

## 2021 Medical Plan Bi-Weekly Premiums

|   | Diamond       |          |               |          | Bronze        |          |               |          | Imputed Income |
|---|---------------|----------|---------------|----------|---------------|----------|---------------|----------|----------------|
|   | Full Time     |          | Part Time     |          | Full Time     |          | Part Time     |          |                |
|   | Employee Cost | TCH Cost | Employee Cost | TCH Cost | Employee Cost | TCH Cost | Employee Cost | TCH Cost |                |
| <b>TCH Primary Care Provider Basic HDHP</b> |               |          |               |          |               |          |               |          |                |
| Employee Only                               | \$14.89       | \$293.36 | \$28.53       | \$279.72 | \$46.98       | \$261.27 | \$89.17       | \$219.08 |                |
| Employee + 1                                | \$53.34       | \$529.35 | \$77.52       | \$505.16 | \$135.09      | \$447.59 | \$161.72      | \$420.97 | \$274.44       |
| Employee + 2 or More                        | \$98.00       | \$730.95 | \$133.35      | \$695.61 | \$184.35      | \$644.61 | \$221.61      | \$607.34 | \$274.44       |

|                      | Full Time         |          | Part Time     |          | Full Time     |          | Part Time     |          | Imputed Income |
|----------------------|-------------------|----------|---------------|----------|---------------|----------|---------------|----------|----------------|
|                      | Employee Cost     | TCH Cost | Employee Cost | TCH Cost | Employee Cost | TCH Cost | Employee Cost | TCH Cost |                |
|                      | <b>Basic HDHP</b> |          |               |          |               |          |               |          |                |
| Employee Only        | \$16.01           | \$292.24 | \$30.68       | \$277.57 | \$54.94       | \$253.31 | \$95.88       | \$212.37 |                |
| Employee + 1         | \$57.35           | \$525.33 | \$83.36       | \$499.32 | \$145.26      | \$437.42 | \$173.89      | \$408.80 | \$274.44       |
| Employee + 2 or More | \$105.38          | \$723.58 | \$143.39      | \$685.57 | \$198.22      | \$630.73 | \$238.30      | \$590.66 | \$274.44       |

|                      | Full Time                                      |          | Part Time     |          | Full Time     |          | Part Time     |          | Imputed Income |
|----------------------|--|----------|---------------|----------|---------------|----------|---------------|----------|----------------|
|                      | Employee Cost                                  | TCH Cost | Employee Cost | TCH Cost | Employee Cost | TCH Cost | Employee Cost | TCH Cost |                |
|                      | <b>TCH Primary Care Provider Standard HDHP</b> |          |               |          |               |          |               |          |                |
| Employee Only        | \$33.49  | \$293.21 | \$50.85       | \$275.85 | \$95.83       | \$230.87 | \$114.46      | \$212.24 |                |
| Employee + 1         | \$88.07  | \$528.85 | \$121.56      | \$495.35 | \$172.36      | \$444.55 | \$208.30      | \$408.61 | \$270.98       |
| Employee + 2 or More | \$138.93                                       | \$739.94 | \$184.82      | \$694.05 | \$227.60      | \$651.27 | \$276.18      | \$602.69 | \$270.98       |

|                      | Full Time            |          | Part Time     |          | Full Time     |          | Part Time     |          | Imputed Income |
|----------------------|----------------------|----------|---------------|----------|---------------|----------|---------------|----------|----------------|
|                      | Employee Cost        | TCH Cost | Employee Cost | TCH Cost | Employee Cost | TCH Cost | Employee Cost | TCH Cost |                |
|                      | <b>Standard HDHP</b> |          |               |          |               |          |               |          |                |
| Employee Only        | \$36.01              | \$290.69 | \$54.68       | \$272.02 | \$103.04      | \$223.66 | \$123.08      | \$203.62 |                |
| Employee + 1         | \$94.70              | \$522.22 | \$130.71      | \$486.20 | \$185.34      | \$431.58 | \$223.98      | \$392.93 | \$270.98       |
| Employee + 2 or More | \$149.39             | \$729.48 | \$198.73      | \$680.14 | \$244.73      | \$634.14 | \$296.97      | \$581.90 | \$270.98       |

|                      | Full Time                                 |          | Part Time     |          | Full Time     |          | Part Time     |          | Imputed Income |
|----------------------|---|----------|---------------|----------|---------------|----------|---------------|----------|----------------|
|                      | Employee Cost                             | TCH Cost | Employee Cost | TCH Cost | Employee Cost | TCH Cost | Employee Cost | TCH Cost |                |
|                      | <b>TCH Primary Care Provider Core PPO</b> |          |               |          |               |          |               |          |                |
| Employee Only        | \$71.94                                   | \$278.28 | \$99.24       | \$250.98 | \$135.76      | \$214.47 | \$166.38      | \$183.85 |                |
| Employee + 1         | \$155.05                                  | \$505.23 | \$204.05      | \$456.23 | \$244.23      | \$416.05 | \$297.47      | \$362.80 | \$310.05       |
| Employee + 2 or More | \$236.92                                  | \$703.43 | \$307.00      | \$633.34 | \$332.08      | \$608.27 | \$407.95      | \$532.40 | \$310.05       |

|                      | Full Time       |          | Part Time     |          | Full Time     |          | Part Time     |          | Imputed Income |
|----------------------|-----------------|----------|---------------|----------|---------------|----------|---------------|----------|----------------|
|                      | Employee Cost   | TCH Cost | Employee Cost | TCH Cost | Employee Cost | TCH Cost | Employee Cost | TCH Cost |                |
|                      | <b>Core PPO</b> |          |               |          |               |          |               |          |                |
| Employee Only        | \$77.36         | \$272.87 | \$106.71      | \$243.51 | \$145.98      | \$204.25 | \$178.90      | \$171.32 |                |
| Employee + 1         | \$166.72        | \$493.56 | \$219.41      | \$440.87 | \$262.61      | \$397.66 | \$319.87      | \$340.41 | \$310.05       |
| Employee + 2 or More | \$254.75        | \$685.60 | \$330.11      | \$610.24 | \$357.08      | \$583.27 | \$438.65      | \$501.70 | \$310.05       |

**Diamond:** premium level if employee completed Know Your Number (KYN).

**Bronze:** premium level if employee did not complete Know Your Numbers (KYN).

**Part Time:** Total FTE 0.50 < 0.75 / **Full Time:** Total FTE 0.75 +

**Imputed Income:** if your Domestic Partner (DP) is covered under your medical plan provided by The Christ Hospital, the value of the benefit (including the portion TCH pays on behalf of your DP) must be included in your taxable income known as Imputed Income. To determine your imputed income amount that is taxable, please refer to Imputed Income for DP.