

# 2021 Plan Rates Active Employees—Biweekly

## MEDICAL PLANS

Tier of Coverage	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	\$76.94	\$2,400.00	\$853.26	\$725.99	\$127.28	\$2,400.00
UHC HDHP OON (OUT OF NETWORK)					UHC HDHP OON (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	\$39.98	\$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	\$78.64	\$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	\$273.13	\$0.00	\$1,386.25	\$1,061.48	\$324.76	\$0.00

Employees who waive health insurance will receive waiver credit with proof of other eligible coverage:  
Full-time - \$100.00; Part-time 20 - \$50.00

### 2021 ANNUAL COUNTY FUNDED HSA/HRA FOR HDHP PLANS ONLY CDH PLANS ARE NOT ELIGIBLE FOR COUNTY FUNDING

MEDICAL PLANS	Tier of Coverage	County Funded (Prorated for New Hires)	Eligible Employee Contribution UNDER AGE 55	Maximum IRS Allowed Contribution	Catchup Contribution for Members 55+
HDHP Base HDHP OON	Employee Only	\$1,200	\$2,400	\$3,600	\$1,000
	Employee + Dependents (Spouse/DP/Child(ren)/Family)	\$2,400	\$4,800	\$7,200	\$1,000 per member*
CDH	Employee + Dependents (Spouse/DP/Child(ren)/Family)	\$0	\$0	N/A	N/A

**1<sup>st</sup> County Funding for HSA is anticipated to post to your PayFlex account by 1/29/2021**

\*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. Catch-up through payroll deduction for employee only.

## DENTAL AND VISION PLANS

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