

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 - 2014/2015

	Professor	Associate	Assistant	Instructor	Overall
Missouri State University	\$81.3	\$68.4	\$59.9	\$42.0	\$65.9
University of Missouri Columbia	\$118.7	\$78.5	\$66.0	\$39.5	\$83.2
UMSL	\$96.0	\$71.6	\$61.5	\$50.1	\$74.8
UMKC	\$108.5	\$75.0	\$65.2	\$41.9	\$77.3
Missouri Science and Technology	\$123.9	\$84.8	\$73.1	\$45.4	\$92.3
Averages	\$111.8	\$77.5	\$66.5	\$44.2	\$81.9
University of Central Missouri	\$82.3	\$66.4	\$54.6	\$48.8	\$63.0
Northwest Missouri State	\$79.7	\$63.2	\$58.2	\$45.6	\$58.9
Southeast Missouri State	\$83.7	\$66.7	\$57.1	\$45.6	\$58.9
Truman State	\$73.4	\$60.1	\$52.9	\$41.9	\$63.9
Missouri Southern	\$76.3	\$59.8	\$48.3	\$44.3	\$59.9
Averages	\$79.1	\$63.2	\$54.2	\$45.2	\$60.9
Florida Atlantic	\$102.9	\$76.0	\$68.6	\$52.1	\$76.0
University of Colorado Denver	\$124.4	\$90.6	\$82.5	\$60.7	\$87.6
University of Arkansas Little Rock	\$90.5	\$69.2	\$61.0	\$47.9	\$71.1
Northeastern Illinois	\$84.6	\$73.1	\$66.4	\$42.1	\$63.2
Oakland University	\$106.6	\$78.8	\$66.7	\$62.4	\$79.3
Towson University	\$95.1	\$77.1	\$69.2	\$46.3	\$71.5
University of Nebraska Omaha	\$87.1	\$77.8	\$63.9	\$43.9	\$71.4
University of Nevada - Las Vegas	\$121.6	\$88.1	\$70.0	\$57.8	\$91.4
University of North Carolina Charlotte	\$113.3	\$81.3	\$73.4	\$49.3	\$76.4
University of North Carolina Greensboro	\$105.4	\$75.3	\$68.1	\$44.7	\$73.5
University of North Texas	\$103.5	\$103.3	\$76.9	\$69.1	\$79.6
University of Wisconsin Milwaukee	\$100.0	\$76.7	\$70.2	\$45.2	\$73.5
Weber State University	\$80.9	\$66.7	\$60.4	\$48.2	\$65.8
Averages	\$100.6	\$80.7	\$69.8	\$51.3	\$73.8

Source: NEA 2014-2015 Faculty Salary Report

Table 3
Average 9 month Salaries - Percentage Change from 2004/2005 to 2014/2015

	Professor	Associate	Assistant	Instructor	Overall
Missouri State University	25.27%	31.29%	29.09%	32.49%	27.71%
University of Missouri Columbia	26.82%	18.58%	23.83%	0.00%	22.53%
UMSL	9.09%	17.76%	17.82%	29.46%	25.08%
UMKC	14.57%	15.38%	25.87%	-0.71%	14.01%
Missouri Science and Technology	26.30%	19.61%	14.58%	-0.22%	22.90%
Averages	19.42%	17.88%	20.22%	6.63%	21.06%
University of Central Missouri	19.28%	16.08%	13.51%	40.63%	17.76%
Northwest Missouri State	13.69%	13.26%	23.57%	23.24%	17.80%
Southeast Missouri State	22.91%	23.29%	18.96%	19.69%	11.13%
Truman State	13.27%	15.58%	25.65%	15.11%	19.89%
Missouri Southern	13.88%	17.72%	10.27%	25.85%	13.02%
Averages	16.64%	17.15%	18.33%	24.70%	15.91%
Florida Atlantic	21.06%	23.58%	24.28%	31.57%	20.06%
University of Colorado Denver	42.50%	37.69%	41.51%	55.24%	42.90%
University of Arkansas Little Rock	27.46%	14.76%	14.88%	33.43%	27.42%
Northeastern Illinois	15.10%	22.04%	27.45%	43.69%	23.92%
Oakland University	28.74%	22.17%	19.75%	43.45%	21.44%
Towson University	21.92%	20.85%	34.63%	24.80%	24.78%
University of Nebraska Omaha	15.98%	23.69%	17.25%	23.31%	15.91%
University of Nevada - Las Vegas	22.70%	20.03%	15.32%	20.42%	23.18%
University of North Carolina Charlotte	27.16%	24.50%	28.55%	28.05%	20.70%
University of North Carolina Greensboro	21.85%	19.15%	24.27%	24.17%	23.74%
University of North Texas	28.25%	67.15%	47.60%	79.02%	29.43%
University of Wisconsin Milwaukee	18.62%	18.00%	26.03%	14.43%	17.22%
Weber State University	26.21%	31.30%	30.45%	28.19%	25.81%
Averages	23.81%	28.16%	28.35%	33.84%	21.53%

