

2021 monthly employee contribution rates

Medical Plan**			
	Participant only	Participant + spouse or Participant + child(ren)	Family
POS II A	\$100	\$236	\$360
POS II B	\$159	\$350	\$572
Network only* – Aetna Select	\$165	\$363	\$594
Network only* – Cigna OAPIN	\$165	\$363	\$594

*Network only options availability will vary depending on plan and geographic location.

**If you earn the Culture of Health rate by fulfilling the requirements every year, you can reduce your monthly contributions for the following year by \$30/month for participant only coverage, \$60/month for participant + spouse or child(ren) coverage, or \$90/month for family coverage

Dental Plan			
	Participant only	Participant + 1	Participant + 2 or more
Contribution	\$27	\$54	\$81

Vision Plan			
	Participant	Participant + spouse or Participant + child(ren)	Participant + family
Premium	\$8.75	\$16.99	\$26.77

Basic and supplemental life and AD&D insurance			
Type of insurance	Your cost	Coverage	Enrollment
Basic life insurance	None	2x annual pay	Automatic
Basic accidental death and dismemberment (AD&D)	None	2x annual pay*	Automatic
Group universal life (GUL)	Premiums based on age	Up to 8x annual pay	Optional
Voluntary AD&D	Premiums based on elected coverage	Up to 8x annual pay	Optional

*If you die in a work-related accident, your beneficiary receives an additional \$500,000

Information on rates can be found in the [Summary Plan Description](#).