

FirstEnergy Corp.
Monthly 2020 Health Care Rates & Contributions

Non-Bargaining Unit
Active Employees

Health Care

Consumer HDHP

Anthem

	Single	EE+Ch	EE+Sp	EE+DP	Family	Family (DP)
Weekly Full-time Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Weekly Part-time Contribution (s)	\$ 66.33	\$ 121.20	\$ 160.40	\$ 160.40	\$ 223.11	\$ 223.11
Weekly Part-time Contribution	\$ 120.60	\$ 205.02	\$ 265.32	\$ 265.32	\$ 361.79	\$ 361.79
Bi-weekly Full-time Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bi-weekly Part-time Contribution (s)	\$ 135.21	\$ 247.06	\$ 326.96	\$ 326.96	\$ 454.79	\$ 454.79
Bi-weekly Part-time Contribution	\$ 245.83	\$ 417.92	\$ 540.84	\$ 540.84	\$ 737.50	\$ 737.50

Enhanced HDHP

Anthem

	Single	EE+Ch	EE+Sp	EE+DP	Family	Family (DP)
Weekly Full-time Contribution	\$ 7.52	\$ 23.34	\$ 34.63	\$ 34.63	\$ 52.71	\$ 52.71
Weekly Part-time Contribution (s)	\$ 74.62	\$ 136.35	\$ 180.44	\$ 180.44	\$ 250.99	\$ 250.99
Weekly Part-time Contribution	\$ 135.67	\$ 230.64	\$ 298.48	\$ 298.48	\$ 407.02	\$ 407.02
Bi-weekly Full-time Contribution	\$ 15.33	\$ 47.57	\$ 70.60	\$ 70.60	\$ 107.46	\$ 107.46
Bi-weekly Part-time Contribution (s)	\$ 152.11	\$ 277.94	\$ 367.83	\$ 367.83	\$ 511.64	\$ 511.64
Bi-weekly Part-time Contribution	\$ 276.56	\$ 470.16	\$ 608.44	\$ 608.44	\$ 829.69	\$ 829.69

Base PPO + Rx

Anthem

	Single	EE+Ch	EE+Sp	EE+DP	Family	Family (DP)
Weekly Full-time Contribution	\$ 22.61	\$ 48.99	\$ 67.84	\$ 67.84	\$ 98.00	\$ 98.00
Weekly Part-time Contribution (s)	\$ 82.92	\$ 151.52	\$ 200.52	\$ 200.52	\$ 278.92	\$ 278.92
Weekly Part-time Contribution	\$ 150.77	\$ 256.30	\$ 331.68	\$ 331.68	\$ 452.31	\$ 452.31
Bi-weekly Full-time Contribution	\$ 46.10	\$ 99.88	\$ 138.30	\$ 138.30	\$ 199.77	\$ 199.77
Bi-weekly Part-time Contribution (s)	\$ 169.03	\$ 308.87	\$ 408.75	\$ 408.75	\$ 568.57	\$ 568.57
Bi-weekly Part-time Contribution	\$ 307.33	\$ 522.46	\$ 676.13	\$ 676.13	\$ 922.00	\$ 922.00

Dental

Delta Dental Basic

	Single	EE+Ch	EE+Sp	EE+DP	Family	Family (DP)
Weekly Full-time Contribution	\$ 4.41	\$ 11.02	\$ 8.89	\$ 8.89	\$ 17.35	\$ 17.35
Weekly Part-time Contribution	\$ 4.41	\$ 11.02	\$ 8.89	\$ 8.89	\$ 17.35	\$ 17.35
Bi-weekly Full-time Contribution	\$ 9.00	\$ 22.46	\$ 18.12	\$ 18.12	\$ 35.36	\$ 35.36
Bi-weekly Part-time Contribution	\$ 9.00	\$ 22.46	\$ 18.12	\$ 18.12	\$ 35.36	\$ 35.36

Delta Dental Plus

	Single	EE+Ch	EE+Sp	EE+DP	Family	Family (DP)
Weekly Full-time Contribution	\$ 7.67	\$ 20.24	\$ 15.38	\$ 15.38	\$ 31.18	\$ 31.18
Weekly Part-time Contribution	\$ 7.67	\$ 20.24	\$ 15.38	\$ 15.38	\$ 31.18	\$ 31.18
Bi-weekly Full-time Contribution	\$ 15.64	\$ 41.25	\$ 31.36	\$ 31.36	\$ 63.55	\$ 63.55
Bi-weekly Part-time Contribution	\$ 15.64	\$ 41.25	\$ 31.36	\$ 31.36	\$ 63.55	\$ 63.55

Vision

VSP Supplemental Vision Plan

	Single	EE+Ch	EE+Sp	EE+DP	Family	Family (DP)
Weekly Full-time Contribution	\$ 4.19	\$ 8.77	\$ 8.37	\$ 8.37	\$ 12.24	\$ 12.24
Weekly Part-time Contribution	\$ 4.19	\$ 8.77	\$ 8.37	\$ 8.37	\$ 12.24	\$ 12.24
Bi-weekly Full-time Contribution	\$ 8.53	\$ 17.88	\$ 17.07	\$ 17.07	\$ 24.96	\$ 24.96
Bi-weekly Part-time Contribution	\$ 8.53	\$ 17.88	\$ 17.07	\$ 17.07	\$ 24.96	\$ 24.96

(s) = Part-Time Subsidy Contribution (20 hrs. +)

Subject to Spousal Premium - \$200/month