

# Your 2021 weekly\* 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	\$61.45	\$44.11	\$22.17	\$22.17
Associate plus spouse	\$146.62	\$112.06	\$84.87	\$84.87
Associate plus child(ren)	\$126.98	\$96.85	\$73.21	\$73.21
Associate plus family Includes spouse and child(ren)	\$218.71	\$167.88	\$127.65	\$127.65
Dental coverage levels	Dental Plan I	Dental Plan II	Dental Health Maintenance Organization (DHMO)	
Associate only	\$6.91	\$3.04	\$2.97	
Associate plus spouse	\$13.83	\$6.08	\$6.52	
Associate plus child(ren)	\$15.21	\$6.69	\$7.65	
Associate plus family Includes spouse and child(ren)	\$22.82	\$10.02	\$11.66	
Vision coverage levels				
Associate only	\$1.66			
Associate plus spouse	\$3.33			
Associate plus child(ren)	\$3.33			
Associate plus family Includes spouse and child(ren)	\$5.00			

\*Contributions are deducted from weekly pay before taxes.

**Salaried associates:** To calculate your biweekly contribution, multiply weekly contribution by 52 and divide by 26.

