

2021 HEALTH, DENTAL, AND VISION BIWEEKLY RATES FOR ACTIVE EMPLOYEES

Employees who waive medical insurance, and qualify, will receive biweekly Waiver Credit: Full-time \$100; Part-time 20 \$50

HEALTH PLANS

| | | FULL TIME | | | | PART TIME 20 | | | |
|----------------|--|----------------------------------|------------|-------------------|----------------|----------------------------------|------------|-------------------|----------------|
| | | UHC HDHP Base | | | | UHC HDHP Base | | | |
| | | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA |
| Employee | | \$271.39 | \$261.00 | \$10.39 | \$1,200.00 | \$271.39 | \$202.63 | \$68.76 | \$1,200.00 |
| Emp+Spouse | | \$583.72 | \$557.13 | \$26.59 | \$2,400.00 | \$583.72 | \$504.32 | \$79.40 | \$2,400.00 |
| Emp+Child(ren) | | \$499.15 | \$479.24 | \$19.91 | \$2,400.00 | \$499.15 | \$425.07 | \$74.08 | \$2,400.00 |
| Emp+Family | | \$853.26 | \$776.32 | \$76.93 | \$2,400.00 | \$853.26 | \$725.99 | \$127.27 | \$2,400.00 |
| | | UHC HDHP OON (IN/OUT OF NETWORK) | | | | UHC HDHP OON (IN/OUT OF NETWORK) | | | |
| | | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA |
| Employee | | \$309.51 | \$287.99 | \$21.52 | \$1,200.00 | \$309.51 | \$229.71 | \$79.80 | \$1,200.00 |
| Emp+Spouse | | \$665.68 | \$617.26 | \$48.42 | \$2,400.00 | \$665.68 | \$564.79 | \$100.89 | \$2,400.00 |
| Emp+Child(ren) | | \$569.23 | \$529.25 | \$39.97 | \$2,400.00 | \$569.23 | \$475.28 | \$93.95 | \$2,400.00 |
| Emp+Family | | \$973.06 | \$883.26 | \$89.81 | \$2,400.00 | \$973.06 | \$834.63 | \$138.44 | \$2,400.00 |
| | | UHC CDH PLAN | | | | UHC CDH PLAN | | | |
| | | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA | Premium | Subsidy | Payroll Deduction | Annual HSA/HRA |
| Employee | | \$440.95 | \$362.30 | \$78.65 | \$0.00 | \$440.95 | \$303.15 | \$137.80 | \$0.00 |
| Emp+Spouse | | \$948.40 | \$776.78 | \$171.62 | \$0.00 | \$948.40 | \$722.40 | \$226.00 | \$0.00 |
| Emp+Child(ren) | | \$810.93 | \$665.83 | \$145.11 | \$0.00 | \$810.93 | \$612.36 | \$198.57 | \$0.00 |
| Emp+Family | | \$1,386.25 | \$1,113.12 | \$273.12 | \$0.00 | \$1,386.25 | \$1,061.48 | \$324.76 | \$0.00 |

ANNUAL HEALTH SAVINGS ACCOUNT GUIDELINES

| MEDICAL PLANS | TIER OF COVERAGE | COUNTY FUNDED (PRORATED FOR NEW HIRES) | ELIGIBLE EMPLOYEE CONTRIBUTION - UNDER AGE 55 | TOTAL 2021 CONTRIBUTION ALLOWED BY IRS | CATCHUP CONTRIBUTION FOR MEMBERS AGE 55+ |
|-----------------------|-------------------------|--|---|--|--|
| HDHP Base HDHP OON | Employee Only | \$1,200 | \$2,400 | \$3,600 | \$1,000 |
| | Employee + Dependent(s) | \$2,400 | \$4,800 | \$7,200 | \$1,000 <i>per member age 55+</i> |
| CDH | Employee + Dependent(s) | \$0 | \$0 | N/A | N/A |

**Catch-up contributions are HSA contributions made in addition to any regular HSA contributions. Maximum Catch-up contribution for 2021 is \$1,000. You are eligible to make catch-up contributions if you meet the eligibility requirements for regular contributions and have attained age 55 by the end of your taxable year.*

