,200	\$1,200	

<b>Retirement</b>				
<p>FAU has both a defined benefit and defined contribution plan; Both require a 3% contribution by the employee. The defined benefit plan requires 8 years of service to vest , monthly retirement payments depend upon years of service and average salary over 8 years. The defined contribution plan depends upon salary and membership class.</p>				

Table 16  
Detailed Benefits  
University of Arkansas Little Rock  
University of Arkansas Little Rock **Classic**

Health Insurance Monthly Premiums			
		Effective Jan. 1, 2018	
		12 month	9 month
Employee (paid by UALR)	NA	NA	NA
Employee (paid by self)		\$38.00	\$50.67
Spouse (paid by UALR)	NA	NA	NA
Spouse (paid by self)		\$131.93	\$175.91
Child/Children (paid by UALR)	NA	NA	NA
Child/Children (paid by self)		\$86.88	\$115.84
Spouse & Child/Children (paid by UALR)	NA	NA	NA
Spouse & Child/Children (paid by self)		\$180.53	\$240.70
Health Insurance Deductible Per Calendar Year			
		Participating Providers	Non Participating
Per Covered Person		\$1,250	
Per Family Unit		\$2,500	
Coinsurance		25%	
<u>Annual out of Pocket</u>			
Per Person		\$5,250	
Per Family		\$10,500	
<u>Wellness OOP Credit</u>			
Per Person		\$1,400	
Per Family		\$2,800	
Prescription Benefits			
		Network	Non-network
Deductible			
Employee Pays (Copay for Tier 1,2,3)		\$15, \$55, \$90	
<u>Annual out of Pocket - separate from medical</u>			
Per Person		\$1,600	
Per Family		\$3,200	

Dental Monthly Premiums			
		12 month	9 month
Employee cost			
Employee		\$7.76	\$10.35
Spouse		\$16.01	\$21.34
Child/Children		\$13.51	\$18.01
Spouse & Child/Children		\$21.75	\$29.00
Dental Benefits*			
	Max Benefit	Deductible	Coverage
Preventative	\$1,500	\$0	100%
Basic Restorative	\$1,500	\$50	\$80
Major Restorative	\$1,500	\$50	\$50
TMJ			

**Retirement**

University's 403(b) defined contribution plan - Teachers Insurance and Annuity Association – College Retirement Equities Fund (TIAA-CREF) and Fidelity Investments - Automatically enrolled  
Within 31 days of your appointment, option to change to coverage offered by the Arkansas Public Employees Retirement System (Defined benefit). The choice you make within 31 days of your appointment is irrevocable.

The University will contribute an amount equal to five percent of your regular salary to the retirement vehicle you choose. At no time can the combined employee and employer contribution exceed the limitations established by the Internal Revenue Code. In addition, if you choose to contribute in excess of five percent of your salary, the University will match your contribution up to ten percent. If you elect to contribute to the Plan, the University will make additional contributions of percentage of your regular salary, according to the following schedule:

Retirement Contribution Schedule			
Employee	University	Total Contribution	
	0%	5%	5%
	1-5%	5%	6-10%
	6%	6%	12%
	7%	7%	14%
	8%	8%	16%
	9%	9%	18%
	10%	10%	20%
	11%+	NA	NA

Table 16  
Detailed Benefits  
University of Arkansas Little Rock  
University of Arkansas Little Rock **Health Savings Plan**

Health Insurance Monthly Premiums			
		Effective Jan. 1, 2018	
		12 month	9 month
Employee (paid by UALR)	NA	NA	NA
Employee (paid by self)		\$22.73	\$30.31
Spouse (paid by UALR)	NA	NA	NA
Spouse (paid by self)		\$97.83	\$130.44
Child/Children (paid by UALR)	NA	NA	NA
Child/Children (paid by self)		\$59.02	\$78.69
Spouse & Child/Children (paid by UALR)	NA	NA	NA
Spouse & Child/Children (paid by self)		\$133.76	\$178.34
Health Insurance Deductible Per Calendar Year			
		Participating Providers	Non Participating
Per Covered Person		\$2,700	
Per Family Unit		\$5,400	
Coinsurance		10%	
<u>Annual out of Pocket</u>			
Per Person		\$6,650	
Per Family		\$13,300	
<u>Wellness Credit</u>		\$90	
Prescription Benefits			
		Network	Non-network
Deductible + Coinsurance			

