

## 2021 Bi-weekly MEDICAL & DENTAL PREMIUM RATES

PLAN NAME:	EMPLOYEE ONLY	EMPLOYEE + CHILD	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD & SPOUSE
<b>CONUS MEDICAL</b>				
Aetna CPOS II & TC	\$94.97	\$183.29	\$219.38	\$290.61
Aetna HDHP	\$73.05	\$141.00	\$168.75	\$223.54
Kaiser California	\$77.76	\$155.52	\$171.07	\$220.06
Kaiser Hawaii	\$85.60	\$154.08	\$171.20	\$256.81
Kaiser Mid-Atlantic	\$75.76	\$146.23	\$175.02	\$231.84
HMSA Hawaii	\$83.05	\$149.53	\$166.24	\$249.24
<b>OCONUS MEDICAL</b>				
Aetna TC	\$69.99	\$135.10	\$161.69	\$214.20
Aetna HDHP	\$53.85	\$103.92	\$124.38	\$164.76
<b>DENTAL</b>				
Aetna UHP Dental (CONUS & OCONUS)	\$4.50	\$8.68	\$10.38	\$13.76
Aetna STAND ALONE DENTAL (CONUS & OCONUS)	\$15.54	\$34.97	\$31.08	\$50.51
Kaiser Hawaii (CONUS ONLY)	\$5.53	\$9.96	\$11.07	\$16.60
HMSA Hawaii (CONUS ONLY)	\$4.68	\$9.37	\$10.54	\$15.22

*Effective 01-01-20 true pricing was implemented for medical premiums.  
Aetna Stand Alone Dental cost is borne solely by participants.  
There is no employer share. Not available to Retirees.*

## **2021 MONTHLY MEDICAL & DENTAL PREMIUM RATES FOR RETIREES**

<b>PLAN NAME:</b>	<b>EMPLOYEE ONLY</b>	<b>EMPLOYEE + CHILD</b>	<b>EMPLOYEE + SPOUSE</b>	<b>EMPLOYEE + CHILD &amp; SPOUSE</b>
<b>PRE 65 MEDICAL</b>				
Aetna CPOS II	\$205.76	\$397.13	\$475.32	\$629.65
Aetna TC	\$205.76	\$397.13	\$475.32	\$629.65
Aetna HDHP	\$158.28	\$305.48	\$365.63	\$484.34
Kaiser California	\$168.48	\$336.95	\$370.65	\$476.79
Kaiser Hawaii	\$185.47	\$333.85	\$370.94	\$556.41
Kaiser Mid-Atlantic	\$164.16	\$316.82	\$379.20	\$502.32
HMSA Hawaii	\$179.93	\$323.99	\$360.19	\$540.02
<b>OCONUS/ POST 65 MEDICAL</b>				
Aetna TC	\$151.66	\$292.71	\$350.34	\$464.08
Aetna HDHP	\$116.66	\$225.16	\$269.49	\$356.99
<b>DENTAL</b>				
Aetna UHP Dental (PRE 65 & POST 65) (CONUS & OCONUS)	\$9.73	\$18.79	\$22.49	\$29.79

