

## 2021 Medical Plan Rates

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

Northern California	
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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)***	\$57.54	\$148.50	\$107.28	\$185.34
Lower Use Plan with Health Savings Account (HSA)***	\$28.32	\$87.24	\$54.78	\$100.62
Higher Use Plan with HSA***	\$55.20	\$143.58	\$103.14	\$178.44
Health Maintenance Organization (HMO) — Kaiser Northern California	\$27.84	\$85.86	\$53.88	\$99.00
High-Deductible Health Plan (HDHP) — Kaiser Northern California	\$24.84	\$76.62	\$48.12	\$88.38

**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***	\$79.32	\$202.32	\$147.60	\$253.92
Lower Use Plan with HSA***	\$40.98	\$121.92	\$78.60	\$142.68
Higher Use Plan with HSA***	\$76.26	\$195.84	\$142.08	\$244.80
HMO — Kaiser Northern California	\$40.44	\$120.48	\$77.70	\$141.00
HDHP — Kaiser Northern California	\$36.12	\$107.52	\$69.36	\$125.88

**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***	\$97.50	\$245.46	\$180.96	\$309.90
Lower Use Plan with HSA***	\$52.80	\$151.98	\$100.74	\$180.54
Higher Use Plan with HSA***	\$93.90	\$237.96	\$174.54	\$299.34
HMO — Kaiser Northern California	\$52.26	\$150.54	\$99.78	\$178.80
HDHP — Kaiser Northern California	\$46.68	\$134.40	\$89.10	\$159.72

\* 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***	\$75.96	\$184.44	\$140.10	\$236.94
Lower Use Plan with HSA***	\$36.84	\$123.18	\$87.54	\$152.22
Higher Use Plan with HSA***	\$73.62	\$179.52	\$135.90	\$230.04
HMO — Kaiser Northern California	\$36.36	\$95.82	\$68.10	\$118.44
HDHP — Kaiser Northern California	\$32.46	\$85.56	\$60.84	\$105.72

**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***	\$103.14	\$248.70	\$189.96	\$320.52
Lower Use Plan with HSA***	\$64.68	\$168.36	\$120.96	\$209.34
Higher Use Plan with HSA***	\$100.02	\$242.28	\$184.44	\$311.46
HMO — Kaiser Northern California	\$64.26	\$167.10	\$120.06	\$207.78
HDHP — Kaiser Northern California	\$57.36	\$149.16	\$107.22	\$185.52

**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***	\$124.68	\$298.44	\$229.26	\$385.92
Lower Use Plan with HSA***	\$79.98	\$204.90	\$149.04	\$256.62
Higher Use Plan with HSA***	\$121.02	\$290.88	\$222.84	\$375.36
HMO — Kaiser Northern California	\$79.44	\$203.58	\$148.14	\$255.00
HDHP — Kaiser Northern California	\$70.92	\$181.80	\$132.24	\$227.64

\* Includes domestic partner.

\*\* Includes domestic partner's children.

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