Table 16  
Detailed Benefits  
University of Arkansas Little Rock  
University of Arkansas Little Rock **Premiere Plan**

<b>Health Insurance Monthly Premiums</b>			
		Effective Jan. 1, 2011	
		12 month	9 month
Employee (paid by UALR)		NA	NA
Employee (paid by self)		\$72.57	\$96.76
Spouse (paid by UALR)		NA	NA
Spouse (paid by self)		\$230.00	\$306.65
Child/Children (paid by UALR)		NA	NA
Child/Children (paid by self)		\$175.69	\$234.25
Spouse & Child/Children (paid by UALR)		NA	NA
Spouse & Child/Children (paid by self)		\$303.32	\$404.43
<b>Health Insurance Deductible Per Calendar Year</b>			
		Participating Providers	Non Participating
Per Covered Person		\$650	
Per Family Unit		\$1,300	
Coinsurance		20%	
<u>Annual out of Pocket</u>			
Per Person		\$3,000	
Per Family		\$6,000	
<u>Wellness OOP Credit</u>			
Per Person		\$500	
Per Family		\$1,000	
<b>Prescription Benefits</b>			
		Network	Non-network
Deductible			
Employee Pays (Copay for Tier 1,2,3)		\$10, \$50, \$80	
<u>Annual out of Pocket - separate from medical</u>			
Per Person		\$1,600	
Per Family		\$3,200	

Table 17  
Detailed Benefits Jan 2019  
University of Nebraska Omaha

Health Insurance Monthly Premiums				
	UMR Low	UMR Basic	UMR High	UMR High Deductible
	Every employee across the board receives \$63 each month to spend on benefits			
Employee	\$90.00	\$152.00	\$227.00	\$90.00
+Spouse	\$114.00	\$241.00	\$403.00	\$114.00
+ Children	\$101.00	\$203.00	\$380.00	\$101.00
+Family	\$131.00	\$307.00	\$532.00	\$131.00

Health Insurance Deductible Per Calendar Year				
	In Network	Out of Network	NE Medicine	
Deductible				
Single	\$2,700	\$5,400		
Family	\$5,400	\$10,800		
Co-Insurance				
Single	\$1,500	\$3,000		
Family	\$3,000	\$6,000		
Out of Pocket Maximums				
Single	\$3,600	\$7,200		
Family	\$7,200	\$14,400		
Co-Pays				
Primary Care	\$20	30%	100% (deductible waived)	
Primary care	Tier 1	Tier 2	Tier 3	Limitations
	0%	20% coinsurance	30% coinsurance	None
Specialist	0%	20% coinsurance	30% coinsurance	None
ER	0%	20%	\$20	Tier 2 deductible applies to tier 3
ER Transportation	0%	20%	20%/30%	Tier 2 deductible applies to tier 3
Urgent Care	0%	20%	30%	benefits true emergency
Preventative Services	0%	30%	0%	30%

Prescription Benefits		
Generic	For all tiers benefits are applied by outside vendor	None
Tier 1		
Tier 2		
Tier 3/4		

Dental Monthly Premiums				
	2016-2017			
Employee				\$14
Spouse				\$22.00
Child/Children				\$23.00
Spouse & Child/Children				\$37.00
Annual Deductible		Co-Insurance Plan		
	PPO	NoN PPO	PPO	NON PPO
Preventative and Diagnostic	\$0	\$0	85%/15%	80%/20%
Restorative Services	\$35	\$45	85%/15%	
Major Dental Services	\$35	\$45	50%/50%	
Orthodontic	\$40	\$50	\$50/50%	
Calendar year Maximum	\$1,500			
Orthodontic Lifetime Maximum		\$2,000	\$2,000	
Vision				
Employee	8.88			
+Spouse	\$19.51			
+ Children	\$19.51			
+Family	\$24.46			

Retirement	
UNO has only two defined contribution plans. Both require monthly contributions by both the employee and the university.	
Tier 1: Employee contributes 3.5% of monthly wages with UNO contributes 6.5%	
Tier 2: Employee contributes 5.5% of monthly wages with UNO contributes 8.0%	

Table 18  
Detailed Benefits

University of Colorado Denver

Note: UCD faculty have the same benefits of all faculty in the University of Colorado system.

