

## Region 3

# 2022 Medical Plan Rates

Alaska, Arkansas, Connecticut, Delaware, Kansas, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Vermont, and Wyoming

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>	\$52.62	\$135.30	\$98.10	\$169.14
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$26.34	\$80.04	\$50.58	\$92.76
Higher Use Plan with HSA <sup>2</sup>	\$50.46	\$130.92	\$94.20	\$163.08
<b>Based on annual eligible compensation of \$45,000 – \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$73.80	\$187.50	\$137.22	\$235.68
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$38.64	\$113.76	\$73.74	\$133.62
Higher Use Plan with HSA <sup>2</sup>	\$70.92	\$181.62	\$132.06	\$227.58
<b>Based on annual eligible compensation of more than \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$92.22	\$231.36	\$171.00	\$292.56
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$50.58	\$144.06	\$95.94	\$171.66
Higher Use Plan with HSA <sup>2</sup>	\$88.74	\$224.40	\$164.88	\$282.84

<sup>1</sup> Includes domestic partner. <sup>2</sup> Includes 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>	\$69.24	\$167.64	\$127.56	\$215.52
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$37.32	\$112.38	\$80.04	\$139.14
Higher Use Plan with HSA <sup>2</sup>	\$66.96	\$163.20	\$123.66	\$209.46
<b>Based on annual eligible compensation of \$45,000 – \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$95.64	\$229.98	\$175.92	\$296.64
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$60.42	\$156.18	\$112.50	\$194.52
Higher Use Plan with HSA <sup>2</sup>	\$92.58	\$224.10	\$170.88	\$288.54
<b>Based on annual eligible compensation of more than \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$117.42	\$280.62	\$216.00	\$363.24
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$75.84	\$193.26	\$140.94	\$242.46
Higher Use Plan with HSA <sup>2</sup>	\$113.94	\$273.66	\$209.82	\$353.64

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