

2018 Benelect Monthly Employee Contributions - 75% Time Benefits

Medical	Single	Single + Child(ren)	Single + Spouse/Equiv	Family
Non-Exempt Staff (paid semi-monthly)				
MMO SuperMed PPO	242.50	539.50	657.50	862.50
Anthem PPO	253.50	568.50	692.50	910.50
Anthem High Deductible Plan	181.50	371.50	451.50	591.50
MMO CLECare	205.50	455.50	528.50	726.50
Faculty and Exempt Staff with Annual Base Salary Less than \$50,000				
MMO SuperMed PPO	251.50	575.50	701.50	920.50
Anthem PPO	264.50	606.50	739.50	972.50
Anthem High Deductible Plan	185.50	389.50	473.50	620.50
MMO CLECare	213.50	485.50	564.50	775.50
Faculty and Exempt Staff with Annual Base Salary \$50,000 to \$99,999				
MMO SuperMed PPO	254.50	584.50	712.50	934.50
Anthem PPO	267.50	616.50	751.50	987.50
Anthem High Deductible Plan	187.50	393.50	478.50	627.50
MMO CLECare	215.50	493.50	573.50	787.50
Faculty and Exempt Staff with Annual Base Salary \$100,000 to \$149,999				
MMO SuperMed PPO	259.50	602.50	734.50	964.50
Anthem PPO	272.50	635.50	774.50	1,017.50
Anthem High Deductible Plan	189.50	402.50	489.50	641.50
MMO CLECare	220.50	508.50	591.50	811.50
Faculty and Exempt Staff with Annual Base Salary \$150,000 to \$199,999				
MMO SuperMed PPO	264.50	620.50	757.50	993.50
Anthem PPO	277.50	654.50	797.50	1,048.50
Anthem High Deductible Plan	192.50	411.50	500.50	656.50
MMO CLECare	224.50	523.50	609.50	836.50
Faculty and Exempt Staff with Annual Base Salary \$200,000 or More				
MMO SuperMed PPO	274.50	656.50	801.50	1,051.50
Anthem PPO	288.50	692.50	844.50	1,110.50
Anthem High Deductible Plan	197.50	429.50	522.50	685.50
MMO CLECare	233.50	554.50	644.50	885.50

Dental	Single	Single + Child(ren)	Single + Spouse/Equiv	Family
Non-Exempt Staff				
DenteMax PPO	13.00	29.00	32.00	44.00
CWRU SDM Comprehensive	11.70	25.38	28.44	38.94
Faculty and Exempt Staff with Annual Base Salary Less than \$50,000				
DenteMax PPO	14.00	31.00	34.00	47.00
CWRU SDM Comprehensive	12.21	27.12	30.40	41.62
Faculty and Exempt Staff with Annual Base Salary \$50,000 to \$99,999				
DenteMax PPO	14.00	31.00	34.00	48.00
CWRU SDM Comprehensive	12.33	27.55	30.88	42.28
Faculty and Exempt Staff with Annual Base Salary \$100,000 to \$149,999				
DenteMax PPO	14.00	33.00	36.00	50.00
CWRU SDM Comprehensive	12.58	28.42	31.85	43.61
Faculty and Exempt Staff with Annual Base Salary \$150,000 to \$199,999				
DenteMax PPO	14.00	33.00	37.00	51.00
CWRU SDM Comprehensive	12.84	29.29	32.83	44.95
Faculty and Exempt Staff with Annual Base Salary \$200,000 or More				
DenteMax PPO	15.00	36.00	39.00	54.00
CWRU SDM Comprehensive	13.35	31.03	34.78	47.62

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