

## 2021 Rate Sheet

**Bi-Weekly Medical Contributions:**

Coverage Option	PPO Plan - Your Premium	HRA Plan - Your Premium	HDHP Plan - Your Premium
Employee Only	\$88.19	\$64.33	\$53.31
Employee + Spouse	\$203.82	\$144.54	\$121.46
Employee + Child(ren)	\$170.22	\$122.48	\$98.89
Employee + Family	\$284.45	\$194.41	\$161.51

Note: Working Spouse Premium – You will be charged a \$100 fee per pay period (in addition to your premium amount listed above) if you choose to cover a spouse who has access to medical coverage through his or her own employer.

Ways to Save	PPO Plan	HRA Plan	HDHP Plan
Tobacco Free Discount	\$20.00	\$20.00	\$20.00
LifeWise Discount - Silver	\$5.00	\$5.00	\$5.00
LifeWise Discount - Gold	\$15.00	\$15.00	\$15.00
LifeWise Discount - Platinum	\$25.00	\$25.00	\$25.00

Note: LifeWise Discount is based on 2020 Vitality status. 2021 new hires receive silver level status by completing the Vitality Health Review within 30 days of their benefit effective date.

LifePoint Contribution	PPO Plan	HRA Plan	HDHP Plan
Employee Only	\$0.00	\$500.00	\$0.00
Employee + Spouse	\$0.00	\$650.00	\$0.00
Employee + Child(ren)	\$0.00	\$800.00	\$0.00
Employee + Family	\$0.00	\$1,000.00	\$0.00

Note: During the Plan Year, the maximum HRA dollars that one family member can use is \$500 out of the total HRA employer contribution. For new hires during the Plan Year, the LifePoint contribution to the HRA account is prorated based on eligibility date.

**Bi-Weekly Dental Contributions:**

Coverage Option	Premier Plan Your Premium	Basic Plan Your Premium
Employee Only	\$8.66	\$4.33
Employee + Spouse	\$18.95	\$9.22
Employee + Child(ren)	\$19.51	\$11.92
Employee + Family	\$32.50	\$19.51

**Bi-Weekly Vision Contributions:**

Coverage Option	Premier Plan Your Premium	Basic Plan Your Premium
Employee Only	\$6.94	\$3.49
Employee + Spouse	\$11.02	\$5.56
Employee + Child(ren)	\$11.02	\$5.56
Employee + Family	\$17.88	\$8.66

**Flexible Spending Account Limits:**

Coverage Option	Coverage
Health Care FSA	<ul style="list-style-type: none"> <li>Defer up to \$2,750 each calendar year</li> <li>Pay for eligible health care expenses with pre-tax dollars</li> <li>Debit card technology</li> <li>Up to \$500 of unused funds in your 2021 FSA may be rolled over to 2022</li> </ul>
Limited Purpose FSA	<ul style="list-style-type: none"> <li>Only available for HSA participants</li> <li>Defer up to \$2,750 each calendar year</li> <li>Pay for eligible dental and vision expenses with pre-tax dollars</li> <li>Up to \$500 of unused funds in your 2021 FSA may be rolled over to 2022</li> </ul>
Dependent Care FSA	<ul style="list-style-type: none"> <li>Deferral limit of \$5,000 each calendar year (\$2,500 if you are married and file separate income tax returns)</li> <li>Pay for eligible dependent child and elder care expenses with pre-tax dollars</li> <li>"Use it or Lose it" rule</li> </ul>

**Short Term Disability Rates:**

Coverage Option	Your Premium
Option 1 - 65% of Weekly Earnings	\$.1183 x Monthly Base Salary / 26
Option 2 - 75% of Weekly Earnings	\$.1789 x Monthly Base Salary / 26

**Long Term Disability Rates:**

Coverage Option	Your Premium
Option 1 (60% of base pay up to \$10,000 max)	\$.414 per \$100 of monthly covered payroll
Option 2 (50% of base pay up to \$10,000 max)	\$.347 per \$100 of monthly covered payroll
Example: Your annual salary is \$25,000 & you choose Option 1 - $\$25,000 / 12 = \$2083.33$ – rounded \$2084 $\$2084 / 100 = \$20.84$ , $\$20.84 * \$0.414 = \$8.66$ per pay period	

**Basic Life & AD&D:**

Coverage	Your Premium
Basic Life - 1'xs Annual Base Pay	LifePoint Health pays 100% of the cost.
Basic AD&D - 1'xs Annual Base Pay	LifePoint Health pays 100% of the cost.

