

PY 2021 Semi-monthly rates for Active Employees
A. Non-discounted

For complete information, please visit the Plan Year 2021 Enrollment Guide...

Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	Dental	Surety Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta Dental	Basic	Enhanced
Full-Time								
Employee Only	\$39.90	\$35.20	\$52.56	\$23.25	\$26.35	\$6.47	\$1.84	\$3.62
Employee + Spouse	\$242.11	\$126.21	\$156.51	\$86.02	\$96.50	\$15.81	\$3.61	\$7.15
Employee + Children	\$126.56	\$65.02	\$91.27	\$43.92	\$48.91	\$13.94	\$3.26	\$6.45
Employee + Family	\$423.88	\$212.58	\$268.15	\$153.23	\$182.50	\$23.21	\$5.03	\$10.00
Part-Time								
Employee Only	\$115.68	\$52.62	\$65.60	\$34.76	\$39.39	\$11.68	\$1.84	\$3.62
Employee + Spouse	\$361.18	\$161.43	\$183.43	\$110.03	\$123.43	\$23.46	\$3.61	\$7.15
Employee + Children	\$200.22	\$88.32	\$108.80	\$59.65	\$66.43	\$21.09	\$3.26	\$6.45
Employee + Family	\$573.13	\$256.37	\$305.72	\$184.78	\$220.08	\$32.95	\$5.03	\$10.00
HealthyKIDS								
Employee + Children	\$82.82	\$49.37	\$79.52	\$33.36	\$37.14	\$8.13	\$3.26	\$6.45
Employee + Family	\$316.89	\$194.43	\$252.57	\$140.14	\$166.91	\$17.47	\$5.03	\$10.00

B. Discounted \$20 semi-monthly (\$480/year) for those who qualified for the HealthQuest Rewards Program Premium Incentive Discount

Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	Dental	Surety Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta Dental	Basic	Enhanced
Full-Time								
Employee Only	\$19.90	\$15.20	\$32.56	\$3.25	\$6.35	\$6.47	\$1.84	\$3.62
Employee + Spouse	\$222.11	\$106.21	\$136.51	\$66.02	\$76.50	\$15.81	\$3.61	\$7.15
Employee + Children	\$106.56	\$45.02	\$71.27	\$23.92	\$28.91	\$13.94	\$3.26	\$6.45
Employee + Family	\$403.88	\$192.58	\$248.15	\$133.23	\$162.50	\$23.31	\$5.03	\$10.00
Part-Time								
Employee Only	\$95.68	\$32.62	\$45.60	\$14.76	\$19.39	\$11.68	\$1.84	\$3.62
Employee + Spouse	\$341.18	\$141.43	\$163.43	\$90.03	\$103.43	\$23.46	\$3.61	\$7.15
Employee + Children	\$180.22	\$68.32	\$88.80	\$39.65	\$46.43	\$21.09	\$3.26	\$6.45
Employee + Family	\$553.13	\$236.37	\$285.72	\$164.78	\$200.08	\$32.95	\$5.03	\$10.00
HealthyKIDS								
Employee + Children	\$62.82	\$29.37	\$59.52	\$13.36	\$17.14	\$8.13	\$3.26	\$6.45
Employee + Family	\$296.89	\$174.43	\$232.57	\$120.14	\$146.91	\$17.47	\$5.03	\$10.00

Network Info	Plan A	Plan C	Plan J	Plan N	Plan Q
	Medical & Pharmacy *				
Medical Deductible	Single: \$1,000; Family: \$2,000	Single: \$2,750; Family: \$5,500 (1)	Single: \$500 Family: \$1,000	Single: \$2,750; Family: \$5,500 (1)	Single: \$500 Family: \$1,000
Coinsurance	20%	10%	25%	35%	50%
PCP Office Visit	\$40 copay	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Specialist Visit	\$60 copay	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance	Deductible plus Coinsurance
Pharmacy Coinsurance	20%/40%/65%	20%/40%/65%	20%/40%/65%	20%/40%/65%	20%/40%/65%
Special Case	\$100/30 day	N/A	N/A	N/A	N/A
Out of Pocket Maximum: Medical & Pharmacy	Single: \$6,250 Family: \$12,500	Single: \$5,500 Family: \$11,000	Single: \$7,350 Family: \$14,700	Single: \$6,650 Family: \$13,300	Single: \$6,650 Family: \$13,300
Non-Network					
Medical Deductible *	Single: \$1,200; Family: \$2,400	Single: \$2,750; Family: \$5,500 (1)	Single: \$1,000 Family: \$2,000	Single: \$2,750; Family: \$5,500 (1)	Single: \$700 Family: \$1,400
Coinsurance	50%	50%	50%	50%	60%
Out of Pocket Max Medical & Pharmacy *	Single: \$6,250 Family: \$12,500	Single: \$5,500 Family: \$11,000	Single: \$10,000 Family: \$20,000	Single: \$6,650 Family: \$13,300	Single: \$6,650 Family: \$13,300
Health Savings Account (HSA) or Health Reimbursement Account (HRA)?	None	EE can choose either HSA or HRA. If HSA elected, EE required to contribute minimum \$25 semi-monthly.	HRA only for HQ credits	EE can choose either HSA or HRA. If HSA elected, EE does not have to contribute to get the ER contribution.	HRA only for HQ credits
Employer Annual Contribution (EE only/EE & spouse & EE & full family/Employee & Children)	None	For Full-time Employees: \$1,000/\$1,250/\$1,750 For Part-time Employees: \$625.20/\$687.60/\$1,187.60	None	For Full-time Employees: \$500/\$625/\$875 For Part-time Employees: \$312.60/\$343.80/\$593.80	None
Can EE/SP earn HQ HSA/HRA dollars?	No	Yes, EE/SP: \$500/\$1,000	HRA only, EE/SP: \$500/\$1,000	Yes, EE/SP: \$500/\$1,000	HRA only, EE/SP: \$500/\$1,000

(EE - Employee SP - Spouse HSA - Health Savings Account HRA - Health Reimbursement Account HQ - HealthQuest Rewards Program.)

*Discount tier & non-covered items or services do not count toward Deductible or Out of Pocket Maximum.

(1) Plan C and N: the deductible for all "non-single policies" (EE/SP; EE/Children; EE/Family) will be \$2,800 for all individuals within the family. However, the overall family deductible for these policies will remain at \$5,500.

For employees with 2020 medical plan coverage who do not make an election during Open Enrollment for PY 2021, default is Plan N with an HRA.