

2022 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	Highmark EPO	UPMC HMO
Employee Only				
Highmark	\$203	\$158	\$62	—
UPMC	\$82	\$38	—	\$55
Employee and 1 Child				
Highmark	\$441	\$365	\$330	—
UPMC	\$235	\$161	—	\$295
Employee and 2+ Children				
Highmark	\$509	\$423	\$412	—
UPMC	\$279	\$195	—	\$368
Employee and Spouse/Domestic Partner				
Highmark	\$577	\$483	\$493	—
UPMC	\$323	\$231	—	\$440
Family				
Highmark	\$848	\$717	\$821	—
UPMC	\$497	\$370	—	\$733

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