Premium Details

Prime Plus $0 Copay (I40)

(Plan Code: I40, Contribution: Non-Voluntary, Association: None, Rating Area 4)

The premium details for this plan are displayed below. Estimated monthly premium is based off of census information and subject to change based on census changes and final plan selection.

Premium Details | Rate Sheet

Export to Excel

Tier	Contribution Level	In Area Rate	Out of Area Rate
Employee Only	Non-Voluntary	$4.97	$5.46
Employee & Spouse	Non-Voluntary	$9.73	$10.71
Employee & Children	Non-Voluntary	$15.46	$17.00
Employee, Spouse, & Children	Non-Voluntary	$17.84	$19.62

Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and/or UPMC Benefits Management Services Inc.

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