Health Insurance Monthly Premiums									
	Exclusive/HMO		Extended/PPO		High Deductible		Kaiser		
	CU Pays	Employee Pays	CU Pays	Employee Pays	CU Pays	Employee Pays	CU Pays	Employee Pays	
Employee	\$560.50	\$50.50	\$560.50	\$73.00	\$560.50	\$0	\$560.50		\$109.00
Employee plus Spouse	\$1,051.00	\$184.50	\$1,051.00	\$225.00	\$1,051.00	\$15.00	\$1,051.00		\$296.50
Employee plus Children	\$1,005.00	\$114.50	\$1,005.00	\$145.00	\$1,005.00	\$14.00	\$1,005.00		\$188.50
Family	\$1,511.50	\$239.50	\$1,511.50	\$294.50	\$1,511.50	\$19.00	\$1,511.50		\$378.50

Health Insurance Deductible Per Calendar Year									
	Exclusive/HMO		Extended/PPO		High Deductible		Kaiser		
	CU Pays	Employee Pays	CU Pays	Employee Pays	CU Pays	Employee Pays	CU Pays	Employee Pays	
Per Covered Person	\$250		\$750		\$1,500		\$0		
Per Family Unit	\$750		\$1,500		\$3,000		\$0		
Employee Pays									
Annual out of Pocket									
Per Person	\$8,150		\$8,150		\$3,000		\$8,150		
Per Family	\$16,300		\$16,300		\$6,000		\$16,300		

Copays									
	Exclusive/HMO		Extended/PPO		High Deductible		Kaiser		
	CU Pays	Employee Pays	CU Pays	Employee Pays	CU Pays	Employee Pays	CU Pays	Employee Pays	
Primary Care Visit	\$30		\$40		15%		\$30		
Specialist Visit	\$40		\$50		15%		\$40		
Other Visit	\$30		\$40		15%		\$30		
Outpatient Surgery	\$0		10%		15%		\$250		
Emergency Room	\$250		\$250		15%		\$250		
Emergency Transportation	\$0		10%		15%		\$0		
Urgent Care	\$30		\$40		15%		\$30		
Hospital Stay	\$0		10%		15%		\$250/day		
Prenatal/Postnatal visits	\$15		\$25		15%		\$0		
Delivery	\$0		10%		15%		\$250/day		

Prescription Benefits									
	Exclusive/HMO		Extended/PPO		High Deductible		Kaiser		
	CU Pays	Employee Pays	CU Pays	Employee Pays	CU Pays	Employee Pays	CU Pays	Employee Pays	
Deductible	Included in overall deductibles		Included in overall deductibles		Included in overall deductibles		Included in overall deductibles		
Employee Pays	And out of pocket		And out of pocket		And out of pocket		And out of pocket		
Annual out of Pocket	And out of pocket		And out of pocket		And out of pocket		And out of pocket		
Per Person									
Per Family									

Copays									
	Exclusive/HMO		Extended/PPO		High Deductible		Kaiser		
	CU Pays	Employee Pays	CU Pays	Employee Pays	CU Pays	Employee Pays	CU Pays	Employee Pays	
Tier 1 Generic Drugs	UC Pharmacy (30 days/90 days)	\$13/\$26	\$15		20%		\$15/\$30		
	Anthem Pharmacy (30 days)	\$15	\$15		20%		\$15/\$30		
	UCH Mail Order (90 days)	\$26	\$30		20%		\$15/\$30		
Tier 2 Preferred Brand Drugs	UC Pharmacy (30 days/90 days)	\$30/\$60	\$35		20%		\$35/\$70		
	Anthem Pharmacy (30 days)	\$35	\$35		20%		\$35/\$70		
	UCH Mail Order (90 days)	\$60	\$70		20%		\$35/\$70		
Tier 3 Non Preferred Brand Drugs	UC Pharmacy (30 days/90 days)	\$50/\$100	\$50		20%		Not Covered		
	Anthem Pharmacy (30 days)	\$50	\$50		20%		Not Covered		
	UCH Mail Order (90 days)	\$100	\$100		20%		Not Covered		
Tier 4 Speciality Orals and Injectable Drugs	UC Pharmacy (30 days)	\$75	\$75		20%		20%		
	Anthem Pharmacy (30 days)	\$75	\$75		20%		20%		
	UCH Mail Order (30 days)	\$75	\$75		20%		20%		

