

Table 5  
Summary of Benefits by University

University	Health Insurance	Dental Insurance	Life Insurance	Long Term Care Insurance	Vision Insurance	Cafeteria Plan	Sick Leave	Family Leave	Tuition	Retirement
Missouri State University	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
Southeast Missouri State	x	x	x	x	x	x	x	x	x	x
Truman State	x	x	x	x	x	x		x	x	x
University of Missouri	x	x	x	x	x	x	x	x	x	x
Missouri Southern	x	x	x	x	x	x	x		x	x
Florida Atlantic	x	x	x	x		x	x		x	x
University of Colorado Denver	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
University of North Carolina Greensboro	x	x	x	x	x	x	x	x	x	x
University of North Texas	x	x	x	x				x	x	x
University of Wisconsin Milwaukee	x	x	x	x	x			x		x
Weber State University	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 6  
Detailed Benefits  
Missouri State University

<b>Health Insurance Monthly Premiums - Buy Up Plan</b>			
		<b>W/O incentive</b>	<b>With Incentive</b>
Employee (paid by MSU)		\$573.78	\$603.78
Employee (paid by self)		\$81.00	\$51.00
Spouse (paid by employee)		\$444.00	\$414.00
Spouse (paid by MSU)		\$956.93	\$986.93
Child/Children		\$337.00	\$307.00
Spouse & Child/Children (paid by employee)		\$502.00	\$472.00
Spouse & Child/Children (paid by MSU)		\$1,447.95	\$1,477.95
<b>Health Insurance Deductible Per Calendar Year - Buy Up Plan</b>			
	Participating Providers	Non Participating	Magers Health Center
Per Covered Person	\$800	\$1,600	Waived
Per Family Unit	\$1,600	\$3,200	Waived
Employee Pays	20%	40%	20%
<u>Annual out of Pocket</u>			
Per Person	\$3,500	No Max	\$3,500
Per Family	\$7,000	No Max	\$7,000
<b>Prescription Benefits - Buy Up Plan</b>			
	Participating Pharmacies	Out-of Network Pharmacies	Magers Pharmacy
Pharmacy Preventative	\$0	----	\$0
Employee Pays	30%	----	20%
<u>Annual out of Pocket</u>			
Per Person	\$1,500	\$1,500	\$1,500
Per Family	\$3,000	\$3,000	\$3,000

<b>Dental Monthly Premiums</b>			
Employee			\$0
Spouse			\$27.25
Child/Children			\$21.22
Spouse & Child/Children			\$42.78

Table 6  
Detailed Benefits  
Missouri State University

<b>Dental Benefits</b>			
		<b>Deductible</b>	<b>Co-pay</b>
Preventative		\$0	20%
Basic Restorative		\$50	20%
Major Restorative		\$50	50%
Orthodontia, Implants, TMJ		\$50	50%

<b>Retirement</b>
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New Employees - CURP Defined Contribution

Older Employees - MOSERS Defined Benefit

<b>VSP Vision</b>		<b>Base</b>	<b>Premium</b>
Employee Only		\$7.46	\$13.04
Spouse		\$14.75	\$25.47
Child/Children		\$15.83	\$27.35
Spouse & Child/Children		\$25.53	\$40.65

<b>Health Insurance Monthly Premiums - Base Plan</b>			
		<b>W/O incentive</b>	<b>With Incentive</b>
Employee (paid by MSU)		\$524.60	\$554.60
Employee (paid by self)		\$40.00	\$10.00
Spouse (paid by employee)		\$380.00	\$350.00
Spouse (paid by MSU)		\$827.66	\$857.66
Child/Children		\$280.00	\$250.00
Spouse & Child/Children (paid by employee)		\$435.00	\$405.00
Spouse & Child/Children (paid by MSU)		\$1,246.00	\$1,276.00

<b>Health Insurance Deductible Per Calendar Year - Base Plan</b>			
	Participating Providers	Non Participating	Magers Health Center
Per Covered Person	\$1,600	\$3,200	Waived
Per Family Unit	\$3,200	\$6,400	Waived
Employee Pays	20%	40%	20%
<u>Annual out of Pocket</u>			
Per Person	\$5,350	No Max	\$5,350
Per Family	\$10,700	No Max	\$10,700

<b>Prescription Benefits - Base Plan</b>
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Table 6  
Detailed Benefits  
Missouri State University

	Participating Pharmacies	Out-of Network Pharmacies	Magers Pharmacy
Pharmacy Preventative	\$0	\$0	\$0
Employee Pays		20%	30%
<u>Annual out of Pocket</u>			
Per Person	\$7,350	No Max	\$7,350
Per Family		\$3,000	\$3,000