***These rates apply to eligible retirees. Retiree split is the same percent as employee (70/30).***

*Effective 01-01-20 true pricing was implemented for medical premiums.*

*Stand Alone Dental coverage is not eligible for continuation into retirement.*

## 2021 FULL MONTHLY MEDICAL & DENTAL PREMIUM RATES

PLAN NAME:	EMPLOYEE ONLY	EMPLOYEE + CHILD	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD & SPOUSE
<b>CONUS MEDICAL (&amp; Pre 65 ret)</b>				
Aetna CPOS II & TC **	\$685.88	\$1,323.77	\$1,584.41	\$2,098.83
Aetna HDHP **	\$527.60	\$1,018.28	\$1,218.78	\$1,614.48
Kaiser California	\$561.59	\$1,123.18	\$1,235.49	\$1,589.29
Kaiser Hawaii	\$618.24	\$1,112.83	\$1,236.47	\$1,854.71
Kaiser Mid-Atlantic	\$547.19	\$1,056.08	\$1,264.01	\$1,674.40
HMSA Hawaii	\$599.78	\$1,079.96	\$1,200.62	\$1,800.06
<b>OCONUS MEDICAL (&amp; Post 65 ret)</b>				
Aetna TC	\$505.53	\$975.69	\$1,167.79	\$1,546.95
Aetna HDHP	\$388.87	\$750.53	\$898.30	\$1,189.96
<b>DENTAL</b>				
Aetna UHP Dental (CONUS & OCONUS) (ACTIVE & RETIREE)	\$32.45	\$62.63	\$74.97	\$99.31
Aetna STAND ALONE DENTAL (ACTIVE CONUS & OCONUS ONLY)	\$33.67	\$75.76	\$67.35	\$109.44
Kaiser Hawaii (ACTIVE CONUS ONLY)	\$39.97	\$71.95	\$79.94	\$119.91
HMSA Hawaii (ACTIVE CONUS ONLY)	\$33.82	\$67.64	\$76.10	\$109.92

*Effective 01-01-20 true pricing implemented for medical premiums.*

*Aetna Stand Alone Dental cost is borne solely by participants.*

*There is no employer share. Not available to Retirees.*

## **2021 MONTHLY TEMPORARY CONTINUATION MEDICAL PREMIUM RATES**

<b>PLAN NAME:</b>	<b>EMPLOYEE ONLY</b>	<b>EMPLOYEE + CHILD</b>	<b>EMPLOYEE + SPOUSE</b>	<b>EMPLOYEE + CHILD &amp; SPOUSE</b>
<b>CONUS ACTIVE/ PRE 65 Retirees</b>				
Aetna CPOS II/TC	\$699.60	\$1,350.25	\$1,616.10	\$2,140.81
Aetna HDHP	\$538.15	\$1,038.65	\$1,243.16	\$1,646.77
Kaiser California	\$572.82	\$1,145.64	\$1,260.20	\$1,621.08
Kaiser Hawaii	\$630.60	\$1,135.09	\$1,261.20	\$1,891.80
Kaiser Mid-Atlantic	\$558.13	\$1,077.20	\$1,289.29	\$1,707.89
HMSA Hawaii	\$611.78	\$1,101.56	\$1,224.63	\$1,836.06
<b>OCONUS ACTIVE/ Post 65 Retirees</b>				
Aetna TC	\$515.64	\$995.20	\$1,191.15	\$1,577.89
Aetna HDHP	\$396.65	\$765.54	\$916.27	\$1,213.76

*Effective 01-01-20 true pricing was implemented for medical premiums.*

*\*These rates apply to eligible employees and retirees who elect 18 month continuation and includes a 2 percent administrative fee.*

**NOTE:** *Dental coverage does not continue after termination of employment. The 18 month continuation provisions apply only to medical coverage.*

## 2021 Kaiser Hawaii TCC PREMIUM RATES

DAY OF TERMINATION	EE	EE + CHILDREN	EE + SPOUSE	EE + CHILDREN & SPOUSE
1	\$630.60	\$1,135.09	\$1,261.20	\$1,891.80
2	\$610.26	\$1,098.47	\$1,220.52	\$1,830.77
3	\$589.92	\$1,061.86	\$1,179.83	\$1,769.75
4	\$569.57	\$1,025.24	\$1,139.15	\$1,708.72
5	\$549.23	\$988.63	\$1,098.46	\$1,647.70
6	\$528.89	\$952.01	\$1,057.78	\$1,586.67
7	\$508.55	\$915.40	\$1,017.10	\$1,525.65
8	\$488.21	\$878.78	\$976.41	\$1,464.62
9	\$467.86	\$842.16	\$935.73	\$1,403.59
10	\$447.52	\$805.55	\$895.05	\$1,342.57
11	\$427.18	\$768.93	\$854.36	\$1,281.54
12	\$406.84	\$732.32	\$813.68	\$1,220.52
13	\$386.50	\$695.70	\$772.99	\$1,159.49
14	\$366.15	\$659.08	\$732.31	\$1,098.46
15	\$345.81	\$622.47	\$691.63	\$1,037.44
16	\$325.47	\$585.85	\$650.94	\$976.41
17	\$305.13	\$549.24	\$610.26	\$915.39
18	\$284.79	\$512.62	\$569.57	\$854.36
19	\$264.45	\$476.01	\$528.89	\$793.34
20	\$244.10	\$439.39	\$488.21	\$732.31
21	\$223.76	\$402.77	\$447.52	\$671.28
22	\$203.42	\$366.16	\$406.84	\$610.26
23	\$183.08	\$329.54	\$366.15	\$549.23
24	\$162.74	\$292.93	\$325.47	\$488.21
25	\$142.39	\$256.31	\$284.79	\$427.18
26	\$122.05	\$219.69	\$244.10	\$366.15
27	\$101.71	\$183.08	\$203.42	\$305.13
28	\$81.37	\$146.46	\$162.74	\$244.10
29	\$61.03	\$109.85	\$122.05	\$183.08
30	\$40.68	\$73.23	\$81.37	\$122.05
31	\$20.34	\$36.62	\$40.68	\$61.03

