

## 2021 Medical Plan Rates

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

Region 1	Indiana and Ohio
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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)***	\$43.26	\$111.66	\$80.70	\$139.38
Lower Use Plan with Health Savings Account (HSA)***	\$21.30	\$65.46	\$41.22	\$75.72
Higher Use Plan with Health Savings Account (HSA)***	\$41.46	\$108.00	\$77.40	\$134.28

### 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***	\$59.64	\$152.16	\$110.94	\$190.92
Lower Use Plan with HSA***	\$30.78	\$91.56	\$59.16	\$107.40
Higher Use Plan with HSA***	\$57.24	\$147.36	\$106.68	\$184.20

### 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***	\$73.32	\$184.56	\$136.08	\$232.98
Lower Use Plan with HSA***	\$39.78	\$114.06	\$75.78	\$135.84
Higher Use Plan with HSA***	\$70.50	\$179.04	\$131.04	\$225.24

\* 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***	\$57.12	\$138.66	\$105.36	\$178.14
Lower Use Plan with HSA***	\$35.16	\$92.52	\$65.88	\$114.54
Higher Use Plan with HSA***	\$55.32	\$135.06	\$102.06	\$173.04

**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***	\$77.58	\$187.02	\$142.80	\$241.02
Lower Use Plan with HSA***	\$48.72	\$126.42	\$91.02	\$157.50
Higher Use Plan with HSA***	\$75.18	\$182.28	\$138.54	\$234.36

**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***	\$93.72	\$224.40	\$172.38	\$290.16
Lower Use Plan with HSA***	\$60.12	\$153.90	\$112.14	\$193.08
Higher Use Plan with HSA***	\$90.96	\$218.82	\$167.34	\$282.36

\* Includes domestic partner.

\*\* Includes domestic partner's children.

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