

AETNA HEALTH INSURANCE - 2021 POS HIGH PLAN				
Grandfathered Participants Only				
PLAN	COVERAGE TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	TOTAL PREMIUM
POS HIGH	EMPLOYEE ONLY	723.00	86.00	809.00
POS HIGH	EMPLOYEE - ONE CHILD	905.50	317.50	1,223.00
POS HIGH	EMPLOYEE - CHILDREN	1,080.50	533.50	1,614.00
POS HIGH	EMPLOYEE - SPOUSE	1,124.00	586.00	1,710.00
POS HIGH	EMPLOYEE - FAMILY	1,375.00	903.00	2,278.00

NOTE: 2021 Rate increase under self-insured plan is 8.2% .