

## 2021 Medical Plan Rates

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

Minnesota	Narrow network plans are available in the greater Minneapolis/St. Paul 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)***	\$51.96	\$133.56	\$96.84	\$166.98
Lower Use Plan with Health Savings Account (HSA)***	\$25.98	\$79.02	\$49.92	\$91.56
Higher Use Plan with HSA***	\$49.80	\$129.24	\$93.00	\$160.98
Narrow Network Copay Plan — UHC MN	\$33.60	\$95.22	\$63.96	\$113.88
Narrow Network Plan with HSA — UHC MN	\$38.34	\$105.06	\$72.30	\$127.56

### 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***	\$71.58	\$181.86	\$133.08	\$228.60
Lower Use Plan with HSA***	\$37.50	\$110.34	\$71.52	\$129.60
Higher Use Plan with HSA***	\$68.76	\$176.16	\$128.10	\$220.74
Narrow Network Copay Plan — UHC MN	\$47.52	\$131.52	\$89.88	\$158.94
Narrow Network Plan with HSA — UHC MN	\$53.70	\$144.48	\$100.86	\$176.82

### 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***	\$87.90	\$220.56	\$163.02	\$278.88
Lower Use Plan with HSA***	\$48.24	\$137.34	\$91.44	\$163.62
Higher Use Plan with HSA***	\$84.60	\$213.90	\$157.20	\$269.64
Narrow Network Copay Plan — UHC MN	\$59.88	\$162.06	\$112.80	\$197.82
Narrow Network Plan with HSA — UHC MN	\$67.08	\$177.00	\$125.52	\$218.58

\* 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***	\$68.34	\$165.48	\$125.94	\$212.76
Lower Use Plan with HSA***	\$36.84	\$110.94	\$79.02	\$137.34
Higher Use Plan with HSA***	\$66.12	\$161.10	\$122.10	\$206.76
Narrow Network Copay Plan — UHC MN	\$49.98	\$127.08	\$93.00	\$159.66
Narrow Network Plan with HSA — UHC MN	\$54.72	\$136.92	\$101.40	\$173.28

**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***	\$92.76	\$223.08	\$170.64	\$287.70
Lower Use Plan with HSA***	\$58.62	\$151.50	\$109.14	\$188.70
Higher Use Plan with HSA***	\$89.82	\$217.38	\$165.72	\$279.84
Narrow Network Copay Plan — UHC MN	\$68.58	\$172.74	\$127.50	\$218.04
Narrow Network Plan with HSA — UHC MN	\$74.76	\$185.58	\$138.48	\$235.92

**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***	\$111.96	\$267.54	\$205.92	\$346.26
Lower Use Plan with HSA***	\$72.30	\$184.26	\$134.34	\$231.12
Higher Use Plan with HSA***	\$108.60	\$260.88	\$200.04	\$337.14
Narrow Network Copay Plan — UHC MN	\$84.00	\$208.98	\$155.70	\$265.26
Narrow Network Plan with HSA — UHC MN	\$91.20	\$223.98	\$168.42	\$286.02

\* Includes domestic partner.

\*\* Includes domestic partner's children.

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