

2021 | BENEFIT CONTRIBUTIONS

Non-Union (10 Months)

Rates below are monthly premiums.

MEDICAL

HMO LP	
Employee Only	\$221.24
Employee + Dependent	\$442.37
Employee + Family	\$597.77

Core Best Buy HMO HSA	
Employee Only	\$193.05
Employee + Dependent	\$386.01
Employee + Family	\$521.60

ElevateHealth HMO	
Employee Only	\$201.64
Employee + Dependent	\$403.19
Employee + Family	\$544.83

ElevateHealth HMO HSA	
Employee Only	\$177.20
Employee + Dependent	\$354.31
Employee + Family	\$478.76

DENTAL

Base	
Employee Only	\$12.98
Employee + Dependent	\$24.50
Employee + Family	\$44.91

DENTAL

Buy-Up	
Employee Only	\$13.68
Employee + Dependent	\$25.83
Employee + Family	\$46.90

VISION

Employee Only	\$7.66
Employee + Dependent	\$14.54
Employee + Children	\$15.30
Employee + Family	\$22.50

VOLUNTARY LIFE

Life Employee Per \$10,000		Life Spouse Per \$10,000	
Age		Age	
00-24	\$.500	00-24	\$.500
25-29	\$.460	25-29	\$.460
30-34	\$.500	30-34	\$.500
35-39	\$.700	35-39	\$.700
40-44	\$1.160	40-44	\$1.160
45-49	\$1.960	45-49	\$1.960
50-54	\$3.280	50-54	\$3.280
55-59	\$5.780	55-59	\$5.780
60-64	\$7.340	60-64	\$7.340
65-69	\$11.21	65-69	\$11.21
70-74	\$21.85	70-74	\$21.85
75-79	\$21.87	75-79	\$21.87
80+	\$21.84	80+	\$21.84
Life Child			
Per \$2,500		\$.400	