Dental Monthly Premiums					
	Dental EPO			Dental PPO	
	CU Pays	Employee Pays	CU Pays	Employee Pays	CU Pays
Employee	\$29.00	\$0.00	\$35.00	\$17.00	
Employee plus Spouse	\$41.50	\$16.50	\$52.50	\$51.50	
Employee plus Children	\$41.00	\$21.50	\$52.00	\$60.50	
Family	\$42.50	\$48.50	\$58.00	\$106.00	

Dental Deductibles					
	Dental EPO			Dental PPO	
	CU Pays	Employee Pays	CU Pays	Employee Pays	CU Pays
Per Person	\$25		\$25/\$75		
Maximum Benefits					
Plan Year	\$2,000		\$2,500		
Lifetime Orthodontic	2000 (children only adults not covered)		\$4,000		

Table 18  
Detailed Benefits

University of Colorado Denver

Note: UCD faculty have the same benefits of all faculty in the University of Colorado system.

<b>Dental Benefits Copays</b>				
	Dental EPO	PPO	Premium	Non-Premium
Preventative	0	0%	0%	0%
Basic Restorative	30%	20%	40%	40%
Major Restorative	50%	25%	50%	50%
Basic Surgery	50%	25%	60%	60%
Orthodontics	50%	40%	60%	60%

**Retirement**

Employees must choose one of the two plans and remain with that plan	Defined Contribution Plan	Defined Benefit Plan (Colorado Public Employees Retirement Association)
Contribution by Employee	5% of wages	NA
Contribution by CUD	10% of wages	NA
		Calculation of Benefits (Varies Dependent upon conditions, primarily date of hire) All are based upon average salaries at retirement and years of service Percent for each year of service
PERA 1 (Highest)		2%
PERA 2		1.56%

Table 19  
Detailed Benefits  
University of North Carolina - all campuses

Health Insurance Monthly Premiums						
Blue Cross Blue Shield	Traditional 70/30		Enhanced 80/20		CDHP Plan	
	Full Monthly Costs	Lowest rate w discount	Full Monthly Cost	Lowest rate w/ Discount	Full Monthly Costs	Lowest Rate w/ Discounts
employee (paid by self)	\$40.00	\$0.00	\$105.04	\$15.04	\$80.00	\$0.00
employee (paid by univ.)	\$479.88	\$519.40	\$479.48	\$569.48	\$479.48	\$559.48
employee/spouse (paid self)	\$602.10	\$561.10	\$773.52	\$683.52	\$585.90	\$505.90
employee/spouse (paid by univ.)	\$479.48	\$519.40	\$479.48	\$569.48	\$479.48	\$559.48
employee, child(ren) (paid by self)	\$258.14	\$218.14	\$395.18	\$305.18	\$276.32	\$196.32
employee, child(ren) paid by univ.	\$479.48	\$519.40	\$479.48	\$569.48	\$479.48	\$559.48
employee, spouse & child(ren) (paid by self)	\$638.70	\$598.70	\$813.76	\$723.76	\$618.82	\$538.82
employee, spouse & child(ren) (paid by univ.)	\$479.48	\$519.40	\$479.48	\$569.48	\$479.48	\$559.48

Health Insurance Deductible Per Calendar Year						
Blue Cross Blue Shield	Traditional 70/30		Enhanced 80/20		CDHP Plan	
	Participating Providers	Non Participating Providers	Participating Providers	Non Participating Providers	Participating Providers	Non Participating Providers
Per Covered Person	\$1,080	\$2,160	\$1,250	\$2,500	\$1,500	\$3,000
Per Family Unit	\$3,240	\$6,480	\$3,750	\$7,500	\$4,500	\$4,500
Employee Pays	30% after deductible	50% after deductible	20% after deductible	40% after deductible	15% after deductible	35% after deductible
<b>Annual out of Pocket</b>						
Per Person	\$40 office visit; \$94 Specialist Visit	Limited To Preventive Screening	Preventive 100%	Limited to preventive	Preventive Care 100%	Out of network not covered
Per Family	\$40 office visit; \$94 Specialist Visit	Limited to Preventive Screening	Preventive 100%	Limited to preventive	Preventive Care 100%	Out of network not covered

Prescription Benefits			
	70/30	80/20	CDHP
Deductible	\$3,360	\$1,250	\$1,500
Employee Pays	100%	100%	60%
<u>Annual out of Pocket</u>	\$3,360	\$2,500	\$3,500
Per Person	\$3,360	\$2,500	\$3,500
Per Family	\$3,360	\$4,000	\$10,500