DENTAL AND VISION PLANS

| | Employee | Emp+Spouse/DP | Emp+Child(ren) | Emp+Family |
|--------------------------------|----------|---------------|----------------|------------|
| Dental – DHMO Humana | \$5.22 | \$9.37 | \$10.42 | \$12.50 |
| Dental – DPPO UnitedHealthCare | \$15.22 | \$30.21 | \$35.43 | \$50.42 |
| Vision – UnitedHealthCare | \$3.59 | \$7.20 | \$6.82 | \$10.72 |

**EMPLOYEES WITH DOMESTIC PARTNER COVERAGE
AND/OR OVER AGE DEPENDENT (CHILD AGE 26-30 on 1/1/2021) COVERAGE**

Per IRS rules, deduction is broken into pre- and after-tax; a portion of the County's subsidy is subject to Imputed Income tax.

| FULLTIME | UHC HDHP Base | | | | | UHC HDHP OON (In/Out-of-Network) | | | | |
|--|---------------|---------|-----------|-------------------|-------------------|-------------------------------------|---------|-----------|-------------------|-------------------|
| | Deduction | | | Imputed Income | Annual HSA/HRA | Deduction | | | Imputed Income | Annual HSA/HRA |
| | Full | Pre-Tax | After-Tax | | | Full | Pre-Tax | After-Tax | | |
| Emp+CH over 26 (Child+\$20) | 39.91 | 10.39 | 29.52 | 218.23 | 2,400 | 59.98 | 21.52 | 38.46 | 241.26 | 2,400 |
| Emp+Family w/ child over 26 (Family+\$20) | 96.94 | 26.59 | 70.35 | 219.20 | 2,400 | 109.81 | 48.42 | 61.39 | 265.99 | 2,400 |
| Emp+DP | 26.59 | 10.39 | 16.20 | 296.13 | 2,400 | 48.42 | 21.52 | 26.90 | 329.27 | 2,400 |
| Emp+CH of DP | 19.91 | 10.39 | 9.52 | 218.23 | 2,400 | 39.97 | 21.52 | 18.45 | 241.26 | 2,400 |
| Emp+CH of DP over 26 (CH+\$20) | 39.91 | 10.39 | 29.52 | 218.23 | 2,400 | 59.98 | 21.52 | 38.46 | 241.26 | 2,400 |
| Emp+DP+CH w/ no child of DP | 76.93 | 19.91 | 57.02 | 297.10 | 2,400 | 89.81 | 39.97 | 49.84 | 354.01 | 2,400 |
| Emp+DP+CH of DP | 76.93 | 10.39 | 66.54 | 515.33 | 2,400 | 89.81 | 21.52 | 68.29 | 595.27 | 2,400 |
| Emp+DP+CH over 26 w/ no child of DP (Fam+\$20) | 96.94 | 10.39 | 86.55 | 515.33 | 2,400 | 109.81 | 21.52 | 88.29 | 595.27 | 2,400 |
| Emp+DP+CH of DP over 26 (Fam+\$20) | 96.94 | 10.39 | 86.55 | 515.33 | 2,400 | 109.81 | 21.52 | 88.29 | 595.27 | 2,400 |

| FULLTIME | UHC CDH | | | | |
|--|-----------|---------|-----------|-------------------|---------------|
| | Deduction | | | Imputed Income | Annual HRA |
| | Full | Pre-Tax | After-Tax | | |
| Emp+CH over 26 (Child+\$20) | 165.11 | 78.64 | 86.47 | 303.52 | 0 |
| Emp+Family w/ child over 26 (Family+\$20) | 293.13 | 171.62 | 121.51 | 336.33 | 0 |
| Emp+DP | 171.62 | 78.64 | 92.98 | 414.48 | 0 |
| Emp+CH of DP | 145.11 | 78.64 | 66.47 | 303.52 | 0 |
| Emp+CH of DP over 26 (CH+\$20) | 165.11 | 78.64 | 86.47 | 303.52 | 0 |
| Emp+DP+CH w/ no child of DP | 273.12 | 145.11 | 128.01 | 447.29 | 0 |
| Emp+DP+CH of DP | 273.12 | 78.64 | 194.48 | 750.81 | 0 |
| Emp+DP+CH over 26 w/ no child of DP (Fam+\$20) | 293.12 | 78.64 | 214.49 | 750.80 | 0 |
| Emp+DP+CH of DP over 26 (Fam+\$20) | 293.12 | 78.64 | 214.49 | 750.80 | 0 |