Table 5
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
Central Missouri State	x	x		x	x	x	x	x			x	x
Northwest Missouri State	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	
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 6
Detailed Benefits
Missouri State University

Health Insurance Monthly Premiums			
			2016-2017
Employee (paid by MSU)			\$418.16
Employee (paid by self)			\$30.00
Spouse (paid by employee)			\$320.91
Spouse (paid by MSU)			\$135.00
Child/Children			\$222.89
Spouse & Child/Children (paid by employee)			\$363.20
Spouse & Child/Children (paid by MSU)			\$135.00
Health Insurance Deductible Per Calendar Year			
	Participating Providers	Non Participating	Taylor 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%
<u>Annual out of Pocket</u>			
Per Person	\$2,800	\$5,600	\$2,000
Per Family	\$5,600	\$11,200	\$4,000
Prescription Benefits			
		Taylor & Participating Pharmacies	Other Pharmacies
Deductible		\$0	\$0
Employee Pays		20%	30%
<u>Annual out of Pocket</u>			
Per Person		\$1,500	\$1,500
Per Family		\$3,000	\$3,000

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

Table 6
Detailed Benefits
Missouri State University

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 5.67% of wages
Older Employees - MOSERS Defined Benefit

Table 7
Detailed Benefits
University of Missouri

Health Insurance Monthly Premiums				
	Employee costs		University Costs	
	Tobacco Discount	No Tobacco Discount	Tobacco Discount	No Tobacco Discount
Self Only	\$35.00	\$85.00	\$368.00	\$318.00
Self and spouse	\$120.00	\$170.00	\$685.00	\$636.00
self and child(ren)	\$95.00	\$145.00	\$590.00	\$540.00
Self, spouse, and child(ren)	\$188.00	\$238.00	\$940.00	\$890.00
Insurance Deductible Per Calendar Year				
Health and RX combined	In Network		Out of Network	
	self	family	self	family
	\$1,500.00	\$3,000.00	\$3,000.00	\$6.00
Payment Prescription Drugs				
	In Network	Out of Network		
	10% after Deductible	30% after Deductible		
Annual of Pocket limits Medical and RX combined				
	In Network		Out of Network	
	self	family	self	family
	\$3,000.00	\$6,000.00	\$6,000.00	\$1,200.00
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		

Table 7
Detailed Benefits
University of Missouri
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
Automatic Employee Contribution:	1% of salary < \$50,000 2% of salary > \$50,000	1% of salary < \$50,000 2% of salary > \$50,000
UM Contribution:	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 8
Detailed Benefits
Truman State

Health Insurance Monthly Premiums				
	Aetna A	Aetna B	Aetna C	
Employee (paid by Truman)	\$556.27	\$556.27	\$556.27	
Employee (paid by self)	\$45	42.41*	93.56*	*biometrics wellness covers premium
Spouse (paid by employee)	773.49	773.49	773.49	
Spouse (paid by Truman)	\$482.17	\$299.34	\$192.53	
Child/Children	743.89	743.89	743.89	
Spouse & Child/Children (paid by employee)	330.18	173.78	82.42	
Spouse & Child/Children (paid by Truman)	\$778.38	\$540.33	\$401.26	
Health Insurance Deductible Per Calendar Year				
	Aetna A	Aetna B	Aetna C	
Per Covered Person	600/1200	1000/2000	3000/3000	
Per Family Unit	1200/4200	2000/4000	6000/6000	
Employee Pays	Copays only, 20% after deductible	20%/50%	20%/40%	
<u>Annual out of Pocket</u>				
Per Person	\$6,550	\$5,000	\$5,000	
Per Family	\$13,100	10,000	\$10,000	
Prescription Benefits				
	Aetna A	Aetna B	Aetna C	
Deductible	\$0	1000	3000	
Employee Pays	\$15/\$30/\$60	\$15/\$30/\$60	20%/40%	
<u>Annual out of Pocket</u>	Generic/Preferred/NonPreferred			
Per Person	\$2,000	\$2,000		
Per Family	\$3,000	\$3,000		
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	50/ covers this at 100%		
Basic Restorative		80%		
Major Restorative		10%		
TMJ				
Retirement				
	University contributes to MOSERS			