Table 11  
2022-23  
Detailed Benefits  
Truman State

<b>Health Insurance Monthly Premiums - with full wellness benefits</b>				
	Aetna A	Aetna B	Aetna C	
Employee (paid by Truman)	\$640.11	\$640.11	\$640.11	
Employee (paid by self)	\$78	\$45	\$93	
Spouse (paid by employee)	\$606.32	\$350.17	\$249.96	
Spouse (paid by Truman)	\$892.72	\$892.72	\$892.72	
Child/Children (paid by self)	\$423.97	\$204.83	\$119.13	
Spouse & Child/Children (paid by employee)	\$962.53	\$628.99	\$498.52	
Spouse & Child/Children (paid by Truman)	\$989.34	\$989.34	\$989.34	
<b>Health Insurance Deductible Per Calendar Year</b>				
	Aetna A	Aetna B	Aetna C	
Per Covered Person	750/1500	1500/3000	3000/3000	
Per Family Unit	1500/3000	3000/6000	6000/6000	
Employee Pays	Copays only, 20% after deductible	20%/50%	20%/40%	
<u>Annual out of Pocket</u>				
Per Person	2500 in network	\$10,000	\$5,000	
Per Family	5000 in network	20,000	\$10,000	
<b>Prescription Benefits</b>				
	Aetna A	Aetna B	Aetna C	
Deductible	0	0	3000	
Employee Pays	\$15/\$30/\$60	\$15/\$30/\$60	20%/40%	
Annual out of Pocket	Generic/Preferred/NonPreferred			
Per Person	2000	2000		
Per Family	3000	3000		
<b>Dental Monthly Premiums</b>				
	Delta Dental Plans A and B			
Employee	0	16.8		
Spouse	14.64	45.61		
Child/Children	29.83	61.24		
Spouse & Child/Children	43.64	93.88		
<b>Dental Benefits</b>				
	Co-pay	Co-pay		
Preventative	0 - max year is \$1000	100%		
Basic Restorative		80%		
Major Restorative		50%		
		1500- max orthodontics		
<b>Retirement</b>				
	University contributes to MOSERS			

Table 7  
Detailed Benefits  
University of Missouri

<b>Health Insurance Monthly Premiums</b>				
<b>Employee costs</b>				
	Custom Network Plan		PPO	
Self Only	\$84.00		\$176.00	
Self and spouse	\$238.00		\$430.00	
self and child(ren)	\$221.00		\$408.00	
Self, spouse, and child(ren)	\$399.00		\$690.00	
<b>Insurance Deductible Per Calendar Year</b>				
	In Network		Out of Network	
	self	family	self	family
Custom Network Plan	\$200.00	\$600.00	\$1,500.00	\$4,500.00
PPO	\$800	\$2,400	\$1,600	\$4,800
<b>Payment Prescription Drugs</b>				
	In Network		Out of Network	
Custom Network Plan	20-25-50% after Deductible = \$50		50% after deductible	
PPO	20-25-50% after deductible = \$75		50% after deductible	
<b>Annual of Pocket limits Medical and RX combined</b>				
	In Network		Out of Network	
	self	family	self	family
Custom	\$3,750.00	\$7,500.00	\$10,500.00	\$21,000.00
PPO	3750	7500	10500	21000
<b>Dental Monthly Premiums</b>				
Coverage Level	Base Plan		Buy-Up Plan	
Self (only)	\$15.53		\$22.46	
Self and Spouse	\$31.05		\$44.89	
Self and Children	\$37.68		\$72.13	
Self, Spouse and Children	\$53.21		\$96.44	
<b>Dental Benefits</b>				
Deductible	\$100 for self	\$300 for family	\$50 for self	\$150 for family
Preventative	100% no deductible	100% no deductible	100% no deductible	
Basic Restorative	80% after deductible	80% after deductible	80% after deductible	
Major Restorative	50% after deductible	50% after deductible	50% after deductible	
	Base	Base	Buy-UP	Buy-Up
	Maximal Amount for Dental is \$1, 500 per individual.		Maximal individual.	
<b>Table 7 - Retirement Benefits Con'd</b>				
Defined Contribution		Hybrid Plan (Defined Benefit and Contribution)		
	Employees hired after 10/1/2019		Employees hired between 2012-2019	
Automatic Employee Contribution:	8% of salary		1% of first 50,000; 2% after	
UM Contribution:	100% match up to 8% salary		2.2% of pay	
Employees hired prior to 9/30/2012, Defined Benefit Plan				

Table 7  
Detailed Benefits  
University of Missouri

<b>Employee Contribution:</b>	1-2%
<b>Voluntary Retirement Plans:</b>	
403(b)	
457(b)	

Table 12  
Detailed Benefits  
Missouri Southern

**Health Insurance Monthly Premiums**

	Plan A (Enriched)		Plan B (Base)	
	Employee Cost	Total Plan Cost	Employee Cost	Total Plan Cost
Tier 1 < \$30k				
Employee	\$270.00	\$900.00	\$70.00	\$591.00
+Spouse	\$1,089.00	\$1,719.00	\$499.00	\$1,129.00
+ Children	\$837.00	\$2,358.00	\$333.00	\$963.00
+Family	\$1,728.00	\$2,358.00	\$918.00	\$1,548.00
<b>Health Insurance Deductible Per Calendar Year</b>				
	In Network	Out of Network	In Network	Out of Network
Deductible				
Single	\$2,500	\$5,000	\$3,500	\$7,000
Family	\$5,000	\$10,000	\$7,000	\$14,000
Co-Insurance				
Single	\$2,500	\$5,000	\$2,450	\$4,900
Family	\$5,000	\$10,000	\$4,900	\$9,800
Out of Pocket Maximums				
Single	\$5,000	\$10,000	\$5,950	\$11,900
Family	\$10,000	\$20,000	\$11,900	\$23,800
Co-Pays				
Primary Care	\$20	30%	\$30	50%
Specialist	\$40	30%	\$60	50%
Mental Health	\$40	30%	\$60	50%
Chiropractor	\$40	30%	\$60	50%
Hospital - Inpatient	20%	40%	30%	50%
Hospital - Outpatient	20%	40%	30%	50%
ER	\$150/20%	\$150/20%	\$300	\$300
Urgent Care	\$50	30%	\$50	50%
Preventative Services	0%	30%	0%	50%

