



2021 MONTHLY MEDICAL CONTRIBUTION*
FACULTY HIRED PRE-2013

Medical Mutual - PPO (Preferred Provider Organization)				
COVERAGE LEVEL				
Single	\$69.44			
Single + Child(ren)	\$126.37			
Single + Spouse	\$154.15			
Family	\$210.39			
Medical Mutual – MetroHealth/Skyway Select - EPO (Exclusive Provider Organization)				
COVERAGE LEVEL	<\$40k	\$40-\$69k	\$70-\$99k	\$100k+
Single	\$40.56	\$42.99	\$47.05	\$56.99
Single + Child(ren)	\$73.68	\$78.10	\$85.47	\$103.52
Single + Spouse	\$90.05	\$95.45	\$104.46	\$126.52
Family	\$122.79	\$130.16	\$142.44	\$172.52
*The salary tiers are based on the base salary in effect as of September 1, 2020.				