

Region 4

2022 Medical Plan Rates

Louisiana and West Virginia

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.

Regular and fixed term full-time employees	You	You + spouse ¹	You + children	You + spouse ¹ + children
Based on annual eligible compensation of less than \$45,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$58.26	\$150.42	\$108.66	\$187.74
Lower Use Plan with Health Savings Account (HSA) ²	\$28.68	\$88.38	\$55.50	\$101.94
Higher Use Plan with HSA ²	\$55.92	\$145.44	\$104.46	\$180.78
Based on annual eligible compensation of \$45,000 – \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$81.78	\$208.62	\$152.16	\$261.78
Lower Use Plan with Health Savings Account (HSA) ²	\$42.24	\$125.70	\$81.06	\$147.12
Higher Use Plan with HSA ²	\$78.60	\$201.90	\$146.46	\$252.36
Based on annual eligible compensation of more than \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$102.30	\$257.46	\$189.84	\$325.08
Lower Use Plan with Health Savings Account (HSA) ²	\$55.38	\$159.42	\$105.66	\$189.36
Higher Use Plan with HSA ²	\$98.52	\$249.60	\$183.12	\$313.98

¹ Includes domestic partner. ² Includes Out of Area coverage.

Regular and fixed term part-time employees

	You	You + spouse ¹	You + children	You + spouse ¹ + children
Based on annual eligible compensation of less than \$45,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$76.92	\$186.84	\$141.90	\$240.00
Lower Use Plan with Health Savings Account (HSA) ²	\$37.32	\$124.80	\$88.68	\$154.20
Higher Use Plan with HSA ²	\$74.58	\$181.86	\$137.64	\$233.04
Based on annual eligible compensation of \$45,000 – \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$106.32	\$256.38	\$195.84	\$330.48
Lower Use Plan with Health Savings Account (HSA) ²	\$66.66	\$173.58	\$124.68	\$215.82
Higher Use Plan with HSA ²	\$103.14	\$249.78	\$190.14	\$321.12
Based on annual eligible compensation of more than \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$130.80	\$313.08	\$240.48	\$404.82
Lower Use Plan with Health Savings Account (HSA) ²	\$83.88	\$214.92	\$156.36	\$269.22
Higher Use Plan with HSA ²	\$126.96	\$305.16	\$233.76	\$393.78

¹ Includes domestic partner. ² Includes Out of Area coverage.