\$25/month premium credit for wellness activities

**Prescription Benefits**

Generic	0	0		
Tier 1	\$12	\$12	\$15	\$15
Tier 2	\$40	\$40	\$80	\$80
Tier 3/4	\$65/20%	\$65/20%	\$120/20%	\$120/20%

**Dental Monthly Premiums**

Employee	33.69
+Spouse	65.51
+ Children	84.33
+Family	121.53

**Dental Benefits\***

	Deductible	Co-pay
Preventative	\$50/\$150	0%
Basic Restorative	\$50/\$150	20%
Major Restorative	\$50/\$150	50%
TMJ	\$50/\$150	50%
Orthodontic	\$50/\$150	50%
Orthodontic Lifetime Maximum	\$1,500	\$1,500

**Vision**

Employee	8.64
+Spouse	65.51
+ Children	84.33
+Family	25.82

**Retirement**

	Mosers	Defined Contribution
Employee Contribution	4%	0%
University Contribution	16.97%	5.67%

Annual max benefit of \$1500



Table 8  
2022-23

Detailed Benefits for Wellness Participants - premiums differ for non-wellness participants  
University of Central Missouri

University of Central Missouri - **Plan A**

Health Insurance Monthly Premiums			
Tier 1 <\$34,884			
	12 month	9 month	
Employee (paid by UCMO)	\$636	\$836	\$448.00
Employee (paid by self)	\$33	\$442	\$44.00
Spouse (paid by UCMO)	\$836	\$1,114	\$589
Spouse (paid by self)	\$442	\$589	\$355.00
Child/Children (paid by UCMO)	\$836	\$1,114.00	\$392.00
Child/Children (paid by self)	\$266	\$355.00	\$117.68
Spouse & Child/Children (paid by UCMO)	\$836	\$1,114.00	\$641.00
Spouse & Child/Children (paid by self)	\$808	\$1,077.00	\$439.00
<b>Tier 2 \$34,884 - \$61,436</b>			
Employee (paid by UCMO)	\$602	\$803.00	\$851.00
Employee (paid by self)	\$66	\$89.00	\$94.00
Spouse (paid by UCMO)	\$802	\$1,070.00	\$1,118.00
Spouse (paid by self)	\$475	\$634.00	\$688.00
Child/Children (paid by UCMO)	\$802	\$1,070	\$1,118.00
Child/Children (paid by self)	\$300	\$400	\$439.00
Spouse & Child/Children (paid by UCMO)	\$802	\$1,070.00	\$1,118.00
Spouse & Child/Children (paid by self)	\$841	\$1,121.00	\$1,205.00
<b>Tier 3 &gt;\$61,436</b>			
Employee (paid by UCMO)	\$569	\$758	\$804.00
Employee (paid by self)	\$100	\$133	\$141.00
Spouse (paid by UCMO)	\$769	\$1,025.00	\$1,070.00
Spouse (paid by self)	\$509	\$679.00	\$735.00
Child/Children (paid by UCMO)	\$769	\$1,025.00	\$1,070.00
Child/Children (paid by self)	\$333	\$444.00	\$487.00
Spouse & Child/Children (paid by UCMO)	\$769	\$1,025.00	\$1,070.00
Spouse & Child/Children (paid by self)	\$874	\$1,166.00	\$1,252.00
<b>Health Insurance Deductible Per Calendar Year</b>			
	Participating Providers	Non Participating	
Per Covered Person	\$500		
Per Family Unit	\$1,000		
Employee Pays	20%		
Annual out of Pocket			
Per Person	\$3,000		
Per Family	\$6,000		
<b>Prescription Benefits</b>			
	Network	Non-network	
Deductible	Apply to med	Apply to med	
Employee Pays (Copay for Tier 1,2,3)	\$10, \$50, \$75		
Annual out of Pocket			
Per Person	NA		
Per Family	NA		

