

Your 2021 biweekly* costs for coverage

Spousal surcharge: If you cover your spouse who is eligible for coverage through his or her employer, you need to add \$20 per week (\$1,040 per year) to the costs shown.

Medical coverage levels	PPO 1	PPO 2	Bind	HDHP
Associate only	\$122.90	\$88.22	\$44.34	\$44.34
Associate plus spouse	\$293.24	\$224.12	\$169.74	\$169.74
Associate plus child(ren)	\$253.96	\$193.70	\$146.42	\$146.42
Associate plus family Includes spouse and child(ren)	\$437.42	\$335.76	\$255.30	\$255.30
Dental coverage levels	Dental Plan I	Dental Plan II	Dental Health Maintenance Organization (DHMO)	
Associate only	\$13.82	\$6.08	\$5.94	
Associate plus spouse	\$27.66	\$12.16	\$13.04	
Associate plus child(ren)	\$30.42	\$13.38	\$15.30	
Associate plus family Includes spouse and child(ren)	\$45.64	\$20.04	\$23.32	
Vision coverage levels				
Associate only	\$3.32	*Contributions are deducted from biweekly pay before taxes.		
Associate plus spouse	\$6.66			
Associate plus child(ren)	\$6.66			
Associate plus family Includes spouse and child(ren)	\$10.00			

