

2021 Premium Rates

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Medical Insurance for Active Associates

2021 Medical Employee Cost (Bi-Weekly)

Employee	No Tobacco			Uses Tobacco		
	Premier	Standard	Basic	Premier	Standard	Basic
Employee Only	111.63	76.97	44.34	130.86	96.20	63.57
Employee + Child(ren)	162.23	110.14	82.55	181.46	129.37	101.78
Employee + Family	361.31	259.89	219.53	392.08	290.66	250.30
Employee + Spouse	310.72	226.71	182.58	341.49	257.48	213.35

Medical Insurance for Domestic Partners

Domestic Partner Rates: 2021 Medical Employee Cost (Bi-Weekly) – Associate contributions and imputed income

Domestic Partner	No Tobacco			Uses Tobacco		
	Premier	Standard	Basic	Premier	Standard	Basic
Pre-Tax: Employee + DP	111.63	76.97	44.34	130.86	96.20	63.57
Post-Tax: Employee + DP	199.09	149.74	138.24	210.63	161.28	149.78
Taxable: Employee + DP	213.60	223.82	198.10	202.06	212.28	186.56
Pre-Tax: Employee + DP Child(ren)	111.63	76.97	44.34	130.86	96.20	63.57
Post-Tax: Employee + DP Child(ren)	50.60	33.17	38.21	50.60	33.17	38.21
Taxable: Employee + DP Child(ren)	86.96	91.34	73.91	86.96	91.34	73.91
Pre-Tax: Employee + Family (DP)	162.23	110.14	82.55	181.46	129.37	101.78
Post-Tax: Employee + Family (DP)	199.08	149.75	136.98	210.62	161.29	148.52
Taxable: Employee + Family (DP)	227.37	236.27	210.56	215.83	224.73	199.02
Pre-Tax: Employee + Family (DP & DP Child(ren))	111.63	76.97	44.34	130.86	96.20	63.57
Post-Tax: Employee + Family (DP & DP Child(ren))	249.68	182.92	175.19	261.22	194.46	186.73
Taxable: Employee + Family (DP & DP Child(ren))	314.33	327.61	284.47	302.79	316.07	272.93

Notes

- Associate contribution for Domestic Partner must be post tax unless Domestic Partner is associate's tax dependent
- Employer subsidy for Domestic Partner must be imputed income unless Domestic Partner is associate's tax dependent
- Imputed income may not be subject to state income tax in certain circumstances
- Families may also include associate's children or partner's children who are the associate's tax dependents; this does not affect the imputed income
- HSA distributions to a non-tax dependent are taxable and subject to penalty

Dental Insurance for Active Associates

2021 Dental Employee Cost (Bi-Weekly)

2021 Dental Employee Cost (Bi-Weekly)		
	High Plan	Core Plan
Employee Only	13.85	9.86
Employee + Child(ren)	30.70	24.37
Employee + Family	42.74	33.07
Employee + Spouse	26.49	18.56

Dental Insurance for Domestic Partners

Domestic Partner Rates: 2021 Dental Employee Cost (Bi-Weekly)

Domestic Partner Rates: 2021 Dental Employee Cost (Bi-Weekly)		
	High Plan	Core Plan
Pre-Tax: Employee + Domestic Partner	13.85	9.86
Post-Tax: Employee + Domestic Partner	12.64	8.70
Pre-Tax: Employee + DP Child(ren)	13.85	9.86
Post-Tax: Employee + DP Child(ren)	16.85	14.51
Pre-Tax: Employee + Family (Domestic Partner)	30.70	24.37
Post-Tax: Employee + Family (Domestic Partner)	12.04	8.70
Pre-Tax: Employee + Family (DP & DP Child(ren))	13.85	9.86
Post-Tax: Employee + Family (DP & DP Child(ren))	28.89	23.21

Notes

- Associate contribution for Domestic Partner must be post tax unless Domestic Partner is associate's tax dependent
- Families may also include associate's children or partner's children who are the associate's tax dependents; this does not affect the imputed income

Vision Insurance for Active Associates

2020 Vision Employee Cost (Bi-Weekly)

	Vision
Employee Only	2.29
Employee + Child(ren)	4.33
Employee + Family	6.64
Employee + Spouse	4.14

Vision Insurance for Domestic Partners

Domestic Partner Rates: 2021 Vision Employee Cost (Bi-Weekly)

	Vision
Pre-Tax: Employee + Domestic Partner	2.29
Post-Tax: Employee + Domestic Partner	1.85
Pre-Tax: Employee + DP Child(ren)	2.29
Post-Tax: Employee + DP Child(ren)	2.04
Pre-Tax: Employee + Family (Domestic Partner)	4.33
Post-Tax: Employee + Family (Domestic Partner)	2.31
Pre-Tax: Employee + Family (DP & DP Child(ren))	2.29
Post-Tax: Employee + Family (DP & DP Child(ren))	4.35