University of Central Missouri - **Plan B**

Health Insurance Monthly Premiums			
Tier 1 <\$34,884			
	12 month	9 month	
Employee (paid by UCMO)	\$674	\$874	\$477.00
Employee (paid by self)	\$35	\$47.00	\$47.00
Spouse (paid by UCMO)	\$874	\$1,165.00	\$641.00
Spouse (paid by self)	\$480	\$641.00	\$439.00
Child/Children (paid by UCMO)	\$874	\$1,165.00	\$392.00
Child/Children (paid by self)	\$294	\$392.00	\$117.68
Spouse & Child/Children (paid by UCMO)	\$874	\$1,165.00	\$641.00
Spouse & Child/Children (paid by self)	\$868	\$1,157.00	\$439.00
<b>Tier 2 \$34,884 - \$61,436</b>			
Employee (paid by UCMO)	\$638	\$851.00	\$851.00
Employee (paid by self)	\$70	\$94.00	\$94.00
Spouse (paid by UCMO)	\$838	\$1,118.00	\$1,118.00
Spouse (paid by self)	\$516	\$688.00	\$688.00
Child/Children (paid by UCMO)	\$838	\$1,118.00	\$1,118.00
Child/Children (paid by self)	\$329	\$439.00	\$439.00
Spouse & Child/Children (paid by UCMO)	\$838	\$1,118.00	\$1,118.00
Spouse & Child/Children (paid by self)	\$903	\$1,205.00	\$1,205.00
<b>Tier 3 &gt;\$61,436</b>			
Employee (paid by UCMO)	\$603	\$804.00	\$804.00
Employee (paid by self)	\$106	\$141.00	\$141.00
Spouse (paid by UCMO)	\$803	\$1,070.00	\$1,070.00
Spouse (paid by self)	\$551	\$735.00	\$735.00
Child/Children (paid by UCMO)	\$803	\$1,070.00	\$1,070.00
Child/Children (paid by self)	\$365	\$487.00	\$487.00
Spouse & Child/Children (paid by UCMO)	\$803	\$1,070.00	\$1,070.00
Spouse & Child/Children (paid by self)	\$939	\$1,252.00	\$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%	
Annual out of Pocket			
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%, 40%, 60%	
Annual out of Pocket			
Per Person	NA	NA	
Per Family	NA	NA	

Dental Monthly Premiums			
Employee cost	12 month	9 month	
Employee	\$0	\$0	\$0
Spouse	\$16.86	\$22.46	\$22.46
Child/Children	\$33.44	\$45.92	\$45.92
Spouse & Child/Children	\$50.38	\$67.16	\$67.16
<b>Dental Benefits</b>			
	Deductible	Co-pay	
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	Hired on or after July 1, 2002 automatically in CURP and contribute 2%		

Dental Monthly Premiums			
Employee cost	12 month	9 month	
Employee	\$30.10	\$40.14	\$40.14
Spouse	\$69.58	\$92.76	\$92.76
Child/Children	\$88.26	\$117.68	\$117.68
Spouse & Child/Children	\$136.56	\$182.06	\$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%	

University of Central Missouri - **Plan C**

Health Insurance Monthly Premiums			
Tier 1 <\$34,884			
	12 month	9 month	
Employee (paid by UCMO)	\$668	\$891.00	\$891.00
Employee (paid by self)	\$35	\$46.00	\$46.00
Spouse (paid by UCMO)	\$868	\$1,157	\$641.00
Spouse (paid by self)	\$475	\$633	\$439.00
Child/Children (paid by UCMO)	\$868	\$1,157.00	\$392.00
Child/Children (paid by self)	\$290	\$387.00	\$117.68
Spouse & Child/Children (paid by UCMO)	\$868	\$1,157.00	\$641.00
Spouse & Child/Children (paid by self)	\$859	\$1,145.00	\$439.00
<b>Tier 2 \$34,884 - \$61,436</b>			
Employee (paid by UCMO)	\$633	\$844.00	\$844.00
Employee (paid by self)	\$70	\$93.00	\$93.00
Spouse (paid by UCMO)	\$833	\$1,111.00	\$1,111.00
Spouse (paid by self)	\$510	\$680.00	\$680.00
Child/Children (paid by UCMO)	\$833	\$1,111	\$1,111.00
Child/Children (paid by self)	\$325	\$433	\$433.00
Spouse & Child/Children (paid by UCMO)	\$833	\$1,111.00	\$1,111.00
Spouse & Child/Children (paid by self)	\$894	\$1,192.00	\$1,192.00
<b>Tier 3 &gt;\$61,436</b>			
Employee (paid by UCMO)	\$598	\$797	\$797.00
Employee (paid by self)	\$105	\$140	\$140.00
Spouse (paid by UCMO)	\$798	\$1,064.00	\$1,064.00
Spouse (paid by self)	\$545	\$727.00	\$727.00
Child/Children (paid by UCMO)	\$798	\$1,064.00	\$1,064.00
Child/Children (paid by self)	\$360	\$480.00	\$480.00
Spouse & Child/Children (paid by UCMO)	\$798	\$1,064.00	\$1,064.00
Spouse & Child/Children (paid by self)	\$929	\$1,239.00	\$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%	
Annual out of Pocket			
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	
Annual out of Pocket			
Per Person	NA	NA	
Per Family	NA	NA	

Table 9  
Detailed Benefits  
Northwest Missouri State

<b>Health Insurance Monthly Premiums</b>			
	base plan	High Deductible + HSA	
Employee (paid by MSU)	601.15	569.99	
Employee (paid by self)	0	0	
Spouse (paid by employee)	454.72	390.18	e+spouse
Spouse (paid by MSU)	727.17	729.38	
Child/Children	454.72	390.18	e+children
Spouse & Child/Children (paid by employee)	796.6	681.24	
Spouse & Child/Children (paid by MSU)	849.89	877.99	

