

**FirstEnergy Corp.**  
**2021 Health Care Rates**

**Non-Bargaining**  
**Active Employees**

**HEALTH CARE**

**Consumer HDHP**

Anthem

	Single	EE+Ch	EE+Sp	EE+DP	Family	Family (DP)
Monthly Full-time Contribution	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Weekly Full-time Contribution	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Weekly Part-time Contribution (s)	\$ 73.55	\$ 134.40	\$ 177.87	\$ 177.87	\$ 247.41	\$ 247.41
Weekly Part-time Contribution	\$ 133.73	\$ 227.35	\$ 294.21	\$ 294.21	\$ 401.20	\$ 401.20
Bi-weekly Full-time Contribution	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Bi-weekly Part-time Contribution (s)	\$ 147.11	\$ 268.80	\$ 355.73	\$ 355.73	\$ 494.82	\$ 494.82
Bi-weekly Part-time Contribution	\$ 267.47	\$ 454.69	\$ 588.43	\$ 588.43	\$ 802.40	\$ 802.40

**Enhanced HDHP**

Anthem

	Single	EE+Ch	EE+Sp	EE+DP	Family	Family (DP)
Weekly Full-time Contribution	\$ 8.34	\$ 25.88	\$ 38.41	\$ 38.41	\$ 58.46	\$ 58.46
Weekly Part-time Contribution (s)	\$ 82.75	\$ 151.20	\$ 200.10	\$ 200.10	\$ 278.33	\$ 278.33
Weekly Part-time Contribution	\$ 150.45	\$ 255.76	\$ 330.99	\$ 330.99	\$ 451.35	\$ 451.35
Bi-weekly Full-time Contribution	\$ 16.68	\$ 51.76	\$ 76.81	\$ 76.81	\$ 116.91	\$ 116.91
Bi-weekly Part-time Contribution (s)	\$ 165.50	\$ 302.40	\$ 400.20	\$ 400.20	\$ 556.67	\$ 556.67
Bi-weekly Part-time Contribution	\$ 300.90	\$ 511.53	\$ 661.98	\$ 661.98	\$ 902.70	\$ 902.70

**Base PPO + Rx**

Anthem

	Single	EE+Ch	EE+Sp	EE+DP	Family	Family (DP)
Weekly Full-time Contribution	\$ 25.08	\$ 54.34	\$ 75.23	\$ 75.23	\$ 108.67	\$ 108.67
Weekly Part-time Contribution (s)	\$ 91.96	\$ 168.03	\$ 222.36	\$ 222.36	\$ 309.30	\$ 309.30
Weekly Part-time Contribution	\$ 167.19	\$ 284.23	\$ 367.82	\$ 367.82	\$ 501.57	\$ 501.57
Bi-weekly Full-time Contribution	\$ 50.15	\$ 108.67	\$ 150.47	\$ 150.47	\$ 217.35	\$ 217.35
Bi-weekly Part-time Contribution (s)	\$ 183.91	\$ 336.06	\$ 444.73	\$ 444.73	\$ 618.61	\$ 618.61
Bi-weekly Part-time Contribution	\$ 334.38	\$ 568.44	\$ 735.64	\$ 735.64	\$ 1,003.14	\$ 1,003.14

**DENTAL**

**Delta Dental Basic**

	Single	EE+Ch	EE+Sp	EE+DP	Family	Family (DP)
Weekly Full-time Contribution	\$ 4.61	\$ 11.32	\$ 9.50	\$ 9.50	\$ 17.74	\$ 17.74
Weekly Part-time Contribution	\$ 4.61	\$ 11.32	\$ 9.50	\$ 9.50	\$ 17.74	\$ 17.74
Bi-weekly Full-time Contribution	\$ 9.21	\$ 22.64	\$ 19.00	\$ 19.00	\$ 35.49	\$ 35.49
Bi-weekly Part-time Contribution	\$ 9.21	\$ 22.64	\$ 19.00	\$ 19.00	\$ 35.49	\$ 35.49

**Delta Dental Plus**

	Single	EE+Ch	EE+Sp	EE+DP	Family	Family (DP)
Weekly Full-time Contribution	\$ 7.82	\$ 20.63	\$ 15.68	\$ 15.68	\$ 31.77	\$ 31.77
Weekly Part-time Contribution	\$ 7.82	\$ 20.63	\$ 15.68	\$ 15.68	\$ 31.77	\$ 31.77
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	\$ 4.27	\$ 8.94	\$ 8.53	\$ 8.53	\$ 12.48	\$ 12.48
Weekly Part-time Contribution	\$ 4.27	\$ 8.94	\$ 8.53	\$ 8.53	\$ 12.48	\$ 12.48
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. +)

DP = domestic partner

**Subject to Spousal Premium - \$200/month**