



UKPEAGVIK
IÑUPIAT
CORPORATION

2021 Rates

Please note: Premiums are calculated on a monthly basis, and the full amount is due each month. Any remaining premium will be taken from the last paycheck if applicable.

CDHP + HSA	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$843.72	\$210.93	\$97.36	\$48.68
Employee + Child	\$1,222.01	\$305.50	\$141.00	\$70.50
Employee + Children	\$1,834.96	\$458.74	\$211.73	\$105.86
Employee + Spouse	\$1,930.81	\$482.70	\$222.78	\$111.39
Employee + Family	\$2,654.56	\$663.64	\$306.29	\$153.15

CDHP + HRA	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$941.70	\$329.60	\$152.13	\$76.06
Employee + Child	\$1,364.02	\$477.41	\$220.34	\$110.17
Employee + Children	\$2,048.07	\$716.82	\$330.84	\$165.42
Employee + Spouse	\$2,155.04	\$754.26	\$348.12	\$174.06
Employee + Family	\$2,962.74	\$1,036.96	\$478.60	\$239.30

High Deductible Basic	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$580.37	\$174.11	\$80.36	\$40.18
Employee + Child	\$840.98	\$252.29	\$116.44	\$58.22
Employee + Children	\$1,262.13	\$378.64	\$174.76	\$87.38
Employee + Spouse	\$1,327.98	\$398.39	\$183.87	\$91.94
Employee + Family	\$1,825.24	\$547.57	\$252.73	\$126.36

TriCare Supplement	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$67.50	\$67.50	\$31.15	\$15.58
Employee + Child	\$132.50	\$132.50	\$61.15	\$30.58
Employee + Children	\$132.50	\$132.50	\$61.15	\$30.58
Employee + Spouse	\$132.50	\$132.50	\$61.15	\$30.58
Employee + Family	\$178.50	\$178.50	\$82.38	\$41.19

Dental Core	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$35.62	\$11.75	\$5.43	\$2.71
Employee + Child	\$58.77	\$19.39	\$8.95	\$4.48
Employee + Children	\$78.36	\$25.86	\$11.93	\$5.97
Employee + Spouse	\$71.23	\$23.51	\$10.86	\$5.43
Employee + Family	\$107.56	\$35.49	\$16.38	\$8.19

Dental Buy Up	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$44.96	\$17.08	\$7.89	\$3.94
Employee + Child	\$74.19	\$28.19	\$13.01	\$6.51
Employee + Children	\$98.92	\$37.59	\$17.35	\$8.67
Employee + Spouse	\$89.93	\$34.17	\$15.77	\$7.89
Employee + Family	\$135.79	\$51.60	\$23.82	\$11.91

Vision	Total Monthly Premium	Your Monthly Cost	Your Bi-Weekly Cost	Your Weekly Cost
Employee	\$7.03	\$2.32	\$1.07	\$0.54
Employee + Child	\$10.19	\$3.36	\$1.55	\$0.78
Employee + Children	\$15.29	\$5.05	\$2.33	\$1.16
Employee + Spouse	\$16.08	\$5.31	\$2.45	\$1.22
Employee + Family	\$22.11	\$7.30	\$3.37	\$1.68

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