<b>Health Insurance Deductible Per Calendar Year</b>			
		\$ 750 from NWMSU to health savings account annually	
Per Covered Person	500	2600	
Per Family Unit	1000	5200	
Employee Pays	20%(in)/40% (out network)		
<u>Annual out of Pocket</u>			
Per Person	\$4,000	\$2,600	
Per Family	\$8,000	\$5,200	

<b>Prescription Benefits</b>	
Deductible	Included in Health Insurance
Employee Pays	
<u>Annual out of Pocket</u>	
Per Person	
Per Family	

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

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

<b>Retirement</b>
New Employees - CURP Defined Contribution - currently SEMO contributes 5.67% of wages
Older Employees - MOSERS Defined Benefit

Table 10  
Detailed Benefits  
Southeast Missouri State University

<b>Health Insurance Monthly Premiums</b>			
		Base Plan	Accelerated Plan
Employee Premium (75% or more FTE)		\$0	Employee pays based on Salary (\$22 - \$90)
<b>Total Premiums</b>			
Spouse		\$383.04	\$648.43
Children		\$240.67	\$530.52
Family		\$552.52	\$1,120.00
<b>Premium Support (Paid by SEMO)</b>			
Spouse		\$125.00	\$0
Children		\$175.00	\$0
Family		\$325.00	\$0
<b>Health Insurance Deductible Per Calendar Year</b>			
In Network		Base Plan	Accelerated Plan
Per Covered Person		\$1,500	\$500
Per Family Unit		\$3,000	\$1,000
Out of Network			
Per Covered Person		\$1,500	\$500
Per Family Unit		\$3,000	\$1,000
<b>Annual out of Pocket In Network</b>			
Per Person		\$5,000	\$3,500
Per Family		HSA \$6,850	\$6,850
Per Family		MRA \$10,000	
<b>Annual out of Pocket Out of Network</b>			
Per Person		\$10,000	\$7,000
Per Family		\$20,000	\$4,000
<b>Copays</b>			
Preventative Care		0%	0%
All Other Care (after deductibles met)		20%	20%

<b>Prescription Benefits</b>			
Regular Deductible applies for both plans		Base Plan	Accelerated Plan
Retail Tier 1		\$10.0	\$15.0
Retail Tier 2		\$35.0	\$40.0
Retail Tier 3		\$60.0	\$75.0
Mail Order Tier 1		\$25.0	\$37.5
Mail Order Tier 2		\$87.5	\$100.0
Mail Order Tier 3		\$150.0	\$187.5
Note: Retail has up to a 31 day supply Mail Order up to 90 days			

<b>Dental Monthly Premiums</b>			
		Plan A	Plan B
Employee		\$13.18	\$30.46
Spouse		\$28.26	\$60.12
Child/Children		\$43.88	\$76.22
Spouse & Child/Children		\$58.10	\$109.80

<b>Dental Benefits</b>			
		Plan A	Plan B
Annual Deductible		\$0	\$50
Annual Out of Pocket		\$1,000	\$1,000
Preventative		0%	0%
Basic Restorative		Not Covered	80%
Major Restorative		Not Covered	10, 25, 50% by year of service (1, 2, 3+)
Orthodontic		Not Covered	0, 0, 50% by year of service (1, 2, 3+)

<b>Retirement</b>	
New Employees - CURP Defined Contribution - currently SEMO contributes 5.67% of wages	
Older Employees - MOSERS Defined Benefit	

Table 13  
Detailed Benefits  
Florida Atlantic University

<b>Health Insurance Monthly Premiums</b>			
	PPO		HMO
Employee (paid by FAU)	\$684.42		\$591.52
Employee (paid by self)	\$50		\$50
Spouse & Child/Children (paid by employee)	\$180 family		\$180 family
Spouse & Child/Children (paid by MSU)	\$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				
Per Family Unit	250/750	1300/2500	None	1300
Employee Pays	500/1500	2600/5000	None	2600
<u>Annual out of Pocket</u>	20%/40%	20%/40%	Copays only	20%
Per Person			\$40 to \$250	
Per Family	7150/NA	4300/NA	1500	3000
	1430/NA	8600/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>	
Employee	Covered under Health Insurance for all plans
Spouse	
Child/Children	
Spouse & Child/Children	

<b>Dental Benefits</b>				
	Co-pay	Co-pay	Co-pay	Co-pay
Preventative	0	0	0	0
Basic Restorative	20%	20%	Copays only	20%
Major Restorative	20%	20%	Copays only	20%
TMJ	20%	20%	Copays only	20%

<b>Retirement</b>
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.