Dental Monthly Premiums		
	High Option	Low Option
Employee	\$36.10	\$21.22
Spouse	\$72.40	\$42.78
Child/Children	\$78.20	\$45.94

Table 19  
Detailed Benefits  
University of North Carolina - all campuses

<b>Dental Benefits*</b>		
	<b>High Option</b>	<b>Low Option</b>
Deductible	\$50 individual \$150 family	\$25 individual/\$75 family
Preventative	No charge	No charge
Basic Restorative	20% after deductible	50% after deductible
Major Restorative	50% after deductible	Not covered
orthodontics	50% \$1500 lifetime maximum per individual	Not covered

<b>Retirement Benefits</b>
<p><b>Defined Benefit Plan</b>  <b>Teachers' and State Retirement System (TSERS)</b>            Employee Contribution-6%            University Contribution as defined by the General Assembly</p> <p><b>Optional Retirement Program (ORP)</b>            Program option serves as an option to TSERS            Under this plan, you control your investments.            University contribution-6.84%            Choose from 2 investment providers - (Fidelity and TIAA)</p>

Table 20  
Detailed Benefits  
University of North Texas

<b>Health Insurance Monthly Premiums</b>		
	Health Select of Texas Network/NonNetwork	Consumer Directed Health Select Network/Non-Network
Employee (paid by MSU)	\$624.82	\$624.82
Employee (paid by self)	\$0.00	\$0.00
Spouse (paid by employee)	\$358.00	\$322.20
Spouse (paid by MSU)	\$982.82	\$982.82
employee + children (paid by MSU)	\$864.52	\$864.52
employee + children (paid by employee)	\$239.70	\$215.72
Spouse & Child/Children (paid by employee)	\$597.70	\$537.92
Spouse & Child/Children (paid by MSU)	\$1,222.52	\$1,222.52
<b>Health Insurance Deductible Per Calendar Year</b>		
	Health Select of Texas Network/NonNetwork	Consumer Directed Health Select Network/Non-Network
Per Covered Person	0/500	2100/4200
Per Family Unit	0/1500	4200/8400
Employee Pays	2000/7000	none
<u>Annual out of Pocket</u>		
Per Person	\$6,550	\$6,550
Per Family	\$13,100	\$13,100
<b>Prescription Benefits</b>		
	short-term prescriptions tier 1/2/3	long-term prescriptions tier 1/2/3
Deductible	\$50	\$50
Employee Pays	\$10/\$35/\$60	\$20/\$70/\$120
<u>Annual out of Pocket</u>	\$10/\$45/\$60	\$30/\$105/\$180
Per Person	Generic/Preferred/NonPreferred	
Per Family	NA	NA
	NA	NA
<b>Dental Monthly Premiums</b>		
	HumanaDental HMO	State of Texas Dental Choice Plan
Employee	9.59	27.21
Spouse	19.18	54.42
Child/Children	23.02	65.3
Spouse & Child/Children	32.59	92.51
<b>Dental Benefits*</b>		
	Humana	State of Texas Dental Choice Plan in- network/out-network
Preventative	co-pay varies by service	\$0
Basic Restorative	speaciality services 75%	10%
Major Restorative		50%
TMJ		10%
<b>Retirement</b>		
Two options are presented. An Optional Retirement Plan, and 403b. This is either replacing or in addition to The Teacher Retirement System of Texas, which is a pension (defined-benefit) plan. Members contribute 7.7%.		