Table 9
Detailed Benefits
Missouri Southern

Health Insurance Monthly Premiums

	Plan A (Enriched)		Plan B (Base)	
	Employee Cost	Total Plan Cost	Employee Cost	Total Plan Cost
Varies by Annual Base Pay				
Tier 1 < \$30k				
Employee	\$20.49	\$622.46	\$0.00	\$514.68
+Spouse	\$631.93	\$1,178.52	\$196.52	\$974.45
+ Children	\$428.16	\$993.22	\$65.21	\$821.24
+Family	\$1,039.55	\$1,548.73	\$459.20	\$1,280.56
Tier 2 \$30k to \$44,999				
Employee	\$34.15	\$622.46	\$0.00	\$514.68
+Spouse	\$645.59	\$1,178.52	\$228.45	\$974.45
+ Children	\$441.82	\$993.22	\$97.14	\$821.24
+Family	\$1,053.21	\$1,548.47	\$491.13	\$1,280.56
Tier 3 \$45k to \$74,999				
Employee	\$47.81	\$622.46	\$0.00	\$514.68
+Spouse	\$659.25	\$1,178.52	\$241.24	\$974.45
+ Children	\$455.48	\$993.22	\$1,091.91	\$821.24
+Family	\$1,066.87	\$1,548.73	\$503.93	\$1,280.56
Tier 3 \$75k or more				
Employee	\$61.47	\$622.46	\$0.00	\$514.68
+Spouse	\$672.91	\$1,178.52	\$254.01	\$974.45
+ Children	\$469.14	\$993.22	\$122.69	\$821.24
+Family	\$1,080.53	\$1,548.73	\$516.70	\$1,280.56
Health Insurance Deductible Per Calendar Year				
	In Network	Out of Network	In Network	Out of Network
Deductible				
Single	\$3,000	\$3,000	\$1,000	\$2,000
Family	\$6,000	\$6,000	\$2,000	\$4,000
Co-Insurance				
Single	\$2,950	\$9,000	\$1,000	\$4,000
Family	\$5,900	\$18,000	\$2,000	\$8,000
Out of Pocket Maximums				
Single	\$5,950	\$12,000	\$2,000	\$6,000
Family	\$11,900	\$24,000	\$4,000	\$12,000
Co-Pays				
Primary Care	\$30	30%	\$20	30%
Specialist	\$40	30%	\$40	30%
Mental Health	\$40	30%	\$40	30%
Chiropractor	\$40	30%	\$40	30%
Hospital - Inpatient	20%	50%	20%	40%

Table 9
Detailed Benefits
Missouri Southern

Hospital - Outpatient	20%	50%	20%	40%
ER	\$250/20%	\$250/20%	\$150/20%	\$150/20%
Urgent Care	\$100	30%	\$50	30%
Preventative Services	0%	30%	0%	30%

Prescription Benefits				
Generic	0	50%	\$12	40%
Tier 1	\$10	50%	\$40	40%
Tier 2	20%	50%	\$65	40%
Tier 3/4	20%	50%	20%	40%

Dental Monthly Premiums	
Employee	26.32
+Spouse	51.97
+ Children	65.89
+Family	94.95

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	5.14
+Spouse	10.29
+ Children	9.83
+Family	15.37

Retirement		
	Moser's	Defined Contribution
Employee Contribution	4%	0%
University Contribution	16.97%	5.67%