Table 15  
Detailed Benefits  
University of Arkansas Little Rock

**Classic**

**Premier Plan**

Health Insurance Monthly Premiums			
		12 month	9 month
Employee (paid by UALR)		NA	NA
Employee (paid by self)		\$37.12	\$49.49
Spouse (paid by UALR)		NA	NA
Spouse (paid by self)		\$117.07	\$156.09
Child/Children (paid by UALR)		NA	NA
Child/Children (paid by self)		\$69.54	\$92.71
Spouse & Child/Children (paid by UALR)		NA	NA
Spouse & Child/Children (paid by self)		\$163.24	\$217.66
Health Insurance Deductible Per Calendar Year			
		In Network	No Out of network coverage
Per Covered Person		\$1,350	
Per Family Unit		\$2,700	
Co-Pay			
Primary Care		\$35	
Specialist		\$55	
Annual out of Pocket			
Per Person		\$5,250	
Per Family		\$10,500	
Prescription Benefits			
		Network	Non-network
Generic		\$18	\$22
Tier 2		\$62	\$65.50
Tier 3		\$97	\$100.50
Annual out of Pocket			
Per Person			
Per Family			

Health Insurance Monthly Premiums			
		12 month	9 month
Employee (paid by UALR)		NA	NA
Employee (paid by self)		\$63.95	\$85.27
Spouse (paid by UALR)		NA	NA
Spouse (paid by self)		\$181.52	\$242.03
Child/Children (paid by UALR)		NA	NA
Child/Children (paid by self)		\$119.48	\$159.30
Spouse & Child/Children (paid by UALR)		NA	NA
Spouse & Child/Children (paid by self)		\$253.13	\$337.51
Health Insurance Deductible Per Calendar Year			
		In-Network	Out of Network
Per Covered Person		\$800	\$2,000
Per Family Unit		\$1,600	\$4,000
Co-Pays			
Primary Care		\$25	50%
Specialist		\$45	50%
Annual out of Pocket			
Per Person		\$3,200	\$9,000
Per Family		\$6,400	\$18,000
Prescription Benefits			
		Network	Non-network
Generic		\$14	\$18
Tier 2		\$57	\$60.50
Tier 3		\$92	\$95.50
Annual out of Pocket			
Per Person		\$1,800	
Per Family		\$3,600	

Dental Monthly Premiums			
Employee cost		In Network	Out of Network
Employee			
Spouse			
Child/Children			
Spouse & Child/Children			
Dental Benefits*			
		In Network	Out of Network
Preventative		\$0	10%
Basic Restorative		20% after \$50	28% after 50
Major Restorative		50% after \$50	55% after \$50
Orthodontia			\$2,000

Dental Monthly Premiums			
Employee cost		12 month	9 month
Employee			
Spouse			
Child/Children			
Spouse & Child/Children			
Dental Benefits*			
Preventative			
Basic Restorative			
Major Restorative			
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
The University will contribute an amount equal to five percent of your regular salary to the retirement vehicle you choose.

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
The University will contribute an amount equal to five percent of your regular salary to the retirement vehicle you choose.

Table 17  
Detailed Benefits  
University of Nebraska Omaha

<b>Health Insurance Monthly Premiums</b>			
	<b>Blue Cross Blue Shield Low</b>	<b>Blue Cross Blue Shield Basic</b>	<b>Blue Cross Blue Shield High</b>
Employee (paid by self)	\$86	\$146	\$218
Spouse (paid by employee)	\$110	\$233	\$389
Child/Children	\$98	\$196	\$367
Spouse & Child/Children (paid by employee)	\$126	\$297	\$513

<b>Health Insurance Deductible Per Calendar Year</b>						
	Participating Providers	Non Participating	Participating Providers	Non Participating	Participating Providers	Non Participating
Per Covered Person	\$1,550	\$1,950	\$450	\$650	\$300	\$450
Per Family Unit	\$3,100	\$3,900	\$900	\$1,300	\$600	\$900
Employee Pays	\$0	\$0	\$0	\$45	\$20	\$35
<u>Annual out of Pocket</u>						
Per Person	\$2,500	\$2,900	\$1,600	\$2,000	\$1,400	\$1,700
Per Family	\$5,000	\$5,800	\$3,200	\$4,000	\$2,800	\$3,400

<b>Prescription Benefits</b>			
<b>Days Supply</b>	<b>Up to 30</b>	<b>31-60</b>	<b>61-90</b>
<b>Copay</b>			
Generic	\$9	\$18	\$27
Brand (on formulary/Primary Drug List)	31%	62%	93%
Brand (not on formulary/Primary Drug List)	52	104	156

<b>Dental Monthly Premiums</b>		
		<b>2016-2017</b>
Employee		\$14
Spouse		\$22.00
Child/Children		\$23.00
Spouse & Child/Children		\$37.00

<b>Dental Benefits</b>						
Type of Service	Annual Deductable		Coinsurance Plan Pays/You Pay		Benefit Maximum/Person	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Preventative and Diagnostic	\$0	\$0	85%/15%	80%/20%		
Restorative	\$35	\$45	85%/15%	80%/20%		
					\$1,500	\$1,500

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

Table 14  
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	\$511.92	\$38.78	\$511.92	\$52.52	\$511.92	\$0	\$511.92	\$65.40	
Employee plus Spouse	\$948.60	\$159.78	\$948.60	\$187.80	\$948.60	\$15.00	\$948.60	\$213.56	
Employee plus Children	\$944.64	\$99.46	\$944.64	\$125.84	\$944.64	\$14.00	\$944.64	\$150.06	
Family	\$1,330.72	\$211.60	\$1,330.72	\$250.74	\$1,330.72	\$19.00	\$1,330.72	\$286.94	

Health Insurance Deductible Per Calendar Year								
	Exclusive/HMO		Extended/PPO		High Deductible		Kaiser	
	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	\$6,850		\$6,850		\$3,000		\$6,850	
Per Family	\$13,700		\$13,700		\$6,000		\$13,700	

