

2021 Benefit Contribution Rates

Weekly Employee and Employer Medical Contributions

Contribution by Plan Type	Choice Plus / Options* / PPO Blue ^Δ				Health Savings Plan			
	Standard Rate		Wellness Rate		Standard Rate		Wellness Rate	
	Employee	Employer	Employee	Employer	Employee	Employer	Employee	Employer
Employee Only	\$36.79	\$89.90	\$32.17	\$94.51	\$27.79	\$93.38	\$23.18	\$98.00
Employee + Spouse	\$101.28	\$198.00	\$96.66	\$202.62	\$71.05	\$215.68	\$66.43	\$220.30
Employee + Child(ren)	\$93.99	\$183.33	\$89.38	\$187.94	\$69.69	\$195.85	\$65.07	\$200.47
Family	\$118.17	\$298.80	\$113.55	\$303.41	\$87.42	\$313.32	\$82.81	\$317.94

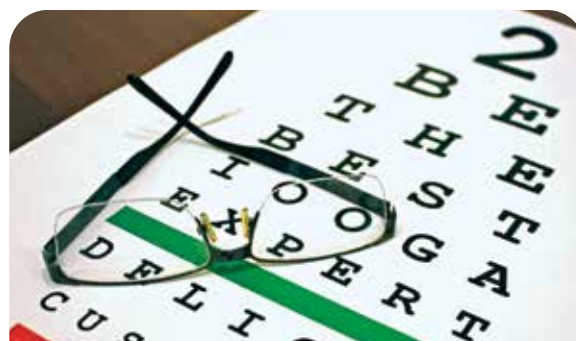
* = Wisconsin employees only; Δ = Michigan employees only.

You must declare you are tobacco free inWorkday EVERY YEAR to continually qualify for Wellness Rates. 💰



Weekly Dental Contributions

Employee Only	\$3.20
Employee + Spouse	\$7.14
Employee + Child(ren)	\$7.16
Family	\$9.52



Weekly Vision Contributions

Employee Only	\$1.74
Employee + Spouse	\$3.45
Employee + Child(ren)	\$3.38
Family	\$5.14