Table 10
Detailed Benefits
University of Central Missouri

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

Health Insurance Monthly Premiums			
		2016-2017	
Tier 1 <\$34,884			
	12 month	9 month	
Employee (paid by UCMO)	\$647	\$863.26	
Employee (paid by self)	\$13	\$16.74	
Spouse (paid by UCMO)	\$761	\$1,015	
Spouse (paid by self)	\$499	\$665	
Child/Children (paid by UCMO)	\$728	\$971.12	
Child/Children (paid by self)	\$358	\$476.88	
Spouse & Child/Children (paid by UCMO)	\$831	\$1,107.40	
Spouse & Child/Children (paid by self)	\$789	\$1,052.60	
Tier 2 \$34,884 - \$61,436			
Employee (paid by UCMO)	\$614	\$818.68	
Employee (paid by self)	\$46	\$61.32	
Spouse (paid by UCMO)	\$742	\$989.88	
Spouse (paid by self)	\$518	\$690.12	
Child/Children (paid by UCMO)	\$710	\$946	
Child/Children (paid by self)	\$376	\$502	
Spouse & Child/Children (paid by UCMO)	\$812	\$1,082.28	
Spouse & Child/Children (paid by self)	\$808	\$1,077.72	
Tier 3 >\$61,436			
Employee (paid by UCMO)	\$588	\$784	
Employee (paid by self)	\$72	\$96	
Spouse (paid by UCMO)	\$724	\$964.76	
Spouse (paid by self)	\$536	\$715.24	
Child/Children (paid by UCMO)	\$691	\$920.88	
Child/Children (paid by self)	\$395	\$527.12	
Spouse & Child/Children (paid by UCMO)	\$793	\$1,057.16	
Spouse & Child/Children (paid by self)	\$827	\$1,102.84	
Health Insurance Deductible Per Calendar Year			
	Participating Providers	Non Participating	
Per Covered Person	\$500	500	
Per Family Unit	\$1,000	1000	
Employee Pays	20%	50%	
Annual out of Pocket			
Per Person	\$3,250	\$8,125	
Per Family	\$6,500	\$16,250	
Prescription Benefits			
	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	

Dental Monthly Premiums			
Employee cost	12 month	9 month	
Employee	\$0	\$0	
Spouse	\$16.38	\$21.94	
Child/Children	\$33.44	\$44.66	
Spouse & Child/Children	\$48.92	\$65.30	
Dental Benefits*			
	Deductible	Co-pay	
Preventative	None	0% - \$1,000 max	
Basic Restorative	NA with plan	NA with plan	
Major Restorative	NA with plan	NA with plan	
TMJ	NA with plan	NA with plan	

Retirement	
MOSERS defined benefit	Hired before Jan 1, 2011 or prior MOSERS credit
CURP defined contribution	

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

Health Insurance Monthly Premiums			
		2016-2017	
Tier 1 <\$34,884			
	12 month	9 month	
Employee (paid by UCMO)	\$588	\$783.48	
Employee (paid by self)	\$11	\$15.20	
Spouse (paid by UCMO)	\$692	\$922.14	
Spouse (paid by self)	\$453	\$604.54	
Child/Children (paid by UCMO)	\$661	\$881.46	
Child/Children (paid by self)	\$326	\$434.54	
Spouse & Child/Children (paid by UCMO)	\$753	\$1,004.12	
Spouse & Child/Children (paid by self)	\$717	\$955.88	
Tier 2 \$34,884 - \$61,436			
Employee (paid by UCMO)	\$571	\$760.68	
Employee (paid by self)	\$28	\$38.00	
Spouse (paid by UCMO)	\$675	\$899.34	
Spouse (paid by self)	\$470	\$627.34	
Child/Children (paid by UCMO)	\$644	\$858.66	
Child/Children (paid by self)	\$343	\$457.34	
Spouse & Child/Children (paid by UCMO)	\$736	\$981.32	
Spouse & Child/Children (paid by self)	\$734	\$978.68	
Tier 3 >\$61,436			
Employee (paid by UCMO)	\$553	\$737.88	
Employee (paid by self)	\$46	\$60.80	
Spouse (paid by UCMO)	\$657	\$876.54	
Spouse (paid by self)	\$488	\$650.14	
Child/Children (paid by UCMO)	\$627	\$835.86	
Child/Children (paid by self)	\$360	\$480.14	
Spouse & Child/Children (paid by UCMO)	\$719	\$958.52	
Spouse & Child/Children (paid by self)	\$751	\$1,001.48	
Health Insurance Deductible Per Calendar Year			
	Participating Providers	Non Participating	
Per Covered Person	\$2,600	\$2,600	
Per Family Unit	\$5,200	\$5,200	
Employee Pays	0%	20%	
Annual out of Pocket			
Per Person	\$2,600	\$5,200	
Per Family	\$5,200	\$10,400	
Prescription Benefits			
	Network	Non-network	
Deductible	Apply to med	Apply to med	
Employee Pays	Annual deductible	Deduct. then 50%	
Annual out of Pocket			
Per Person	NA	NA	
Per Family	NA	NA	

