

KENT STATE UNIVERSITY
2021 Contribution Table
Medical, Prescription, and Vision Plan

12 - Month (24 Pays Annually)	MEDICAL MUTUAL			
	85/60 PPO Plan		QHDHP	
	Single	Family	Single	Family
0.00 - 24,000.00	\$ 38.20	\$ 101.30	\$ 12.94	\$ 34.31
24,000.01 - 28,500.00	\$ 43.80	\$ 116.14	\$ 17.24	\$ 45.71
28,500.01 - 33,000.00	\$ 49.40	\$ 130.99	\$ 21.54	\$ 57.10
33,000.01 - 39,000.00	\$ 55.00	\$ 145.83	\$ 25.84	\$ 68.50
39,000.01 - 46,000.00	\$ 60.60	\$ 160.68	\$ 30.14	\$ 79.89
46,000.01 - 54,000.00	\$ 66.20	\$ 175.53	\$ 34.44	\$ 91.29
54,000.01 - 65,500.00	\$ 71.80	\$ 190.37	\$ 38.74	\$ 102.68
65,500.01 - 80,500.00	\$ 79.98	\$ 212.06	\$ 45.02	\$ 119.33
80,500.01 - 100,000.00	\$ 88.15	\$ 233.74	\$ 51.30	\$ 135.97
100,000.01 - 150,000.00	\$ 96.33	\$ 255.43	\$ 57.58	\$ 152.62
150,000.01 - 200,000.00	\$ 104.51	\$ 277.11	\$ 63.86	\$ 169.26
200,000.01 +	\$ 112.69	\$ 298.80	\$ 70.14	\$ 185.91

10 - Month (20 Pays Annually)	MEDICAL MUTUAL			
	85/60 PPO Plan		QHDHP	
	Single	Family	Single	Family
0.00 - 24,000.00	\$ 45.84	\$ 121.55	\$ 15.53	\$ 41.17
24,000.01 - 28,500.00	\$ 52.56	\$ 139.37	\$ 20.69	\$ 54.85
28,500.01 - 33,000.00	\$ 59.28	\$ 157.19	\$ 25.85	\$ 68.52
33,000.01 - 39,000.00	\$ 66.00	\$ 175.00	\$ 31.01	\$ 82.20
39,000.01 - 46,000.00	\$ 72.72	\$ 192.82	\$ 36.17	\$ 95.87
46,000.01 - 54,000.00	\$ 79.44	\$ 210.63	\$ 41.33	\$ 109.54
54,000.01 - 65,500.00	\$ 86.16	\$ 228.45	\$ 46.49	\$ 123.22
65,500.01 - 80,500.00	\$ 95.97	\$ 254.47	\$ 54.02	\$ 143.19
80,500.01 - 100,000.00	\$ 105.78	\$ 280.49	\$ 61.56	\$ 163.17
100,000.01 - 150,000.00	\$ 115.60	\$ 306.51	\$ 69.09	\$ 183.14
150,000.01 - 200,000.00	\$ 125.41	\$ 332.53	\$ 76.63	\$ 203.11
200,000.01 +	\$ 135.23	\$ 358.56	\$ 84.16	\$ 223.09

9 - Month (18 Pays Annually)	MEDICAL MUTUAL			
	85/60 PPO Plan		QHDHP	
	Single	Family	Single	Family
0.00 - 24,000.00	\$ 50.94	\$ 135.06	\$ 17.26	\$ 45.75
24,000.01 - 28,500.00	\$ 58.40	\$ 154.86	\$ 22.99	\$ 60.94
28,500.01 - 33,000.00	\$ 65.87	\$ 174.65	\$ 28.72	\$ 76.13
33,000.01 - 39,000.00	\$ 73.33	\$ 194.45	\$ 34.45	\$ 91.33
39,000.01 - 46,000.00	\$ 80.80	\$ 214.24	\$ 40.19	\$ 106.52
46,000.01 - 54,000.00	\$ 88.26	\$ 234.03	\$ 45.92	\$ 121.72
54,000.01 - 65,500.00	\$ 95.73	\$ 253.83	\$ 51.65	\$ 136.91
65,500.01 - 80,500.00	\$ 106.63	\$ 282.74	\$ 60.02	\$ 159.10
80,500.01 - 100,000.00	\$ 117.54	\$ 311.66	\$ 68.40	\$ 181.30
100,000.01 - 150,000.00	\$ 128.44	\$ 340.57	\$ 76.77	\$ 203.49
150,000.01 - 200,000.00	\$ 139.35	\$ 369.48	\$ 85.14	\$ 225.68
200,000.01 +	\$ 150.25	\$ 398.39	\$ 93.51	\$ 247.88

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