## 2021 Kaiser California TCC PREMIUM RATES

DAY OF TERMINATION	EE	EE + CHILDREN	EE + SPOUSE	EE + CHILDREN & SPOUSE
1	\$572.59	\$1,145.64	\$1,260.20	\$1,621.08
2	\$554.12	\$1,108.68	\$1,219.55	\$1,568.79
3	\$535.65	\$1,071.73	\$1,178.90	\$1,516.49
4	\$517.18	\$1,034.77	\$1,138.28	\$1,464.20
5	\$498.71	\$997.82	\$1,097.59	\$1,411.91
6	\$480.24	\$960.86	\$1,056.94	\$1,359.62
7	\$461.77	\$923.90	\$1,016.29	\$1,307.52
8	\$443.30	\$886.95	\$975.64	\$1,255.03
9	\$424.82	\$849.99	\$934.99	\$1,202.74
10	\$406.35	\$813.03	\$894.34	\$1,150.44
11	\$387.88	\$776.08	\$853.68	\$1,098.15
12	\$369.41	\$739.12	\$813.03	\$1,045.86
13	\$350.94	\$702.17	\$772.38	\$993.57
14	\$332.47	\$665.21	\$731.73	\$941.27
15	\$314.00	\$628.25	\$691.08	\$888.98
16	\$295.53	\$591.30	\$650.43	\$836.69
17	\$277.06	\$554.34	\$609.77	\$784.39
18	\$258.59	\$517.39	\$569.12	\$732.10
19	\$240.12	\$480.43	\$528.47	\$679.81
20	\$221.65	\$443.47	\$487.82	\$627.51
21	\$203.18	\$406.52	\$447.17	\$575.22
22	\$184.71	\$369.56	\$406.52	\$522.93
23	\$166.24	\$332.61	\$365.86	\$470.64
24	\$147.77	\$295.65	\$325.21	\$418.34
25	\$129.29	\$258.69	\$284.56	\$366.05
26	\$110.82	\$221.74	\$243.91	\$313.76
27	\$92.35	\$184.78	\$203.26	\$261.46
28	\$73.88	\$147.82	\$162.61	\$209.17
29	\$55.41	\$110.87	\$121.95	\$156.88
30	\$36.94	\$73.91	\$81.30	\$104.59
31	\$18.47	\$36.96	\$40.65	\$52.29

