

RATES

2021 OPERATIONS TEAM MEMBERS BIWEEKLY CONTRIBUTIONS

January 1, 2021- December 31, 2021

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

MEDICAL COVERAGE

Coverage Tier	Blue Preferred PPO \$1,000	
	Employee Contribution	Employer Contribution
Employee Only	\$50.85	\$152.54
Employee + Spouse	\$111.86	\$335.59
Employee + Child(ren)	\$91.53	\$274.58
Family	\$152.54	\$457.63

Coverage Tier	Blue Preferred HSA \$3,000	
	Employee Contribution	Employer Contribution
Employee Only	\$46.16	\$138.49
Employee + Spouse	\$101.56	\$304.67
Employee + Child(ren)	\$83.09	\$249.27
Family	\$138.49	\$415.56

Coverage Tier	Blue Preferred HSA \$5,000	
	Employee Contribution	Employer Contribution
Employee Only	\$39.71	\$119.14
Employee + Spouse	\$87.37	\$262.11
Employee + Child(ren)	\$71.48	\$214.45
Family	\$119.14	\$357.42

DENTAL COVERAGE

Coverage Tier	Buy Up Plan	
	Employee Contribution	Employer Contribution
Employee Only	\$9.31	\$9.31
Employee + Spouse	\$18.68	\$18.62
Employee + Child(ren)	\$28.66	\$28.66
Family	\$37.97	\$37.97

Coverage Tier	Base Plan	
	Employee Contribution	Employer Contribution
Employee Only	\$7.05	\$7.05
Employee + Spouse	\$14.04	\$14.01
Employee + Child(ren)	\$15.84	\$15.84
Family	\$222.84	\$22.84

Coverage Tier	Choice Advantage (Fee For Service)	
	Employee Contribution	Employer Contribution
Employee Only	\$5.79	\$5.79
Employee + Spouse	\$11.58	\$11.58
Employee + Child(ren)	\$15.96	\$15.96
Family	\$21.75	\$21.75

VISION COVERAGE

Coverage Tier	Buy Up Plan	
	Employee Contribution	Employer Contribution
Employee Only	\$1.30	\$1.30
Family	\$3.17	\$3.17

Coverage Tier	Base Plan	
	Employee Contribution	Employer Contribution
Employee Only	\$0.87	\$0.87
Family	\$2.12	\$2.12

SUPPLEMENTAL LIFE/AD&D

Step Rates per \$1,000 of coverage	
Age	Employee Contribution
0-29	\$0.02
30-34	\$0.03
35-39	\$0.04
40-44	\$0.04
45-49	\$0.05
50-54	\$0.07
55-59	\$0.11
60-64	\$0.20
65-69	\$0.30
70-74	\$0.59
75-79	\$0.95
80-84	\$1.15
85+	\$2.57

VOLUNTARY SHORT-TERM DISABILITY

Step Rates per \$10 of coverage	
Age	Employee Contribution
<25	\$0.120
25-29	\$0.129
30-34	\$0.143
35-39	\$0.129
40-44	\$0.129
45-49	\$0.157
50-54	\$0.194
55-59	\$0.240
60-64	\$0.295
65+	\$0.318

CRITICAL ILLNESS

Step Rates per \$1,000 of coverage	
Age	Employee Contribution
0-29	\$0.29
30-34	\$0.45
35-39	\$0.54
40-44	\$0.79
45-49	\$1.25
50-54	\$1.87
55-59	\$2.54
60-64	\$3.54
65-69	\$5.12
70-74	\$7.87
75-79	\$12.80
80-84	\$16.04
85+	\$23.35

ACCIDENT

Coverage Tier	Employee Contribution	
	Plan A	Plan B
Employee Only	\$4.19	\$5.80
Employee + Spouse	\$6.72	\$9.40
Employee + Child(ren)	\$9.76	\$13.77
Employee + Family	\$12.37	\$17.46

HOSPITAL INDMENTITY

Coverage Tier	Employee Contribution	
Employee Only		\$10.14
Employee + Spouse		\$21.38
Employee + Child(ren)		\$15.20
Employee + Family		\$26.45

LIFELOCK

Coverage Tier	Employee Contribution	
	Plus	Premium
Employee Only	\$4.15	\$6.92
Family	\$8.30	\$13.64

METLAW

Coverage Tier	Employee Contribution
Family	\$9.00

