

2020 DOMESTIC FULL-TIME RATE SHEET

Monthly, pre-tax employee contribution rates are shown; divide rate by two to obtain biweekly, pre-tax rates.

MEDICAL PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	PPO Option 1	PPO Option 2	High Deductible PPO with HRA	HMO
Employee Only				
Aetna	Not Applicable			\$46
Highmark	\$185	\$143	\$89	Not Applicable
UPMC	\$79	\$34	\$2	
Employee and 1 Child				
Aetna	Not Applicable			\$246
Highmark	\$404	\$335	\$243	Not Applicable
UPMC	\$222	\$149	\$68	
Employee and 2+ Children				
Aetna	Not Applicable			\$307
Highmark	\$467	\$389	\$286	Not Applicable
UPMC	\$263	\$182	\$91	
Employee and Spouse/Domestic Partner				
Aetna	Not Applicable			\$367
Highmark	\$530	\$444	\$331	Not Applicable
UPMC	\$303	\$215	\$114	
Family				
Aetna	Not Applicable			\$611
Highmark	\$781	\$662	\$506	Not Applicable
UPMC	\$466	\$347	\$208	

PRESCRIPTION PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	Option A	Option B
Employee Only	\$121	\$10
Employee and 1 Child	\$234	\$46
Employee and 2+ Children	\$266	\$56
Employee and Spouse/ Domestic Partner	\$299	\$66
Family	\$428	\$106

DENTAL PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	DHMO	PPO 1	PPO 2
Employee Only	\$13.28	\$13.04	\$31.94
Family	\$52.50	\$46.98	\$101.24

VISION PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	Davis Option 1	Davis Option 2	VBA Option 1	VBA Option 2
Employee	\$1.06	\$4.24	\$1.30	\$4.42
Family	\$6.36	\$17.48	\$7.78	\$18.18