



**2020 MONTHLY MEDICAL CONTRIBUTION\***  
**STAFF**

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

COVERAGE LEVEL	<\$40k	\$40-\$69k	\$70-\$99k	\$100k+
Single	\$84.06	\$89.11	\$97.51	\$118.11
Single + Child(ren)	\$152.71	\$161.87	\$177.14	\$214.55
Single + Spouse	\$186.63	\$197.83	\$216.49	\$262.21
Family	\$254.49	\$269.75	\$295.20	\$357.55

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

COVERAGE LEVEL	<\$40k	\$40-\$69k	\$70-\$99k	\$100k+
Single	\$67.56	\$71.62	\$78.37	\$94.93
Single + Child(ren)	\$122.70	\$130.06	\$142.33	\$172.39
Single + Spouse	\$149.99	\$158.99	\$173.99	\$210.73
Family	\$204.50	\$216.77	\$237.23	\$287.33

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

COVERAGE LEVEL	<\$40k	\$40-\$69k	\$70-\$99k	\$100k+
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

**Note: A surcharge of \$120 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, 2019.**