

2021 Medical Plan Rates

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

Region 2	Alabama, Florida, Idaho, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, South Carolina, South Dakota, Utah, and Wisconsin
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Plan	Contributions per pay period (deducted 26 times per year)			
	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

Plan	Contributions per pay period (deducted 26 times per year)			
	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

Plan	Contributions per pay period (deducted 26 times per year)			
	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

* 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

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

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

* Includes domestic partner.

** Includes domestic partner's children.

*** Including Out-of-Area coverage.