Copays								
	Exclusive/HMO		Extended/PPO		High Deductible		Kaiser	
	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	\$150		\$150		15%		\$150	
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	
	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								
Per Person								
Per Family								

Copays								
	Exclusive/HMO		Extended/PPO		High Deductible		Kaiser	
	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
Employee	\$28.40	\$0.00	\$28.40	\$17.60
Employee plus Spouse	\$28.40	\$19.36	\$28.40	\$49.70
Employee plus Children	\$28.40	\$25.14	\$28.40	\$57.02
Family	\$28.40	\$47.74	\$28.40	\$99.04

Dental Deductibles		
Per Person	\$0	
Maximum Benefits	\$50	
Plan Year	\$2,000	
Lifetime Orthodontic	\$4,000	

Dental Benefits Copays					
	Dental EPO		PPO	Premium	Non-Premium
	Preventative	0		0%	0%
Basic Restorative	\$32 to \$322		20%	40%	40%
Major Restorative	\$22 to \$562		30%	50%	50%
Basic Surgery	\$39 to \$132		50%	60%	60%
Orthodontics	\$201 to \$2,203		50%	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

Table 14  
Detailed Benefits  
University of Colorado Denver

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

Contribution by CUD          PERA 1 (Highest) PERA 2	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 2% 1.56%
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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	\$3,210	\$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%
<b>Annual out of Pocket</b>	\$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

Dental Benefits*		
	High Option	Low Option
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

Retirement Benefits
<b>Defined Benefit Plan</b> <b>Teachers' and State Retirement System (TSERS)</b> Employee Contribution-6% University Contribution as defined by the General Assembly
<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)

Table 20  
Detailed Benefits  
University of North Texas

<b>Health Insurance Monthly Premiums</b>				
Employee (paid by MSU)	\$615.08			
Employee (paid by self)	\$0			
Spouse (paid by employee)	353.68			
Spouse (paid by MSU)	\$968.76			
Child/Children	236.8			
Spouse & Child/Children (paid by employee)	590.48			
Spouse & Child/Children (paid by MSU)	\$1,205.56			
<b>Health Insurance Deductible Per Calendar Year</b>				
	Health Select of Texas Network/NonNetwork	Consumer Directed Health Select Network/Non-Network	Community First HMO	KelseyCare HMO
Per Covered Person	0/500	2100/4200	None	None
Per Family Unit	0/1500	4200/8400	None	None
Employee Pays	Copay only	40%		
<u>Annual out of Pocket</u>				
Per Person	\$6,550	\$6,550	\$6,550	\$6,550
Per Family	\$13,100	13,100	\$13,100	\$13,100
<b>Prescription Benefits</b>				
Deductible	\$50	\$2100/4200		
Employee Pays	\$10/\$35/\$60			
<u>Annual out of Pocket</u>	Generic/Preferred/NonPreferred			
Per Person	NA	NA		
Per Family	NA	NA		
<b>Dental Monthly Premiums</b>				
	HumanaDental DHMO Coverage			
Employee				
Spouse				
Child/Children				
Spouse & Child/Children				
<b>Dental Benefits*</b>				
	Co-pay	Co-pay	Co-pay	Co-pay
Preventative	\$12	\$0		
Basic Restorative	\$22-140 (by service)	1/3		
Major Restorative	\$140-410 (listed by service)	10%		
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

<b>Health Insurance Monthly Premiums</b>		
	Health Plan Design	High Deductive Health Plan Design
Employee (paid by self)	\$100	\$35
Spouse & Child/Children (paid by employee)	\$248	\$87
<b>Health Insurance Deductible Per Calendar Year</b>		
	Health Plan Design	High Deductive Health Plan Design
Per Covered Person	250	1500
Per Family Unit	500	3000
Employee Pays	10%	deductible then 10%
<u>Annual out of Pocket</u>		
Per Person	\$1,250	\$2,500
Per Family	\$2,500	5,000
<b>Prescription Benefits</b>		
	Health Plan Design	High Deductive Health Plan Design
Deductible	\$50	\$2100/4200
Employee Pays	\$5/20%(max \$50)/40%(max \$150)	meet deductible, then \$5/20%(max \$50)/40%(max \$150)
<u>Annual out of Pocket</u>	Generic/Preferred/NonPreferred	
Per Person	\$600	2500
Per Family	1200	5000
<b>Dental Monthly Premiums</b>		
	Uniform Dental Benefits	Select Plan Benefits
Employee	\$4.00	\$9.76
Spouse	\$9.00	\$19.52
Child/Children	\$9.00	\$13.16
Spouse & Child/Children	\$9.00	\$23.40
<b>Dental Benefits*</b>		
	Co-pay	
Preventative	\$0	no coverage
Basic Restorative	covers 100%	50%
Major Restorative	covers 80%	50%
Orthodontia	up to 1500 for children orthodontics	no coverage
<b>Retirement</b>		
A mandatory pension plan in which employees contribute 6.8% that is matched by UWM. In addition, there are two optional plans, a 403b and a ROTH IRA - neither have matching contributions.		
<b>Vision</b>		
Employee	\$6	
Spouse	\$11.42	
Children	\$12.88	
Family	\$20.58	

