



INSURANCE PREMIUMS

2021 PLAN YEAR

HEALTH INSURANCE					
Plan Type	Participants Covered	2021 Employee Cost		2021 Employer Cost	
		Per Pay Period†	Per Month	Per Pay Period†	Per Month
TCP	Employee Only	\$28.36	\$56.72	\$302.75	\$605.50
	Employee + Adult	\$77.45	\$154.90	\$624.81	\$1,249.62
	Employee + Child	\$62.08	\$124.16	\$408.24	\$816.48
	Family	\$131.75	\$263.50	\$691.77	\$1,383.54
HSA	Employee Only	\$11.00	\$22.00	\$197.03	\$394.06
	Employee + Adult	\$33.00	\$66.00	\$408.36	\$816.72
	Employee + Child	\$28.05	\$56.10	\$266.95	\$533.90
	Family	\$61.05	\$122.10	\$454.97	\$909.94
UA Alternative Plan*	Employee + Adult	\$77.45	\$154.90	\$486.17	\$972.34
	Family	\$131.75	\$263.50	\$715.14	\$1,430.28

*The UA Alternative Plan is available only to employees who are insuring a domestic partner.

† The UA has 27 pay periods this year, but insurance deductions are taken from 24 pay periods each year. When there are three pay periods in a month, one of those extra paydays will include a “premium holiday” when deductions are not taken out of your paycheck.



DENTAL INSURANCE					
Plan Type	Tier	2021 Employee Cost/Paycheck		2021 Employer Cost/Paycheck	
		Per Pay Period†	Per Month	Per Pay Period†	Per Month
Delta Dental	Employee Only	\$15.49	\$30.98	\$2.48	\$4.96
	Employee + Adult	\$32.86	\$65.72	\$4.96	\$9.92
	Employee + Child	\$25.28	\$50.56	\$4.96	\$9.92
	Family	\$52.28	\$104.56	\$6.85	\$13.70
Cigna Dental HMO	Employee Only	\$1.78	\$3.56	\$2.48	\$4.96
	Employee + Adult	\$3.56	\$7.12	\$4.96	\$9.92
	Employee + Child	\$3.34	\$6.68	\$4.96	\$9.92
	Family	\$5.92	\$11.84	\$6.85	\$13.70
UA Alternative Plan: Delta Dental*	Employee + Adult	\$32.86	\$65.72	\$7.09	\$14.18
	Family	\$52.28	\$104.56	\$15.36	\$30.72
UA Alternative Plan: Total Dental Administrators*	Employee + Adult	\$3.56	\$7.12	\$6.43	\$12.86
	Family	\$5.92	\$11.84	\$8.96	\$17.92

VISION INSURANCE					
Plan Type	Tier	2021 Employee Cost/Paycheck		2021 Employer Cost/Paycheck	
		Per Pay Period†	Per Month	Per Pay Period†	Per Month
Avesis	Employee Only	\$1.86	\$3.72	\$0.00	\$0.00
	Employee + Adult	\$6.18	\$12.36	\$0.00	\$0.00
	Employee + Child	\$6.12	\$12.24	\$0.00	\$0.00
	Family	\$7.70	\$15.40	\$0.00	\$0.00
UA Alternative Plan: Avesis*	Employee + Adult	\$6.18	\$12.36	\$0.00	\$0.00
	Family	\$7.70	\$15.40	\$0.00	\$0.00

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SUPPLEMENTAL LIFE INSURANCE (per \$1,000 of coverage)				
	Securian 2021		The Hartford 2021	
Age	Per Pay Period†	Per Month	Per Pay Period†	Per Month
18–24	\$0.030	\$0.06	\$0.029	\$0.058
25–29	\$0.030	\$0.06	\$0.036	\$0.071
30–34	\$0.0340	\$0.068	\$0.036	\$0.071
35–39	\$0.0376	\$0.075	\$0.042	\$0.084
40–44	\$0.06	\$0.121	\$0.055	\$0.109
45–49	\$0.079	\$0.158	\$0.067	\$0.133
50–54	\$0.125	\$0.249	\$0.092	\$0.183
55–59	\$0.178	\$0.355	\$0.148	\$0.296
60–64	\$0.313	\$0.626	\$0.235	\$0.470
65–69	\$0.313	\$0.626	\$0.366	\$0.732
70+	\$0.49	\$0.981	\$0.366	\$0.732

Dependent Supplemental Life Insurance

SECURIAN		
Coverage Amount	Per Month	Per Pay Period†
\$2,000	\$0.94	\$0.47
\$4,000	\$1.88	\$0.94
\$6,000	\$2.82	\$1.41
\$10,000	\$4.70	\$2.35
\$12,000	\$5.64	\$2.82
\$15,000	\$7.06	\$3.53
\$50,000	\$23.50	\$11.75

AETNA		
Coverage Amount	Per Month	Per Pay Period†
\$5,000	\$0.718	\$0.36

SHORT-TERM DISABILITY (cost per \$100 of salary)		
	Per Pay Period	Per Month
Unum	38.5¢	77¢
MetLife	15.5¢	31.6¢

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