

2023 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	High-Deductible PPO with HSA
Employee Only					
Highmark	\$235	\$175	\$74	—	\$109
UPMC	\$95	\$42	—	\$62	\$18
Employee and 1 Child					
Highmark	\$512	\$403	\$396	—	\$292
UPMC	\$273	\$178	—	\$332	\$80
Employee and 2+ Children					
Highmark	\$590	\$467	\$494	—	\$344
UPMC	\$324	\$215	—	\$414	\$106
Employee and Spouse/Domestic Partner					
Highmark	\$669	\$534	\$592	—	\$397
UPMC	\$375	\$255	—	\$495	\$134
Family					
Highmark	\$984	\$792	\$985	—	\$604
UPMC	\$577	\$409	—	\$825	\$242

PRESCRIPTION PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	Option A	Option B
Employee Only	\$170	\$13
Employee and 1 Child	\$330	\$60
Employee and 2+ Children	\$376	\$73
Employee and Spouse/ Domestic Partner	\$421	\$86
Family	\$603	\$139

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