

KENT STATE UNIVERSITY

2020 Contribution Table

Medical, Prescription and Vision Plans

12 - Month			MEDICAL MUTUAL			
(24 Pays Annually)			85/60 PPO Plan		HDHP	
Salary Range			Single	Family	Single	Family
0.00	-	24,000.00	\$ 38.55	\$ 102.21	\$ 13.98	\$ 37.05
24,000.01	-	28,500.00	\$ 43.56	\$ 115.48	\$ 17.83	\$ 47.25
28,500.01	-	33,000.00	\$ 48.56	\$ 128.75	\$ 21.68	\$ 57.46
33,000.01	-	39,000.00	\$ 53.56	\$ 142.02	\$ 25.53	\$ 67.67
39,000.01	-	46,000.00	\$ 58.57	\$ 155.29	\$ 29.38	\$ 77.87
46,000.01	-	54,000.00	\$ 63.57	\$ 168.55	\$ 33.23	\$ 88.08
54,000.01	-	65,500.00	\$ 68.58	\$ 181.82	\$ 37.08	\$ 98.29
65,500.01	-	80,500.00	\$ 76.73	\$ 203.44	\$ 43.36	\$ 114.92
80,500.01	-	100,000.00	\$ 84.89	\$ 225.07	\$ 49.63	\$ 131.55
100,000.01	-	150,000.00	\$ 93.04	\$ 246.69	\$ 55.91	\$ 148.19
150,000.01	-	200,000.00	\$ 101.20	\$ 268.31	\$ 62.19	\$ 164.82
200,000.01	+		\$ 109.35	\$ 289.93	\$ 68.46	\$ 181.45

10 - Month			MEDICAL MUTUAL			
(20 Pays Annually)			85/60 PPO Plan		HDHP	
Salary Range			Single	Family	Single	Family
0.00	-	24,000.00	\$ 46.26	\$ 122.66	\$ 16.77	\$ 44.46
24,000.01	-	28,500.00	\$ 52.27	\$ 138.58	\$ 21.39	\$ 56.70
28,500.01	-	33,000.00	\$ 58.27	\$ 154.50	\$ 26.02	\$ 68.95
33,000.01	-	39,000.00	\$ 64.28	\$ 170.42	\$ 30.64	\$ 81.20
39,000.01	-	46,000.00	\$ 70.28	\$ 186.34	\$ 35.26	\$ 93.45
46,000.01	-	54,000.00	\$ 76.29	\$ 202.26	\$ 39.88	\$ 105.70
54,000.01	-	65,500.00	\$ 82.29	\$ 218.19	\$ 44.50	\$ 117.94
65,500.01	-	80,500.00	\$ 92.08	\$ 244.13	\$ 52.03	\$ 137.90
80,500.01	-	100,000.00	\$ 101.87	\$ 270.08	\$ 59.56	\$ 157.86
100,000.01	-	150,000.00	\$ 111.65	\$ 296.02	\$ 67.09	\$ 177.82
150,000.01	-	200,000.00	\$ 121.44	\$ 321.97	\$ 74.62	\$ 197.78
200,000.01	+		\$ 131.22	\$ 347.92	\$ 82.15	\$ 217.74

9 - Month			MEDICAL MUTUAL			
(18 Pays Annually)			85/60 PPO Plan		HDHP	
Salary Range			Single	Family	Single	Family
0.00	-	24,000.00	\$ 51.40	\$ 136.28	\$ 18.64	\$ 49.40
24,000.01	-	28,500.00	\$ 58.07	\$ 153.97	\$ 23.77	\$ 63.00
28,500.01	-	33,000.00	\$ 64.75	\$ 171.67	\$ 28.91	\$ 76.61
33,000.01	-	39,000.00	\$ 71.42	\$ 189.36	\$ 34.04	\$ 90.22
39,000.01	-	46,000.00	\$ 78.09	\$ 207.05	\$ 39.18	\$ 103.83
46,000.01	-	54,000.00	\$ 84.76	\$ 224.74	\$ 44.31	\$ 117.44
54,000.01	-	65,500.00	\$ 91.44	\$ 242.43	\$ 49.44	\$ 131.05
65,500.01	-	80,500.00	\$ 102.31	\$ 271.26	\$ 57.81	\$ 153.23
80,500.01	-	100,000.00	\$ 113.18	\$ 300.09	\$ 66.18	\$ 175.40
100,000.01	-	150,000.00	\$ 124.06	\$ 328.92	\$ 74.55	\$ 197.58
150,000.01	-	200,000.00	\$ 134.93	\$ 357.75	\$ 82.92	\$ 219.76
200,000.01	+		\$ 145.80	\$ 386.57	\$ 91.28	\$ 241.94

Dental Plan Option	12-Month - BiWeekly			10-Month			9-Month		
	Single	EE + 1	Family	Single	EE + 1	Family	Single	EE+1	Family
Delta Dental PPO High	\$4.06	\$7.76	\$14.11	\$4.87	\$9.31	\$16.93	\$5.41	\$10.35	\$18.81
Delta Dental PPO Basic	\$3.13	\$6.04	\$11.39	\$3.76	\$7.25	\$13.66	\$4.17	\$8.05	\$15.18
Delta Dental PPO Low	\$2.21	\$4.17	\$7.61	\$2.65	\$5.00	\$9.13	\$2.94	\$5.55	\$10.15
Delta Dental PPO AAUP	\$4.28	\$8.07	\$14.48	\$5.14	\$9.68	\$17.37	\$5.71	\$10.76	\$19.30