Dental Monthly Premiums			
Employee cost	12 month	9 month	
Employee	\$18.86	\$25.16	
Spouse	\$48.14	\$68.24	
Child/Children	\$68.64	\$91.60	
Spouse & Child/Children	\$105.26	\$140.44	
Dental Benefits*			
	Deductible	Co-pay	
Preventative	\$50/person	0% - \$1,000 max	
Basic Restorative	\$50/person	20%	
Major Restorative (1st, 2nd, 3rd year)	\$50/person	90%, 75%, 50%	
TMJ	NA	NA	
Orthodontics for children to age 19	\$50/person	100%, 100%, 50%	

Retirement	
MOSERS defined benefit	Hired before Jan 1, 2011 or prior MOSERS credit
CURP defined contribution	

Table 11
Detailed Benefits
Northwest Missouri State

Health Insurance Monthly Premiums			
	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	

Health Insurance Deductible Per Calendar Year			
		\$ 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	

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

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 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		

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

Table 12
Detailed Benefits
Southeast Missouri State University

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

Prescription Benefits			
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			

Dental Monthly Premiums		
	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

Dental Benefits			
		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+)

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

Table 13
Detailed Benefits
Florida Atlantic University

Health Insurance Monthly Premiums				
Employee (paid by MSU)	\$591.52	\$591.52	\$591.52	\$591.52
Employee (paid by self)	\$50	\$50	\$50	\$50
Spouse (paid by employee)	\$180 family	\$180 family	\$180 family	\$180 family
Spouse (paid by MSU)	\$1,264.06	\$1,264.06	\$1,264.06	\$1,264.06
Child/Children				
Spouse & Child/Children (paid by employee)	\$180 family	\$180 family	\$180 family	\$180 family
Spouse & Child/Children (paid by MSU)	\$180 family	\$180 family	\$180 family	\$180 family

Health Insurance Deductible Per Calendar Year				
	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

Prescription Benefits				
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

Dental Monthly Premiums	
Employee	Covered under Health Insurance for all plans
Spouse	
Child/Children	
Spouse & Child/Children	

Dental Benefits				
	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%

Retirement
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 14
Detailed Benefits
University of Arkansas Little Rock

Classic = no benefits for out of network unless prior approval

All benefits are same as Point of Service In-network - see following chart for specifics

Point of Service

Health Insurance Monthly Premiums			
2016-2017			
	12 month	9 month	
Employee (paid by UALR)	NA	NA	NA
Employee (paid by self)	\$37.12	\$49.49	
Spouse (paid by UALR)	NA	NA	NA
Spouse (paid by self)	\$117.07	\$156.09	
Child/Children (paid by UALR)	NA	NA	NA
Child/Children (paid by self)	\$69.54	\$92.71	
Spouse & Child/Children (paid by UALR)	NA	NA	NA
Spouse & Child/Children (paid by self)	\$163.24	\$217.66	
Health Insurance Deductible Per Calendar Year			
	Participating Providers	Non Participating	
Per Covered Person			
Per Family Unit			
Employee Pays			
Annual out of Pocket			
Per Person			
Per Family			
Prescription Benefits			
	Network	Non-network	
Deductible			
Employee Pays (Copay for Tier 1,2,3)			
Annual out of Pocket			
Per Person			
Per Family			

Health Insurance Monthly Premiums			
2016-2017			
	12 month	9 month	
Employee (paid by UALR)	NA	NA	NA
Employee (paid by self)	\$63.95	\$85.27	
Spouse (paid by UALR)	NA	NA	NA
Spouse (paid by self)	\$181.52	\$242.03	
Child/Children (paid by UALR)	NA	NA	NA
Child/Children (paid by self)	\$119.48	\$159.30	
Spouse & Child/Children (paid by UALR)	NA	NA	NA
Spouse & Child/Children (paid by self)	\$253.13	\$337.51	
Health Insurance Deductible Per Calendar Year			
	Participating Providers	Non Participating	
Per Covered Person	\$1,250	\$2,000	
Per Family Unit	\$2,500	\$4,000	
Employee Pays	30%	50%	
Annual out of Pocket			
Per Person	\$5,250	\$9,000	
Per Family	\$10,500	\$18,000	
Prescription Benefits			
	Network	Non-network	
Deductible	NA	NA	
Employee Pays (Copay for Tier 1,2,3)	\$15, \$50, \$80	\$18.50, \$53.50, \$83.50	
Annual out of Pocket			
Per Person	\$1,600	\$1,600	
Per Family	\$3,200	\$3,200	

