

# 2021 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
<b>Employee Only</b>				
Aetna	Not Applicable			\$55
Highmark	\$194	\$151	\$94	Not Applicable
UPMC	\$79	\$36	\$2	
<b>Employee and 1 Child</b>				
Aetna	Not Applicable			\$295
Highmark	\$427	\$354	\$257	Not Applicable
UPMC	\$230	\$158	\$72	
<b>Employee and 2+ Children</b>				
Aetna	Not Applicable			\$368
Highmark	\$493	\$411	\$303	Not Applicable
UPMC	\$273	\$193	\$96	
<b>Employee and Spouse/Domestic Partner</b>				
Aetna	Not Applicable			\$440
Highmark	\$560	\$470	\$350	Not Applicable
UPMC	\$316	\$228	\$121	
<b>Family</b>				
Aetna	Not Applicable			\$733
Highmark	\$824	\$700	\$535	Not Applicable
UPMC	\$488	\$367	\$219	

## PRESCRIPTION PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	Option A	Option B
Employee Only	\$131	\$11
Employee and 1 Child	\$254	\$50
Employee and 2+ Children	\$289	\$61
Employee and Spouse/ Domestic Partner	\$324	\$72
Family	\$464	\$116

## 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