

2021 DOMESTIC PART-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 | | | \$323.50 |
| Highmark | \$357 | \$314 | \$257 | Not Applicable |
| UPMC | \$241.50 | \$199 | \$156.50 | |
| Employee and 1 Child | | | | |
| Aetna | Not Applicable | | | \$650.50 |
| Highmark | \$655.50 | \$582.50 | \$485.50 | Not Applicable |
| UPMC | \$458.50 | \$386.50 | \$300.50 | |
| Employee and 2+ Children | | | | |
| Aetna | Not Applicable | | | \$746.50 |
| Highmark | \$740.50 | \$658.50 | \$550.50 | Not Applicable |
| UPMC | \$520.50 | \$440.50 | \$343.50 | |
| Employee and Spouse/Domestic Partner | | | | |
| Aetna | Not Applicable | | | \$841.50 |
| Highmark | \$826 | \$736 | \$616 | Not Applicable |
| UPMC | \$582 | \$494 | \$387 | |
| Family | | | | |
| Aetna | Not Applicable | | | \$1,224 |
| Highmark | \$1,165 | \$1,041 | \$876 | Not Applicable |
| UPMC | \$829 | \$708 | \$560 | |

PRESCRIPTION PLAN EMPLOYEE CONTRIBUTIONS

| Coverage Level | Option A | Option B |
|--|----------|----------|
| Employee Only | \$182.50 | \$62.50 |
| Employee and 1 Child | \$326 | \$122 |
| Employee and 2+ Children | \$367 | \$139 |
| Employee and Spouse/ Domestic Partner | \$407.50 | \$155.50 |
| Family | \$571 | \$223 |