

# KENT STATE UNIVERSITY

## Contribution Tables for Medical, Vision and Prescription Drug Plans for 2024

12 - Month (24 Pays Annually)	MEDICAL MUTUAL			
	85/60 PPO Plan		QHDHP	
Salary Range	Single	Family	Single	Family
0.00 - 24,000.00	\$ 30.51	\$ 80.95	\$ 2.97	\$ 7.88
24,000.01 - 28,500.00	\$ 40.38	\$ 107.11	\$ 10.58	\$ 28.07
28,500.01 - 33,000.00	\$ 50.24	\$ 133.28	\$ 18.20	\$ 48.26
33,000.01 - 39,000.00	\$ 60.10	\$ 159.45	\$ 25.81	\$ 68.46
39,000.01 - 46,000.00	\$ 69.97	\$ 185.61	\$ 33.42	\$ 88.65
46,000.01 - 54,000.00	\$ 79.83	\$ 211.78	\$ 41.04	\$ 108.84
54,000.01 - 65,500.00	\$ 89.70	\$ 237.94	\$ 48.65	\$ 129.04
65,500.01 - 80,500.00	\$ 97.04	\$ 257.44	\$ 54.32	\$ 144.08
80,500.01 - 100,000.00	\$ 104.39	\$ 276.93	\$ 60.00	\$ 159.12
100,000.01 - 150,000.00	\$ 111.74	\$ 296.42	\$ 65.67	\$ 174.17
150,000.01 - 200,000.00	\$ 119.09	\$ 315.92	\$ 71.34	\$ 189.21
200,000.01 +	\$ 126.44	\$ 335.41	\$ 77.01	\$ 204.25
10 - Month (20 Pays Annually)	MEDICAL MUTUAL			
	85/60 PPO Plan		QHDHP	
Salary Range	Single	Family	Single	Family
0.00 - 24,000.00	\$ 36.62	\$ 97.13	\$ 3.56	\$ 9.45
24,000.01 - 28,500.00	\$ 48.45	\$ 128.53	\$ 12.70	\$ 33.68
28,500.01 - 33,000.00	\$ 60.29	\$ 159.93	\$ 21.84	\$ 57.91
33,000.01 - 39,000.00	\$ 72.13	\$ 191.33	\$ 30.97	\$ 82.15
39,000.01 - 46,000.00	\$ 83.96	\$ 222.73	\$ 40.11	\$ 106.38
46,000.01 - 54,000.00	\$ 95.80	\$ 254.13	\$ 49.25	\$ 130.61
54,000.01 - 65,500.00	\$ 107.64	\$ 285.53	\$ 58.38	\$ 154.84
65,500.01 - 80,500.00	\$ 116.45	\$ 308.93	\$ 65.19	\$ 172.89
80,500.01 - 100,000.00	\$ 125.27	\$ 332.32	\$ 72.00	\$ 190.95
100,000.01 - 150,000.00	\$ 134.09	\$ 355.71	\$ 78.80	\$ 209.00
150,000.01 - 200,000.00	\$ 142.91	\$ 379.10	\$ 85.61	\$ 227.05
200,000.01 +	\$ 151.72	\$ 402.49	\$ 92.41	\$ 245.10
9 - Month (18 Pays Annually)	MEDICAL MUTUAL			
	85/60 PPO Plan		QHDHP	
Salary Range	Single	Family	Single	Family
0.00 - 24,000.00	\$ 40.68	\$ 107.93	\$ 3.96	\$ 10.50
24,000.01 - 28,500.00	\$ 53.84	\$ 142.82	\$ 14.11	\$ 37.43
28,500.01 - 33,000.00	\$ 66.99	\$ 177.70	\$ 24.26	\$ 64.35
33,000.01 - 39,000.00	\$ 80.14	\$ 212.59	\$ 34.41	\$ 91.27
39,000.01 - 46,000.00	\$ 93.29	\$ 247.48	\$ 44.57	\$ 118.20
46,000.01 - 54,000.00	\$ 106.44	\$ 282.37	\$ 54.72	\$ 145.12
54,000.01 - 65,500.00	\$ 119.59	\$ 317.26	\$ 64.87	\$ 172.05
65,500.01 - 80,500.00	\$ 129.39	\$ 343.25	\$ 72.43	\$ 192.10
80,500.01 - 100,000.00	\$ 139.19	\$ 369.24	\$ 80.00	\$ 212.16
100,000.01 - 150,000.00	\$ 148.99	\$ 395.23	\$ 87.56	\$ 232.22
150,000.01 - 200,000.00	\$ 158.79	\$ 421.22	\$ 95.12	\$ 252.28
200,000.01 +	\$ 168.58	\$ 447.21	\$ 102.68	\$ 272.34

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