## 2021 Kaiser Mid-Atlantic TCC PREMIUM RATES

DAY OF TERMINATION	EE	EE + CHILDREN	EE + SPOUSE	EE + CHILDREN & SPOUSE
1	\$558.13	\$1,077.20	\$1,289.29	\$1,707.89
2	\$540.13	\$1,042.45	\$1,247.70	\$1,652.80
3	\$522.12	\$1,007.70	\$1,206.11	\$1,597.70
4	\$504.12	\$972.95	\$1,164.52	\$1,542.61
5	\$486.11	\$938.21	\$1,122.93	\$1,487.52
6	\$468.11	\$903.46	\$1,081.34	\$1,432.42
7	\$450.10	\$868.71	\$1,039.75	\$1,377.33
8	\$432.10	\$833.96	\$998.16	\$1,322.24
9	\$414.10	\$799.21	\$956.57	\$1,267.14
10	\$396.09	\$764.46	\$914.98	\$1,212.05
11	\$378.09	\$729.72	\$873.39	\$1,156.96
12	\$360.08	\$694.97	\$831.80	\$1,101.86
13	\$342.08	\$660.22	\$790.21	\$1,046.77
14	\$324.08	\$625.47	\$748.62	\$991.68
15	\$306.07	\$590.72	\$707.03	\$936.58
16	\$288.07	\$555.97	\$665.44	\$881.49
17	\$270.06	\$521.23	\$623.85	\$826.40
18	\$252.06	\$486.48	\$582.26	\$771.31
19	\$234.05	\$451.73	\$540.67	\$716.21
20	\$216.05	\$416.98	\$499.08	\$661.12
21	\$198.05	\$382.23	\$457.49	\$606.03
22	\$180.04	\$347.48	\$415.90	\$550.93
23	\$162.04	\$312.74	\$374.31	\$495.84
24	\$144.03	\$277.99	\$332.72	\$440.75
25	\$126.03	\$243.24	\$291.13	\$385.65
26	\$108.03	\$208.49	\$249.54	\$330.56
27	\$90.02	\$173.74	\$207.95	\$275.47
28	\$72.02	\$138.99	\$166.36	\$220.37
29	\$54.01	\$104.25	\$124.77	\$165.28
30	\$36.01	\$69.50	\$83.18	\$110.19
31	\$18.00	\$34.75	\$41.59	\$55.09

## 2021 HMSA PREMIUM RATES

DAY OF TERMINATION	EE	EE + CHILDREN	EE + SPOUSE	EE + CHILDREN & SPOUSE
1	\$611.78	\$1,101.56	\$1,224.63	\$1,836.06
2	\$592.05	\$1,066.03	\$1,185.13	\$1,776.83
3	\$572.31	\$1,030.49	\$1,145.62	\$1,717.60
4	\$552.58	\$994.96	\$1,106.12	\$1,658.38
5	\$532.84	\$959.42	\$1,066.61	\$1,599.15
6	\$513.11	\$923.89	\$1,027.11	\$1,539.92
7	\$493.37	\$888.35	\$987.60	\$1,480.69
8	\$473.64	\$852.82	\$948.10	\$1,421.47
9	\$453.90	\$817.29	\$908.60	\$1,362.24
10	\$434.17	\$781.75	\$869.09	\$1,303.01
11	\$414.43	\$746.22	\$829.59	\$1,243.78
12	\$394.70	\$710.68	\$790.08	\$1,184.55
13	\$374.96	\$675.15	\$750.58	\$1,125.33
14	\$355.23	\$639.62	\$711.08	\$1,066.10
15	\$335.49	\$604.08	\$671.57	\$1,006.87
16	\$315.76	\$568.55	\$632.07	\$947.64
17	\$296.02	\$533.01	\$592.56	\$888.42
18	\$276.29	\$497.48	\$553.06	\$829.19
19	\$256.55	\$461.94	\$513.55	\$769.96
20	\$236.82	\$426.41	\$474.05	\$710.73
21	\$217.08	\$390.88	\$434.55	\$651.51
22	\$197.35	\$355.34	\$395.04	\$592.28
23	\$177.61	\$319.81	\$355.54	\$533.05
24	\$157.88	\$284.27	\$316.03	\$473.82
25	\$138.14	\$248.74	\$276.53	\$414.59
26	\$118.41	\$213.21	\$237.03	\$355.37
27	\$98.67	\$177.67	\$197.52	\$296.14
28	\$78.94	\$142.14	\$158.02	\$236.91
29	\$59.20	\$106.60	\$118.51	\$177.68
30	\$39.47	\$71.07	\$79.01	\$118.46
31	\$19.73	\$35.53	\$39.50	\$59.23