

## Region 2

# 2022 Medical Plan Rates

Alabama, Florida, Idaho, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, South Carolina, South Dakota, Utah, and Wisconsin

The following charts show your per-pay-period contributions for medical coverage based on your annual eligible compensation. Contributions are per pay period, deducted 26 times per year.

<b>Regular and fixed term full-time employees</b>	<b>You</b>	<b>You + spouse<sup>1</sup></b>	<b>You + children</b>	<b>You + spouse<sup>1</sup> + children</b>
<b>Based on annual eligible compensation of less than \$45,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$50.82	\$130.56	\$94.74	\$163.20
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$25.56	\$77.40	\$49.02	\$89.88
Higher Use Plan with HSA <sup>2</sup>	\$48.78	\$126.18	\$91.02	\$157.32
<b>Based on annual eligible compensation of \$45,000 – \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$71.28	\$180.90	\$132.42	\$227.34
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$37.56	\$109.86	\$71.46	\$129.42
Higher Use Plan with HSA <sup>2</sup>	\$68.52	\$175.02	\$127.56	\$219.48
<b>Based on annual eligible compensation of more than \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$88.92	\$223.14	\$165.00	\$282.06
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$49.02	\$139.02	\$92.82	\$166.14
Higher Use Plan with HSA <sup>2</sup>	\$85.74	\$216.12	\$159.24	\$272.64

<sup>1</sup> Includes domestic partner. <sup>2</sup> Including Out of Area coverage.

## Regular and fixed term part-time employees

	You	You + spouse <sup>1</sup>	You + children	You + spouse <sup>1</sup> + children
<b>Based on annual eligible compensation of less than \$45,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$66.66	\$161.52	\$122.94	\$207.60
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$37.32	\$108.30	\$77.34	\$134.34
Higher Use Plan with HSA <sup>2</sup>	\$64.68	\$157.14	\$119.28	\$201.72
<b>Based on annual eligible compensation of \$45,000 – \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$92.10	\$221.58	\$169.62	\$285.72
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$58.38	\$150.48	\$108.60	\$187.80
Higher Use Plan with HSA <sup>2</sup>	\$89.40	\$215.64	\$164.70	\$277.80
<b>Based on annual eligible compensation of more than \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$113.10	\$270.42	\$208.14	\$349.80
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$73.26	\$186.24	\$135.96	\$233.88
Higher Use Plan with HSA <sup>2</sup>	\$109.98	\$263.40	\$202.20	\$340.44

<sup>1</sup> Includes domestic partner. <sup>2</sup> Including Out of Area coverage.