

FOP

2021 Premera FOP Monthly Employee Cost Share

Coverage Type	2021 ER Contrib per Tier	Premera Heritage Plus PPO \$250 Deductible		Premera HDHP with HSA			HSA Annual Contribution Limits \$3,600 Employee Only/\$7,200 Family Age 55 Catch-up \$1,000		
		Total Premium	EE Contrib	Total Premium	EE Contrib	City HSA Contrib	City Annual	Employee Annual Max Under Age 55	Employee Annual Max 55 or older
EE	797.30	734.61	-	495.63	-	300.00	3,600.00	-	1,000.00
EE & SP	1,553.02	1,434.05	-	953.12	-	599.90	7,198.80	1.20	1,001.20
EE & 1 CH	1,180.80	1,085.31	-	725.04	-	455.76	5,469.12	1,730.88	2,730.88
EE & 2 CH	1,494.88	1,372.47	-	912.87	-	582.01	6,984.12	215.88	1,215.88
EE SP & 1 CH	1,936.51	1,784.75	-	1,182.52	-	600.00	7,200.00	-	1,000.00
EE SP & 2+ CH	2,250.60	2,071.90	-	1,370.36	-	600.00	7,200.00	-	1,000.00

HSA Per Pay Period	
Per Pay Period Under Age 55	Per Pay Period 55 or older
-	41.66
0.05	41.72
72.12	113.79
9.00	50.66
-	41.66
-	41.66