

## 2021 Medical Plan Rates

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

Region 4	Louisiana and West Virginia
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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)***	\$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 Health Savings Account (HSA)***	\$55.20	\$143.58	\$103.14	\$178.44

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

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

\* 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

**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

**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

\* Includes domestic partner.

\*\* Includes domestic partner's children.

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