

2022 Medical Plan Contributions - Plan A

	Biweekly 19 Pays			Biweekly 24 pays			Monthly/12 Pays			Monthly 9 months (January through May)**			Monthly 9 months (September through December)***		
Coverage Level	Employee	BGSU	Total	Employee	BGSU	Total	Employee	BGSU	Total	Employee	BGSU	Total	Employee	BGSU	Total
Employee Only	\$ 94.01	\$ 532.69	\$ 626.70	\$ 74.43	\$ 421.72	\$ 496.14	\$ 148.84	\$ 843.43	\$ 992.27	\$ 238.14	\$ 1,349.49	\$ 1,587.63	\$ 148.84	\$ 843.43	\$ 992.27
Employee + Spouse	\$ 280.13	\$ 1,120.55	\$ 1,400.68	\$ 221.77	\$ 887.10	\$ 1,108.87	\$ 443.54	\$ 1,774.20	\$ 2,217.74	\$ 709.66	\$ 2,838.72	\$ 3,548.38	\$ 443.54	\$ 1,774.20	\$ 2,217.74
Employee + Child(ren)	\$ 163.32	\$ 653.26	\$ 816.58	\$ 129.30	\$ 517.17	\$ 646.47	\$ 258.59	\$ 1,034.33	\$ 1,292.92	\$ 413.74	\$ 1,654.93	\$ 2,068.67	\$ 258.59	\$ 1,034.33	\$ 1,292.92
Employee + Family	\$ 326.30	\$ 1,305.14	\$ 1,631.43	\$ 258.31	\$ 1,033.24	\$ 1,291.55	\$ 516.62	\$ 2,066.47	\$ 2,583.09	\$ 826.59	\$ 3,306.35	\$ 4,132.94	\$ 516.62	\$ 2,066.47	\$ 2,583.09

2022 Medical Plan Contributions - Plan B

	Biweekly 19 Pays			Biweekly 24 pays			Monthly/12 Pays			Monthly 9 months (January through May)**			Monthly 9 months (September through December)***		
Coverage Level	Employee	BGSU	Total	Employee	BGSU	Total	Employee	BGSU	Total	Employee	BGSU	Total	Employee	BGSU	Total
Employee Only	\$ 36.54	\$ 267.93	\$ 304.47	\$ 28.93	\$ 212.12	\$ 241.04	\$ 57.85	\$ 424.23	\$ 482.08	\$ 92.56	\$ 678.77	\$ 771.33	\$ 57.85	\$ 424.23	\$ 482.08
Employee + Spouse	\$ 108.88	\$ 571.63	\$ 680.51	\$ 86.20	\$ 452.54	\$ 538.74	\$ 172.40	\$ 905.08	\$ 1,077.48	\$ 275.84	\$ 1,448.13	\$ 1,723.97	\$ 172.40	\$ 905.08	\$ 1,077.48
Employee + Child(ren)	\$ 63.48	\$ 333.26	\$ 396.74	\$ 50.26	\$ 263.83	\$ 314.09	\$ 100.51	\$ 527.66	\$ 628.17	\$ 160.82	\$ 844.26	\$ 1,005.08	\$ 100.51	\$ 527.66	\$ 628.17
Employee + Family	\$ 126.82	\$ 665.80	\$ 792.62	\$ 100.41	\$ 527.09	\$ 627.49	\$ 200.80	\$ 1,054.18	\$ 1,254.98	\$ 321.28	\$ 1,686.69	\$ 2,007.97	\$ 200.80	\$ 1,054.18	\$ 1,254.98

BGSU Health Savings Account Contributions*	Annual Amount
Coverage Level	
Single	\$500
Employee + Spouse	\$1,000
Employee + Child(ren)	\$1,000
Employee + Family	\$1,000

*Please note that the Health Savings Account Contributions deposited with 1/2 in January and 1/2 in July, for those that have active coverage on the first of each of those months. Employer contributions are not prorated.

** Contributions for January through May = 8/12 of the amount paid over 5 equal monthly payments for coverage January through August.

*** Contributions for September through December = 4/12 of the annual amount paid in 4 equal monthly payments for coverage September through December.