Table 21  
Detailed Benefits  
University of Wisconsin - Milwaukee

Health Insurance Monthly Premiums				
	Health Plan Design	Access Plan	High Deductive Health Plan Design	Access High Deductive Health Plan Design
Employee (paid by self) w/ dental	\$93	\$270.00	\$34	\$214
Employee (paid by self) w/o dental	\$89	\$269.00	\$31	\$211
Spouse & Child/Children (paid by employee) w/ dental w/ dental	\$230	\$678.00	\$86	\$534
Spouse & Child/Children (paid by employee) w/o dental	\$222	\$670.00	\$78	\$526
Health Insurance Deductible Per Calendar Year				
	Health Plan Design	Access Plan	High Deductive Health Plan Design	Access High Deductive Health Plan Design
Per Covered Person	\$250	\$250 (in)/\$500 (out-of-net)	\$1,500	\$1,500 (in)/2000 (out)
Per Family Unit	\$500	\$500(in)/\$1,000 (out)	\$3,000	\$3000 (in)/\$4,000(out)
Employee Pays	10%	30%	\$0	
Primary care visit	\$15	\$15 (in)/30%(out)	\$15	\$15 (in)/30%(out)
Specialty visit	\$25	\$25 (in)/30% (out)	\$25	\$25 (in)/30% (out)
Coinsurance (annual)	10%	10%(in)/30%(out)	\$0	10%(in)/30%(out)
<b>Annual out of Pocket</b>				
Per Person	\$1,250	\$1250(in)/2000 (out)	\$2,500	2500(in)/(3800(out)
Per Family	\$2,500	\$2500(in)/4000 (out)	\$5,000	5000(in)/7600(out)
Prescription Benefits				
	Health Plan Design	Access Plan	High Deductive Health Plan Design	Access High Deductive Health Plan Design
Deductible (level 1-3)	\$50		\$2100/4200	
Employee Pays	Level 1: \$5 copay, Level 2: 20% up to \$50 maximum per prescription, Level 3: 40% up to \$150 maximum per prescription, Level 4 Specialty: \$50 copay, Preventive: \$0 (plan pays 100%).	Level 1: \$5 copay, Level 2: 20% up to \$50 maximum per prescription, Level 3: 40% up to \$150 maximum per prescription, Level 4 Specialty: \$50 copay, Preventive: \$0 (plan pays 100%).	After Deductible: Level 1: \$5 copay, Level 2: 20% up to \$50 maximum per prescription, Level 3: 40% up to \$150 maximum per prescription, Level 4 Specialty: \$50 copay, Preventive: \$0 (plan pays 100%).	After Deductible: Level 1: \$5 copay, Level 2: 20% up to \$50 maximum per prescription, Level 3: 40% up to \$150 maximum per prescription, Level 4 Specialty: \$50 copay, Preventive: \$0 (plan pays 100%).
<b>Annual out of Pocket</b>		Generic/Preferred/NonPreferred		
Per Person	600/6850/1200	600/6850/1200	\$2,500	\$2,500
Per Family	1200/13700/2400	1200/13700/2400	\$5,000	\$5,000
Supplemental Dental Insurance Monthly Premiums				
	Uniform Dental	PPO Plus Premier-Select plus	Delta Dental PPO Select	Delta PPO Plus Premier
Employee	\$4	\$30.20	\$9.28	\$16.82
Employee +spouse or domestic partner	-		\$12.52	\$31.12
employee+Child(ren)	-		\$18.56	\$33.64
family	\$9	\$75.50	\$22.28	\$51.30
Dental Benefits				
	Uniform Dental	PPO Plus Premier-Select plus	Delta Dental PPO Select	Delta PPO Plus Premier
Annual deductible	None	\$100/person	\$25/person	\$25/person
Annual Benefit Max	\$1,000/person	\$1,000	\$2,500/person	\$2,500/person
<b>Preventative/diagnostic (routine cleanings)</b>	100%	no coverage	no coverage	no coverage
<b>Basic Restorative</b>				
Fillings	100%	no coverage	no coverage	no coverage
Anesthesia	80%			
Emergency pain relief	80%			
Periodical maintenance	80%			
<b>Major Restorative</b>				
Crowns, bridges, dentures, implants	no coverage	50%	60%	60%
Surgical extraction, root canal, oral surgery	no coverage	50%	80%	80%
Non-surgical extractions (above gumline)	90%	no coverage	no coverage	no coverage
<b>Orthodontics</b>	50% up to \$1,500 (under age 19)	no coverage	50% up to \$1,500 (regardless of age)	50% up to \$1,500 (regardless of age)
Lifetime Maximum	\$1,500	no coverage	\$1,500( in addition to Uniform dental)	\$1,500( in addition to Uniform dental)
Retirement				
Employee and the Wisconsin Retirement system are required to contribute 6.55% of Employee's salary to employee's WRS account. The UW also contributes 1.1% of employee's salary to fund the retiree health insurance Credit program, contributions taken on a pre-tax basis				

