

## 2021 Medical Plan Rates

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

|                     |  |
|---------------------|--|
| Southern California |  |
|---------------------|--|

**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 Health Savings Account (HSA)***               | \$49.80  | \$129.24      | \$93.00          | \$160.98                   |
| Health Maintenance Organization (HMO) — Kaiser Southern California | \$29.10  | \$88.50       | \$55.92          | \$102.54                   |
| High-Deductible Health Plan (HDHP) — Kaiser Southern California    | \$25.98  | \$79.02       | \$49.92          | \$91.56                    |

**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                   |
| HMO — Kaiser Southern California  | \$41.94  | \$123.54      | \$80.10          | \$145.08                   |
| HDHP — Kaiser Southern California | \$37.50  | \$110.34      | \$71.52          | \$129.60                   |

**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                   |
| HMO — Kaiser Southern California  | \$54.00  | \$153.78      | \$102.36         | \$183.30                   |
| HDHP — Kaiser Southern California | \$48.24  | \$137.34      | \$91.44          | \$163.62                   |

\* 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                   |
| HMO — Kaiser Southern California  | \$47.40  | \$124.20      | \$88.50          | \$153.78                   |
| HDHP — Kaiser Southern California | \$42.30  | \$110.94      | \$79.02          | \$137.28                   |

**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                   |
| HMO — Kaiser Southern California  | \$65.58  | \$169.68      | \$122.22         | \$211.38                   |
| HDHP — Kaiser Southern California | \$58.62  | \$151.44      | \$109.14         | \$188.70                   |

**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                   |
| HMO — Kaiser Southern California  | \$81.00  | \$206.40      | \$150.42         | \$258.90                   |
| HDHP — Kaiser Southern California | \$72.30  | \$184.26      | \$134.34         | \$231.12                   |

\* Includes domestic partner.

\*\* Includes domestic partner's children.

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