**Optional Employee Life Rates:**

Age	0	30	35	40	45	50	55	60	65	70
	to 29	to 34	to 39	to 44	to 49	to 54	to 59	to 64	to 69	to 74
Biweekly Rates per \$1,000 of coverage	\$0.032	\$0.036	\$0.042	\$0.064	\$0.100	\$0.163	\$0.258	\$0.385	\$0.559	\$1.008
Example:	You are age 41 and want 2x's your salary, which equals \$70,000 of optional life. Your cost is: $(\$70,000/\$1,000) * \$0.064 = \$4.48$ per pay period.									

**Optional Spouse Life Rates:**

Age	0	30	35	40	45	50	55	60	65	70
	to 29	to 34	to 39	to 44	to 49	to 54	to 59	to 64	to 69	to 74
Biweekly Rates per \$1,000 of coverage	\$0.036	\$0.042	\$0.048	\$0.072	\$0.114	\$0.186	\$0.295	\$0.440	\$0.638	\$1.150
Example:	Your spouse is age 41 and you want \$50,000 of spouse optional life. Your cost is: $(\$50,000/\$1,000) * \$0.072 = \$3.60$ per pay period.									

**Optional Child Life Rates:**

Coverage Option	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
Biweekly rates per \$2,000 of coverage	\$0.133	\$0.266	\$0.399	\$0.532	\$0.665

**Optional AD&D Rates:**

Coverage Option	Employee Only	Employee & Family
Biweekly rates per \$1,000 of coverage	\$0.013	\$0.027

**Critical Illness Employee Rates:**

Age	0	25	30	35	40	45	50	55	60	65
	to 25	to 29	to 34	to 39	to 44	to 49	to 54	to 59	to 64	to 69
Biweekly Rates per \$1,000 of coverage	\$0.12	\$0.19	\$0.28	\$0.44	\$0.63	\$0.89	\$1.18	\$1.67	\$2.39	\$3.41
Example:	You are age 41 and want \$10,000 in coverage. Your cost is: $(\$10,000/\$1,000) * \$0.63 = \$6.30$ $\$6.30 + \$1.59 = \$7.89, (\$7.89 * 12) / 26 = \$3.64$ per pay period. * \$1.59 is added into the monthly premium to include wellness benefit.									

**Critical Illness Employee Rates:**

Age	70	75	80	85 +
	to 74	to 79	to 84	
Biweekly Rates per \$1,000 of coverage	\$4.94	\$6.45	\$7.45	\$9.27
Example:	You are age 41 and want \$10,000 in coverage. Your cost is: $(\$10,000/\$1,000) * \$0.63 = \$6.30$ $\$6.30 + \$1.59 = \$7.89, (\$7.89 * 12) / 26 = \$3.64$ per pay period. * \$1.59 is added into the monthly premium to include wellness benefit.			

**Critical Illness Spouse Rates:**

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**Accident Insurance Rates:**

Coverage Option	Your Premium
Employee Only	\$5.77 bi-weekly
Employee + Spouse	\$8.98 bi-weekly
One Parent Family	\$10.80 bi-weekly
Two Parent Family	\$14.00 bi-weekly

**Hospital Indemnity Rates:**

Coverage Option	Your Premium
Employee Only	\$13.19 bi-weekly
Employee + Spouse	\$22.61 bi-weekly
Employee + Child(ren)	\$17.17 bi-weekly
Employee + Family	\$26.58 bi-weekly

**Identity Theft Protection:**

Coverage Option	Your Premium
Employee Only	\$4.59 bi-weekly
Family	\$8.28 bi-weekly