Table 22  
Detailed Benefits  
Weber State University

Health Insurance Monthly Premiums per pay period					
	Star Program (HSA)				
	Advantage	Summit	Preferred	Premiums	HSA Contributions
Employee only	\$29.55	\$29.55	\$122.96	\$0.00	\$33.09
Employee + 1	\$60.93	\$60.93	\$253.56	\$0.00	\$66.18
Employee + 2	\$81.34	\$81.34	\$338.47	\$0.00	\$66.18
Health Insurance Deductible Per Calendar Year					
Per Covered Person	\$350	\$350	\$350	\$1,500	
Per Family Unit	\$700	\$700	\$700	\$3,000	
Employee Pays					
<u>Annual out of Pocket</u>					
Per Person	\$3,000	\$3,000	\$3,000	\$2,500	
+1	\$6,000	\$6,000	\$6,000	\$5,000	
Family	\$9,000	\$9,000	\$9,000	\$7,500	
General Copays	20%	20%	20%	20%	
Urgent Care	\$45	\$45	\$45	20%	
Primary Care	\$25	\$25	\$25	20%	
Specialist Care	\$35	\$35	\$35	20%	
Prescription Benefits					
Deductible	Same as Medical Plan				
Employee Pays					
<u>Annual out of Pocket</u>					
Per Person	Same as Medical Plan				
Per Family	Same as Medical Plan				
Copays					
Tier 1 drugs	\$10	\$10	\$10	\$10	
Tier 2 drugs	25%	25%	25%	25%	
Tier 3 drugs	50%	50%	50%	50%	
Speciality Medicines					
Tier A	20%	20%	20%	20%	
Tier B	30%	30%	30%	30%	

Dental Monthly Premiums	
Employee only	\$2.94
Employee + 1	\$5.22
Employee + 2	\$9.65
Deductible	\$0
Dental Benefits*	
Preventative	80%
Basic Restorative	80%
Major Restorative	50% maximum of \$2,000 per year
Orthodontics	50% \$1500 lifetime maximum

Retirement
Weber State contributes 14.2% to a tax shelter for new employees
Older employees are included in the Utah State Retirement System

Table 23  
Detailed Benefits July 1, 2018 - June 30, 2019  
University of Nevada Las Vegas

<b>Health Insurance Monthly Premiums</b>					
	Statewide PPO		Statewide EPO/HMO		
	CDHP		Premier (EPO) Plan and Health Plan of Nevada		
	Employer Pays	Participants Premium	Employer Pays	Participants Premium	
employee only	\$547.52	\$31.73	\$672.48	\$142.43	
employee + Spouse/DP	\$911.13	\$156.04	\$1,151.59	\$429.62	
employee + Children	\$695.77	\$82.41	\$910.16	\$284.89	
employee + Family	\$1,059.37	\$206.72	\$1,389.27	\$572.08	
Rates for Employees with Domestic Partners and DP's Children					
employee + DP	\$911.13	\$156.04	\$1,151.59	\$429.62	
employee + DP's Children	\$695.77	\$82.41	\$910.16	\$284.89	
employee + Children of both	\$695.77	\$82.41	\$910.16	\$284.89	
employee + DP + EE's Children	\$1,059.37	\$206.72	\$1,389.27	\$572.08	
Employee + DP + DP's Children	\$1,059.37	\$206.72	\$1,389.27	\$572.08	
Employee + DP + Children of both	\$1,059.37	\$206.72	\$1,389.27	\$572.08	

Note: Some portion of both the premium and the employer subsidy is post-tax and pre-tax for Domestic Partners. All Plans include payment for health, dental, basic life, long-term disability, and vision.

<b>Health Insurance Deductible Per Calendar Year</b>						
	Consumer Driven Health Plan		Health Plan of Nevada		Premier (EPO) Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Per Covered Person	\$1,500	\$1,500	N/A	N/A	N/A	N/A
Per Family Unit	\$3,000	\$3,000	N/A	N/A	N/A	N/A
Individual Family Member	\$2,700	\$2,700	N/A	N/A	N/A	N/A
Employee Pays	20%	20 to 50%	Copays vary based on service		Copays vary based on service	
<u>Annual out of Pocket</u>						
Per Person	\$3,900	\$10,600	\$7,150	N/A	\$7,150	N/A
Per Family	\$7,800	\$21,200	\$14,300	N/A	\$14,300	N/A
Individual Family Member	\$6,850					

<b>Prescription Benefits</b>						
	Consumer Driven Health Plan		Health Plan of Nevada		Premier (EPO) Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Preferred Generic	20%	N/A	\$7	N/A	\$7	N/A
Preferred Brand	20%	N/A	\$40	N/A	\$40	N/A
Non-Formulary	20%	N/A	\$75	N/A	\$75	N/A
Specialty	20%	N/A	30%	N/A	30%	N/A
ACA Preventative	0%	No benefit	\$0	N/A	\$0	N/A
CDHP Preventative	20%	No benefit	N/A	N/A	N/A	N/A