Dental Monthly Premiums			
Employee cost	12 month	9 month	
Employee			
Spouse			
Child/Children			
Spouse & Child/Children			
Dental Benefits*			
	Deductible	Co-pay	
Preventative			
Basic Restorative			
Major Restorative			
TMJ			

Dental Monthly Premiums			
Employee cost	12 month	9 month	
Employee	\$8	\$10	
Spouse	\$16.01	\$21.34	
Child/Children	\$13.51	\$18.01	
Spouse & Child/Children	\$21.75	\$29.00	
Dental Benefits*			
	Deductible	Co-pay	
Preventative	\$0	0% - \$1,500 max	
Basic Restorative	\$100	20% - \$1,500 max	
Major Restorative	\$100	50% - \$1,500 max	
TMJ	NA	NA	

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 15
Detailed Benefits
University of Nebraska Omaha

Health Insurance Monthly Premiums			
	Blue Cross Blue Shield Low	Blue Cross Blue Shield Basic	Blue Cross Blue Shield High
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

Health Insurance Deductible Per Calendar Year						
	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

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

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

Dental Benefits						
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

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 16
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				
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	
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		
	Exclusive/HMO	Extended/PPO
Per Person	\$0	\$50
Maximum Benefits		
Plan Year	\$2,000	\$2,000
Lifetime Orthodontic	\$4,000	\$1,500

Dental Benefits Copays				
	Dental EPO	PPO	Premium	Non-Premium
Preventative	0	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%

Table 16
 Detailed Benefits
 University of Colorado Denver

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

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 17
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
Annual out of Pocket						
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%
Annual out of Pocket	\$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
Defined Benefit Plan Teachers' and State Retirement System (TSERS) Employee Contribution-6% University Contribution as defined by the General Assembly
Optional Retirement Program (ORP) 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 18
Detailed Benefits
University of North Texas

Health Insurance Monthly Premiums				
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			
Health Insurance Deductible Per Calendar Year				
	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
Prescription Benefits				
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		
Dental Monthly Premiums				
	HumanaDental DHMO Coverage			
Employee				
Spouse				
Child/Children				
Spouse & Child/Children				
Dental Benefits*				
	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%		
Retirement				
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 19
Detailed Benefits
University of Wisconsin - Milwaukee

Health Insurance Monthly Premiums		
	Health Plan Design	High Deductive Health Plan Design
Employee (paid by self)	88/month	\$33
Spouse & Child/Children (paid by employee)	219/month	\$82
Health Insurance Deductible Per Calendar Year		
	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
Prescription Benefits		
	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
Dental Monthly Premiums		
	Uniform Dental Benefits	
Employee	20.52	
Spouse	42.18	
Child/Children	48.68	
Spouse & Child/Children	71.58	
Dental Benefits*		
	Co-pay	
Preventative	\$0	
Basic Restorative	covers 100%	
Major Restorative	covers 80%	
TMJ	up to 1500 for children orthodontics	
Retirement		
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.		

Table 20
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					
<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	\$2.85
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 21
Detailed Benefits
University of Nevada-Las Vegas

Health Insurance Monthly Premiums			
	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			
Health Insurance Deductible Per Calendar Year			
	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			
Prescription Benefits			
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

Dental Monthly Premiums			
			2016-2017
Employee			\$0
Spouse			\$27.25
Child/Children			\$21.22
Spouse & Child/Children			\$42.78
Dental Benefits*			
Dental Plan automatic enrollment, part of overall medical plan and plan deductibles.			Co-pay
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			

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 contriburtes another 14.50 percent	
Mandatory plan: immediate vesting	Funds can be withdrawn by employee upon severance from employment, age 62, or death.

Table 22
Detailed Benefits

Towson University (same across State of Maryland)

Health Insurance Monthly Premiums					
	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
Health Insurance Deductible Per Calendar Year					
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
Prescription Benefits					
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					

Dental Monthly Premiums		
	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

Dental Benefits*	
	DPPO plan
	\$50 deductible per person/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.