Notes

- Associate contribution for Domestic Partner must be post tax unless Domestic Partner is associate's tax dependent
- Families may also include associate's children or partner's children who are the associate's tax dependents; this does not affect the imputed income

Critical Illness (Specified Disease) Insurance

Bi-weekly contributions

High Plan \$20K Employee Cost Bi-Weekly					
Minimum	Maximum	Employee Only	Employee + Child	Employee + Spouse	Family
0	24	2.14	2.14	4.28	4.28
25	29	2.32	2.32	4.64	4.64
30	34	3.40	3.40	6.80	6.80
35	39	4.97	4.97	9.94	9.94
40	44	7.72	7.72	15.44	15.44
45	49	11.00	11.00	22.00	22.00
50	54	14.21	14.21	28.42	28.42
55	59	19.41	19.41	38.82	38.82
60	64	28.06	28.06	56.12	56.12
65	69	40.71	40.71	81.42	81.42
70	74	63.60	63.60	127.20	127.20
75	79	93.84	93.84	187.68	187.68
80	84	137.10	137.10	274.20	274.20
85	999	231.59	231.59	463.18	463.18
Low Plan \$10K Employee Cost Bi-Weekly					
Minimum	Maximum	Employee Only	Employee + Child	Employee + Spouse	Family
0	24	1.47	1.47	2.94	2.94
25	29	1.56	1.56	3.12	3.12
30	34	2.10	2.10	4.20	4.20
35	39	2.89	2.89	5.78	5.78
40	44	4.27	4.27	8.54	8.54
45	49	5.90	5.90	11.80	11.80
50	54	7.51	7.51	15.02	15.02
55	59	10.11	10.11	20.22	20.22
60	64	14.43	14.43	28.86	28.86
65	69	20.76	20.76	41.52	41.52
70	74	32.20	32.20	64.40	64.40
75	79	47.32	47.32	94.64	94.64
80	84	68.95	68.95	137.90	137.90
85	999	116.20	116.20	232.40	232.40

Accident Insurance

Bi-weekly contributions

Accident High Plan Bi-Weekly Rates			
Employee Only	Employee + Child	Employee + Spouse	Family
6.04	15.26	10.59	19.81

Accident Low Plan Bi-Weekly Rates			
Employee Only	Employee + Child	Employee + Spouse	Family
3.12	7.80	5.47	10.15

Hospital Indemnity Insurance

Bi-weekly contributions

Hospital Indemnity High Plan Bi-Weekly Rates			
Employee Only	Employee + Child	Employee + Spouse	Family
9.5	13.09	19.37	22.96

Hospital Indemnity Low Plan Bi-Weekly Rates			
Employee Only	Employee + Child	Employee + Spouse	Family
4.75	6.54	9.69	11.48

Supplemental Long-Term Disability (LTD)

Bi-weekly contributions

Optional LTD Bi-Weekly Rates		
	Employee Cost Pre-Tax	Employee Cost Post-Tax
LTD Corp	0	0.801
LTD Stores	0	0.935

Supplemental Life and AD&D Insurance

Bi-weekly contributions

Supplemental Life Cost per 1,000 rounded up Bi-Weekly	
Age Band	Employee Only
0-29	\$ 0.018
30-34	\$ 0.018
35-39	\$ 0.023
40-44	\$ 0.032
45-49	\$ 0.042
50-54	\$ 0.074
55-59	\$ 0.125
60-64	\$ 0.222
65-69	\$ 0.342
70-999	\$ 0.764

Spouse Life Employee Cost Bi-Weekly Rates	
5000	\$ 1.54
10000	\$ 3.08
25000	\$ 7.70

Child Life Employee Cost Bi-Weekly Rates	
10,000	\$ 1.15

Supplementary AD&D Employee Cost Bi-Weekly		
Coverage Level	Employee Only	Family
25000	\$ 0.138	\$ 0.231
50000	\$ 0.277	\$ 0.462
75000	\$ 0.415	\$ 0.692
100000	\$ 0.554	\$ 0.923
125000	\$ 0.692	\$ 1.154
150000	\$ 0.831	\$ 1.385
175000	\$ 0.969	\$ 1.615
200000	\$ 1.108	\$ 1.846

Supplementary AD&D Domestic Partner Bi-Weekly		
Coverage Level	Pre Tax	Post Tax
25000	\$ 0.138	\$ 0.092
50000	\$ 0.277	\$ 0.185
75000	\$ 0.415	\$ 0.277
100000	\$ 0.554	\$ 0.369
125000	\$ 0.692	\$ 0.462
150000	\$ 0.831	\$ 0.554
175000	\$ 0.969	\$ 0.646
200000	\$ 1.108	\$ 0.738

Legal Plan

Bi-weekly contributions

Legal Employee Cost	
\$	7.615