<b>Dental Benefits</b>		
BENEFIT CATEGORY	IN-NETWORK	OUT-OF NETWORK
Individual plan year maximum	\$1,500/person for basic and major services	\$1,500/person for basic and major services
Plan year deductible (applies to basic and major services only)	\$100/person or \$300 per family (3 or more)	\$100/person or \$300 per family (3 or more)
Preventive services	100% of allowable fee schedule, no deductible	80% of allowable fee schedule, after deductible
Basic services	80% of allowable fee schedule, after deductible	50% of allowable fee schedule, after deductible
Major services	50% of allowable fee schedule, after deductible	50% of allowable fee schedule, after deductible

**Retirement for Faculty and Professional Employees**  
In lieu of Social Security, all employees are required to participate who work at least 1/2 time: two options, the Public Employees' retirement system (<http://www.nvpers.org/>) or the Higher Education Retirement Plan Alternative  
Contributions: 14.50 percent of gross salary to 401a plan by employee by automatic deduction records of contributions kept by TIAA-CREFF; UNLV contributes another 14.50 percent  
Mandatory plan: immediate vesting Funds can be withdrawn by employee upon severance from employment, age 62, or death.

Table 24  
Detailed Benefits

Towson University (same across State of Maryland)

<b>Health Insurance Monthly Premiums</b>					
	CareFirst-PP0	CareFirst-BCBS-EPO	Kaiser	UHC-PP0	UHC-EPO
Employee (paid by self)	\$102.00	\$68.08	\$66.70	\$100.32	\$68.48
Spouse (paid by employee)	\$183.58	\$142.86	\$142.08	\$180.60	\$142.42
Child/Children	\$183.58	\$142.86	\$142.08	\$180.60	\$142.42
Spouse & Child/Children (paid by employee)	\$254.98	\$176.98	\$176.08	\$250.84	\$169.82

<b>Health Insurance Deductible Per Calendar Year</b>					
Per Covered Person	\$1,000		\$0	\$250	\$0
Per Family Unit	\$2,000		\$0	\$500	\$0
Employee Pays	10%(in)/30%(out)		\$0	10%(in)/30%(out)	\$0
<u>Annual out of Pocket</u>					
Per Person	\$2,000 (in)/\$3,250 (out)	\$1,500 (in only)	\$1,500	\$2,000 (in)/\$3,250 (out)	\$1,500
Per Family	\$4,000 (in)/6500 (out)	\$3,000 (in only)	\$3,000	\$4,000 (in)/\$6,500 (out)	\$3,000

<b>Prescription Benefits</b>	
Deductible	CVS Caremark monthly premium: e-only = \$45.08; e+child = \$59.90; e+spouse = \$74.80; e+family = \$100.00
Employee Pays	Copays: generic \$10; preferred band name \$25; non-preferred band name \$40.
<u>Annual out of Pocket</u>	Mandatory generics or pay difference for name brand + special copay. Zero copay for 13 generic maintenance medications and certain contraceptives.
Per Person	\$1,000
Per Family	\$1,500

<b>Dental Monthly Premiums</b>		
	Delta Dental	United Concordia
Employee	\$7.80	\$11.64
Spouse	\$13.60	\$23.26
Child/Children	\$15.64	\$22.24
Spouse & Child/Children	\$21.96	\$43.60

<b>Dental Benefits*</b>		
	United Concordia DPPO plan	Delta Dental DHMO plan
	\$50 deductible per person/yr.; \$150 per family	No deductible, annual or lifetime max.
Preventative	100% paid preventive	Preventive & diagnostic services no or low cost.
Basic Restorative	70%	Fee schedule by ADA codes.
Major Restorative	50%	
TMJ	\$2,500 annual max. benefit per participant (exclu. Basic)	
Orthodontia	orthodontia 50% paid; \$1000 lifetime benefit.	No mention in DHMO summary

**Retirement**

Retirement (from benefits summary document): Exempt employees can choose between the Optional Retirement Program (immediate vesting and no employee contribution required) or the Maryland State Retirement & Pension System (10 year vesting and 7% employee contribution required). Towson contributes to each plan. Regular part-time employees earn pro-rated retirement service credit. Refer to plan documents for details.