UA Choice FY21 Rates for 12-month employees (26 pay periods per year)

26 Payrolls				

750 Plan

$750 Individual Deductible, $2,250 Family Deductible	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee (EE)	$119.58	N/A	$119.58	$3,109
EE + Spouse	$119.58	$138.77	$258.35	$6,717
EE + 1 Child	$119.58	$ 48.24	$167.82	$4,363
EE + 2 Children	$119.58	$ 86.77	$206.35	$5,365
EE + 3 or more Children	$119.58	$115.70	$235.28	$6,117
EE, Spouse, 1 Child	$119.58	$187.00	$306.58	$7,971
EE, Spouse, 2 Children	$119.58	$225.62	$345.20	$8,975
EE, Spouse, 3 or more Children	$119.58	$254.50	$374.08	$9,726

High Deductible Health Plan

$1,250 Individual Deductible $3,000 Family Deductible	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee (EE)	$70.43	N/A	$ 70.43	$1,831
EE + Spouse	$70.43	$ 79.89	$150.32	$3,908
EE + 1 Child	$70.43	$ 23.66	$ 94.09	$2,446
EE + 2 Children	$70.43	$ 42.62	$113.05	$2,939
EE + 3 or more Children	$70.43	$ 56.81	$127.24	$3,308
EE, Spouse, 1 Child	$70.43	$ 103.54	$173.97	$4,523
EE, Spouse, 2 Children	$70.43	$122.47	$192.90	$5,015
EE, Spouse, 3 or more Children	$70.43	$136.66	$207.09	$5,384

Consumer-Directed Health Plan (CDHP) with Health Savings Account (HSA)*

$1,500 Individual Deductible OR $3,000 Family Deductible	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee (EE)	$55.58	N/A	$ 55.58	$1,445
EE + Spouse	$55.58	$61.97	$117.55	$3,056
EE + 1 Child	$55.58	$16.20	$ 71.78	$1,866
EE + 2 Children	$55.58	$29.16	$ 84.74	$2,203
EE + 3 or more Children	$55.58	$38.85	$ 94.43	$2,455
EE, Spouse, 1 Child	$55.58	$78.12	$133.70	$3,476
EE, Spouse, 2 Children	$55.58	$91.12	$146.70	$3,814
EE, Spouse, 3 or more Children	$55.58	$100.85	$156.43	$4,067

* Note: This plan has different benefits from a regular HDHP and restrictions on eligibility apply.

UA Choice FY21 Rates for less than 12-month employees (19 pay periods per year)

Includes all faculty (UNAC), and staff with contracts less than 12 months

19 Payrolls				
750 Plan				
$750 Individual Deductible, $2,250 Family Deductible	**Employee Bi-Weekly Charge**	**Dependent Bi-Weekly Charge**	**Total Bi-Weekly Charge**	**Annual Charge**
Employee (EE)	$163.64	N/A	$163.64	$3,109
EE + Spouse	$163.64	$189.90	$353.54	$6,717
EE + 1 Child	$163.64	$66.00	$229.64	$4,363
EE + 2 Children	$163.64	$118.74	$282.38	$5,365
EE + 3 or more Children	$163.64	$158.32	$321.96	$6,117
EE, Spouse, 1 Child	$163.64	$255.90	$419.54	$7,971
EE, Spouse, 2 Children	$163.64	$308.74	$472.38	$8,975
EE, Spouse, 3 or more Children	$163.64	$348.27	$511.91	$9,726
High Deductible Health Plan				
$1,250 Individual Deductible $3,000 Family Deductible	**Employee Bi-Weekly Charge**	**Dependent Bi-Weekly Charge**	**Total Bi-Weekly Charge**	**Annual Charge**
Employee (EE)	$96.37	N/A	$ 96.37	$1,831
EE + Spouse	$96.37	$109.32	$205.69	$3,908
EE + 1 Child	$96.37	$ 32.37	$128.74	$2,446
EE + 2 Children	$96.37	$ 58.32	$154.69	$2,939
EE + 3 or more Children	$96.37	$ 77.74	$174.11	$3,308
EE, Spouse, 1 Child	$96.37	$141.69	$238.06	$4,523
EE, Spouse, 2 Children	$96.37	$167.58	$263.95	$5,015
EE, Spouse, 3 or more Children	$96.37	$187.00	$283.37	$5,384
Consumer-Directed Health Plan (CDHP) with Health Savings Account (HSA)*				
$1,500 Individual Deductible OR $3,000 Family Deductible	**Employee Bi-Weekly Charge**	**Dependent Bi-Weekly Charge**	**Total Bi-Weekly Charge**	**Annual Charge**
Employee (EE)	$76.06	N/A	$ 76.06	$1,445
EE + Spouse	$76.06	$ 84.79	$ 160.85	$3,056
EE + 1 Child	$76.06	$ 22.16	$ 98.22	$1,866
EE + 2 Children	$76.06	$ 39.90	$115.96	$2,203
EE + 3 or more Children	$76.06	$ 53.16	$129.22	$2,455
EE, Spouse, 1 Child	$76.06	$ 106.90	$182.96	$3,476
EE, Spouse, 2 Children	$76.06	$ 124.69	$ 200.75	$3,814
EE, Spouse, 3 or more Children	$76.06	$ 138.00	$ 214.06	$4,067

Note: This plan has different benefits from a regular HDHP and restrictions on eligibility apply.