

2021 Medical Plan Rates

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

Washington	Kaiser plans available in Seattle/Tacoma/Spokane areas.
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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)***	\$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 Washington	\$29.10	\$88.50	\$55.92	\$102.54
High-Deductible Health Plan (HDHP) — Kaiser Washington	\$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 Washington	\$41.94	\$123.54	\$80.10	\$145.08
HDHP — Kaiser Washington	\$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 Washington	\$54.00	\$153.78	\$102.36	\$183.30
HDHP — Kaiser Washington	\$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 Washington	\$47.40	\$124.20	\$88.50	\$153.78
HDHP — Kaiser Washington	\$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 Washington	\$65.58	\$169.68	\$122.22	\$211.38
HDHP — Kaiser Washington	\$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 Washington	\$81.00	\$206.40	\$150.42	\$258.90
HDHP — Kaiser Washington	\$72.30	\$184.26	\$134.34	\$231.12

* Includes domestic partner.

** Includes domestic partner's children.

*** Including Out-of-Area coverage.