

# 2021 Aetna Health Rates

## Health Reimbursement Account (HRA) Plan

Plan Type	Monthly Premium	Employer Contribution (Per Month)	Employee Contribution (Per Month)	Per Pay	Retiree	COBRA
Employee Only	\$870.40	\$870.40	\$0.00	\$0.00	\$870.40	\$887.81
Employee & Spouse	\$1,612.81	\$870.40	\$742.41	\$371.21	\$1,612.81	\$1,645.07
Employee & Child(ren)	\$1,500.57	\$870.40	\$630.17	\$315.09	\$1,500.57	\$1,530.58
Employee & Family	\$1,854.66	\$870.40	\$984.26	\$492.13	\$1,854.66	\$1,891.75
Dual	\$1,740.80	-	\$113.86	\$56.93	-	-

## Point of Service (POS) Plan

Plan Type	Monthly Premium	Employer Contribution (Per Month)	Employee Contribution (Per Month)	Per Pay	Retiree	COBRA
Employee Only	\$1,265.90	\$870.40	\$395.50	\$197.75	\$1,265.90	\$1,291.22
Employee & Spouse	\$2,347.43	\$870.40	\$1,477.03	\$738.52	\$2,347.43	\$2,394.38
Employee & Child(ren)	\$2,183.97	\$870.40	\$1,313.57	\$656.79	\$2,183.97	\$2,227.65
Employee & Family	\$2,699.59	\$870.40	\$1,829.19	\$914.60	\$2,699.59	\$2,753.58
Dual	\$1,740.80	-	\$958.79	\$479.40	-	-