

2018 Benelect Monthly Employee Contributions - Full Time Benefits

Medical	Single	Single + Child(ren)	Single + Spouse/Equiv	Family
Non-Exempt Staff (paid semi-monthly)				
MMO SuperMed PPO	95.50	313.50	380.50	497.50
Anthem PPO	99.50	329.50	400.50	525.50
Anthem High Deductible Plan	53.50	160.50	193.50	251.50
MMO CLECare	82.50	265.50	307.50	420.50
Faculty and Exempt Staff with Annual Base Salary Less than \$50,000				
MMO SuperMed PPO	108.50	361.50	439.50	575.50
Anthem PPO	113.50	380.50	462.50	607.50
Anthem High Deductible Plan	59.50	184.50	222.50	290.50
MMO CLECare	93.50	306.50	355.50	485.50
Faculty and Exempt Staff with Annual Base Salary \$50,000 to \$99,999				
MMO SuperMed PPO	112.50	373.50	454.50	594.50
Anthem PPO	117.50	393.50	478.50	627.50
Anthem High Deductible Plan	61.50	190.50	229.50	299.50
MMO CLECare	96.50	316.50	366.50	502.50
Faculty and Exempt Staff with Annual Base Salary \$100,000 to \$149,999				
MMO SuperMed PPO	118.50	397.50	483.50	633.50
Anthem PPO	124.50	418.50	509.50	668.50
Anthem High Deductible Plan	64.50	202.50	244.50	318.50
MMO CLECare	102.50	336.50	390.50	534.50
Faculty and Exempt Staff with Annual Base Salary \$150,000 to \$199,999				
MMO SuperMed PPO	125.50	421.50	513.50	672.50
Anthem PPO	131.50	444.50	540.50	709.50
Anthem High Deductible Plan	68.50	213.50	259.50	337.50
MMO CLECare	107.50	356.50	414.50	567.50
Faculty and Exempt Staff with Annual Base Salary \$200,000 or More				
MMO SuperMed PPO	138.50	469.50	572.50	749.50
Anthem PPO	145.50	494.50	602.50	791.50
Anthem High Deductible Plan	74.50	237.50	288.50	376.50
MMO CLECare	119.50	397.50	461.50	632.50

Dental	Single	Single + Child(ren)	Single + Spouse/Equiv	Family
Non-Exempt Staff				
DenteMax PPO	4.00	16.00	18.00	25.00
CWRU SDM Comprehensive	4.26	14.50	16.26	22.26
Faculty and Exempt Staff with Annual Base Salary Less than \$50,000				
DenteMax PPO	5.00	19.00	21.00	29.00
CWRU SDM Comprehensive	4.94	16.82	18.86	25.82
Faculty and Exempt Staff with Annual Base Salary \$50,000 to \$99,999				
DenteMax PPO	5.00	19.00	21.00	30.00
CWRU SDM Comprehensive	5.10	17.40	19.50	26.70
Faculty and Exempt Staff with Annual Base Salary \$100,000 to \$149,999				
DenteMax PPO	6.00	21.00	23.00	32.00
CWRU SDM Comprehensive	5.44	18.56	20.80	28.48
Faculty and Exempt Staff with Annual Base Salary \$150,000 to \$199,999				
DenteMax PPO	6.00	22.00	24.00	34.00
CWRU SDM Comprehensive	5.78	19.72	22.10	30.26
Faculty and Exempt Staff with Annual Base Salary \$200,000 or More				
DenteMax PPO	7.00	25.00	27.00	38.00
CWRU SDM Comprehensive	6.46	22.04	24.70	33.82

Vision	Single	Single + Child(ren)	Single + Spouse/Equiv	Family
VSP	9.52	15.68	15.34	25.24
Union Eye Care	8.20	2 Person 14.76		Family 22.96

After-Tax Benefits	
Hyatt Legal	18.25
Spouse/Dependent Life Insurance	
\$5,000/spouse; \$1,000/child	1.00
\$10,000/spouse; \$2,000/child	2.00