

## 2021 Medical Plan Rates

The following charts show your per-pay-period contributions for medical coverage based on your annual eligible compensation.

Illinois	Narrow network plans are available in the Chicago area
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### Regular employees

(based on annual eligible compensation of less than \$45,000)

### Contributions per pay period

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
Copay Plan with Health Reimbursement Account (HRA)***	\$50.16	\$128.88	\$93.54	\$161.10
Lower Use Plan with Health Savings Account (HSA)***	\$25.26	\$76.38	\$48.42	\$88.74
Higher Use Plan with HSA***	\$48.18	\$124.56	\$89.88	\$155.28
Narrow Network Copay Plan — UHC IL	\$32.52	\$91.98	\$61.92	\$110.22
Narrow Network Plan with HSA — UHC IL	\$37.08	\$101.46	\$69.90	\$123.30

### Regular employees

(based on annual eligible compensation of \$45,000 – \$100,000)

### Contributions per pay period

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
Copay Plan with HRA***	\$69.12	\$175.44	\$128.46	\$220.50
Lower Use Plan with HSA***	\$36.42	\$106.56	\$69.30	\$125.52
Higher Use Plan with HSA***	\$66.48	\$169.74	\$123.72	\$212.88
Narrow Network Copay Plan — UHC IL	\$45.90	\$127.02	\$86.94	\$153.66
Narrow Network Plan with HSA — UHC IL	\$51.90	\$139.44	\$97.44	\$170.88

### Regular employees

(based on annual eligible compensation of more than \$100,000)

### Contributions per pay period

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
Copay Plan with HRA***	\$84.78	\$212.70	\$157.32	\$268.86
Lower Use Plan with HSA***	\$46.74	\$132.54	\$88.50	\$158.40
Higher Use Plan with HSA***	\$81.72	\$206.04	\$151.80	\$259.92
Narrow Network Copay Plan — UHC IL	\$57.90	\$156.36	\$109.02	\$191.16
Narrow Network Plan with HSA — UHC IL	\$64.80	\$170.82	\$121.26	\$211.14

\* Includes domestic partner.

\*\* Includes domestic partner's children.

\*\*\* Including Out-of-Area coverage.

**Part-time employees**

(based on annual eligible compensation of less than \$45,000)

**Contributions per pay period**

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
Copay Plan with HRA***	\$65.82	\$159.42	\$121.38	\$204.96
Lower Use Plan with HSA***	\$36.84	\$106.92	\$76.32	\$132.60
Higher Use Plan with HSA***	\$63.84	\$155.10	\$117.72	\$199.14
Narrow Network Copay Plan — UHC IL	\$48.18	\$122.52	\$89.76	\$154.02
Narrow Network Plan with HSA — UHC IL	\$52.74	\$132.00	\$97.74	\$167.16

**Part-time employees**

(based on annual eligible compensation of \$45,000 – \$100,000)

**Contributions per pay period**

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
Copay Plan with HRA***	\$89.34	\$214.92	\$164.52	\$277.14
Lower Use Plan with HSA***	\$56.64	\$145.98	\$105.36	\$182.16
Higher Use Plan with HSA***	\$86.70	\$209.16	\$159.72	\$269.46
Narrow Network Copay Plan — UHC IL	\$66.18	\$166.44	\$123.00	\$210.30
Narrow Network Plan with HSA — UHC IL	\$72.12	\$178.86	\$133.44	\$227.52

**Part-time employees**

(based on annual eligible compensation of more than \$100,000)

**Contributions per pay period**

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
Copay Plan with HRA***	\$107.82	\$257.76	\$198.42	\$333.48
Lower Use Plan with HSA***	\$69.84	\$177.54	\$129.60	\$222.96
Higher Use Plan with HSA***	\$104.82	\$251.10	\$192.78	\$324.54
Narrow Network Copay Plan — UHC IL	\$80.94	\$201.42	\$150.12	\$255.72
Narrow Network Plan with HSA — UHC IL	\$87.84	\$215.88	\$162.30	\$275.70

\* Includes domestic partner.

\*\* Includes domestic partner's children.

\*\*\* Including Out-of-Area coverage.