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	\$25.54	\$25.54	\$106.28	\$0.00	\$33.09
Employee + 1	\$52.67	\$52.67	\$219.18	\$0.00	\$66.18
Employee + 2	\$70.31	\$70.31	\$292.56	\$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					
Annual out of Pocket					
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					
Annual out of Pocket					
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	\$2.85
Employee + 1	\$5.07
Employee + 2	\$9.37
Deductible	\$0

Dental Benefits*	
Preventative	80%
Basic Restorative	80%
Major Restorative	50%
Orthodontics	50%

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

Table 18  
Detailed Benefits  
University of Nevada-Las Vegas

<b>Health Insurance Monthly Premiums</b>			
	STATE Public Employees Benefit Program	Preferred Provider Organization (PPO)	HMO
Employee SUBSIDY		\$566.78	\$595.94
Employee (paid by self)		\$41.49	\$168.09
Spouse (paid by employee)		\$171.50	\$469.75
Spouse			
Child/Children		\$92.72	\$308.24
Spouse & Child/Children (paid by employee)		\$222.09	\$609.91
Spouse & Child/Children			
<b>Health Insurance Deductible Per Calendar Year</b>			
	MEDICAL AND PRESCRIPTION COSTS ARE SUBJECT TO THE DEDUCTABLE		HMO - NO DEDUCTABLE, USES CO-PAY
Per Covered Person		\$1,500	
Per Family Unit		\$3,000	
Employee Pays	20% IN NETWORK	50% OUT OF NETWORK	
<u>Annual out of Pocket</u>			
Per Person			
Per Family			
<b>Prescription Benefits</b>			
Deductible		\$0	\$0
Employee Pays		PART OF DEDUCTABLE	CO-PAY
<u>Annual out of Pocket In General</u>			
Per Person		in network \$3900	out of network \$10,600
Per Family		in network \$7800	out of network \$21,200

<b>Dental Monthly Premiums</b>			
			<b>2016-2017</b>
Employee			\$0
Spouse			\$27.25
Child/Children			\$21.22
Spouse & Child/Children			\$42.78

<b>Dental Benefits*</b>			
<b>Dental Plan automatic enrollment, part of overall medical plan and plan deductables.</b>			<b>Co-pay</b>
Preventative		In-network: 4 visits per plan year 100%	out of network: 80%
Basic Restorative		After deductible is met, pays 80%	
Major Restorative		After deductible is met, pays 50%	
TMJ			

<b>Retirement for Faculty and Professional Employees</b>	
<p>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 (<a href="http://www.nvpers.org/">http://www.nvpers.org/</a>) or the Higher Education Retirement Plan Alternative</p> <p>Contributions: 14.50 percent of gross salary to 401a plan by employee by automatic deduction records of contributions kept by TIAA-CREFF; UNLV contriburtes another 14.50 percent</p> <p>Mandatory plan: immediate vesting                      Funds can be withdrawn by employee upon severance from employment, age 62, or death.</p>	

Table 16  
Detailed Benefits  
Towson University (same across State of Maryland)

<b>Health Insurance Monthly Premiums</b>					
	carefirst	CF-bc-bs	Kaiser	UHL-PPO	UHL-EPO
Employee (paid by self)	\$101.00	\$68.08	\$60.49	\$100.00	\$68.49
Spouse (paid by employee)	\$183.59	\$142.86	\$126.95	\$180.60	\$142.43
Child/Children	\$183.59	\$142.86	\$126.95	\$180.60	\$142.43
Spouse & Child/Children (paid by employee)	\$254.99	\$176.99	\$157.27	\$250.85	\$169.83
<b>Health Insurance Deductible Per Calendar Year</b>					
Per Covered Person	\$250		\$0	\$250	\$0
Per Family Unit	\$500		\$0	\$500	\$0
Employee Pays	10%		\$0	10%(in)/30%(out)	\$0
<u>Annual out of Pocket</u>					
Per Person	2000 (in)/6000 (out)		\$1,500	2000 (in)/3250 (out)	\$1,500
Per Family	1001 (in)/3000 (out)		\$3,000	4000 (in)/6500 (out)	\$3,000
<b>Prescription Benefits</b>					
Deductible	has monthly premium as follows: e-only: \$50.08; e+child = 66.56; e+spouse = 83.12; e+family = 100.16				
Employee Pays					
<u>Annual out of Pocket</u>					
Per Person					
Per Family					

<b>Dental Monthly Premiums</b>		
	Delta	UNITED CON.
Employee	\$6.44	\$11.64
Spouse	\$12.89	\$23.27
Child/Children	\$11.22	\$22.24
Spouse & Child/Children	\$18.11	\$43.60

<b>Dental Benefits*</b>	
	DPPO plan
	\$50 deductible per perosn/yr.; \$150 per family
Preventative	100% paid preventive
Basic Restorative	70%
Major Restorative	50%
TMJ	\$2,500 annual max. benefit per participant (exclu. Basic services)
Orthodontia	orthodontia 50% paid; \$1000 lifetime benefit.

retirement: defined contribution available for sure. CAN'T tell if defined benefit plan was available or not.