



**2020 MONTHLY MEDICAL CONTRIBUTION\***  
**FACULTY HIRED PRE-2013**

<b>Medical Mutual - PPO</b> (Preferred Provider Organization)				
<b>COVERAGE LEVEL</b>				
Single	\$70.87			
Single + Child(ren)	\$128.99			
Single + Spouse	\$157.34			
Family	\$214.75			
<b>Medical Mutual – MetroHealth/Skyway Select - EPO</b> (Exclusive Provider Organization)				
<b>COVERAGE LEVEL</b>	<b>&lt;\$40k</b>	<b>\$40-\$69k</b>	<b>\$70-\$99k</b>	<b>\$100k+</b>
Single	\$42.03	\$44.55	\$48.76	\$59.05
Single + Child(ren)	\$76.35	\$80.93	\$88.57	\$107.28
Single + Spouse	\$93.31	\$98.91	\$108.24	\$131.11
Family	\$127.24	\$134.88	\$147.60	\$178.78

**\*The salary tiers are based on the base salary in effect as of September 1, 2019.**