2021 **CONTRIBUTIONS**



BI-WEEKLY MEDICAL PLAN RATES

Employees Working 30+ Hours Per Week

	HSA PLAN		PPO PLAN		MINIMUM PPO PLAN	
	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User
Employee Only	\$56.82	\$26.82	\$102.41	\$72.41	\$8.04*	\$8.04*
Employee + Spouse	\$136.90	\$106.90	\$318.63	\$288.63	\$62.07	\$32.07
Employee + Child(ren)	\$124.29	\$94.29	\$284.58	\$254.58	\$58.29	\$28.29
Family	\$164.09	\$134.09	\$392.03	\$362.03	\$70.23	\$40.23

Employees Working 24-29 Hours Per Week

	HSA PLAN		PPO PLAN		MINIMUM PPO PLAN	
	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User
Employee Only	\$152.75	\$122.75	\$176.57	\$146.57	\$8.04*	\$8.04*
Employee + Spouse	\$388.44	\$358.44	\$418.39	\$388.39	\$310.09	\$280.09
Employee + Child(ren)	\$353.21	\$323.21	\$381.40	\$351.40	\$281.05	\$251.05
Family	\$542.05	\$512.05	\$584.85	\$554.85	\$440.86	\$410.86

^{*} Due to the rules of the Affordable Care Act (ACA), this rate is standard throughout all levels of eligibility and is not impacted by tobacco usage.

BI-WEEKLY DENTAL PLAN RATES

Employees Working 30+ Hours Per Week

	DENTAL PLAN
Employee Only	\$7.24
Employee + Spouse	\$13.82
Employee + Child(ren)	\$16.92
Family	\$28.26

Employees Working 24-29 Hours Per Week

	DENTAL PLAN
Employee Only	\$10.13
Employee + Spouse	\$19.34
Employee + Child(ren)	\$23.70
Family	\$39.55

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2021 **CONTRIBUTIONS**



BI-WEEKLY VISION PLAN RATES

	VISION PLAN
Employee Only	\$4.74
Employee + Spouse	\$9.72
Employee + Child(ren)	\$11.86
Family	\$14.00

MONTHLY SUPPLEMENTAL LIFE INSURANCE RATES

Employee & Spousal Monthly Supplemental Life Rates per \$1,000 of Coverage

AGE	EMPLOYEE	SPOUSE
< 25	\$0.068	\$0.068
25-29	\$0.080	\$0.080
30-34	\$0.098	\$0.098
35-39	\$0.104	\$0.104
40-44	\$0.153	\$0.153
45-49	\$0.170	\$0.170
50-54	\$0.250	\$0.250
55-59	\$0.450	\$0.450
60-64	\$0.600	\$0.600
65-69	\$1.135	\$1.135
70-74	\$1.850	\$1.850
75+	\$2.080	\$2.080

^{*} Supplemental AD&D is automatically included when Supplemental Employee and/or Spouse Life is elected.

Child Monthly Supplemental Life Rates per \$1,000 of Coverage

AGE	EMPLOYEE
14 days to age 26	\$0.07

Note: If you are electing supplemental child life, any children you want to cover must be listed as a dependent in MyADP.