



## 2024 MONTHLY MEDICAL CONTRIBUTION\*

### Medical Mutual - PPO (Preferred Provider Organization)

		Employee Monthly Contributions			
COVERAGE LEVEL	Total Monthly Premium - PPO	<\$40k	\$40-\$69k	\$70-\$99k	\$100k+
Single	\$920.84	\$132.02	\$139.94	\$153.14	\$185.48
Single + Child(ren)	\$1,675.92	\$239.82	\$254.20	\$278.19	\$336.94
Single + Spouse	\$2,044.26	\$293.09	\$310.67	\$339.98	\$411.79
Family	\$2,790.13	\$399.65	\$423.63	\$463.60	\$561.51

### Medical Mutual - HDHP (High Deductible Health Plan)

		Employee Monthly Contributions			
COVERAGE LEVEL	Total Monthly Premium - HDHP	<\$40k	\$40-\$69k	\$70-\$99k	\$100k+
Single	\$856.72	\$106.10	\$112.47	\$123.08	\$149.07
Single + Child(ren)	\$1,559.23	\$192.69	\$204.25	\$223.52	\$270.73
Single + Spouse	\$1,901.92	\$235.55	\$249.68	\$273.23	\$330.94
Family	\$2,595.87	\$321.16	\$340.43	\$372.55	\$451.23

### Medical Mutual – MetroHealth/Skyway Select - EPO (Exclusive Provider Organization)

		Employee Monthly Contributions			
COVERAGE LEVEL	Total Monthly Premium - EPO	<\$40k	\$40-\$69k	\$70-\$99k	\$100k+
Single	\$709.36	\$66.01	\$69.97	\$76.57	\$92.74
Single + Child(ren)	\$1,291.03	\$119.91	\$127.10	\$139.09	\$168.47
Single + Spouse	\$1,574.77	\$146.54	\$155.34	\$169.99	\$205.89
Family	\$2,149.35	\$199.83	\$211.82	\$231.80	\$280.76

**Note: A surcharge of \$150 per month will be added to the rates of any tier when an employed spouse who is eligible for his/her employer's medical plan is enrolled in any of the JCU medical plans.**  
 \*The salary tiers are based on the base salary in effect as of September 1, 2023.