

# GE Health Benefits Active Full-Time 2021 Contributions

The chart below shows, by options and salary, your basic annual pay contribution for 2021 and the maximum you would have to pay in 2021 for deductibles and co-insurance if you utilize only in-network doctors, hospitals and other providers.

To determine the highest amount you have to pay for basic annual contributions, deductibles, and in-network co-insurance, **add across the chart**. Options 1 & 2 come with a GE-funded Health Reimbursement Account (HRA) to offset the costs of your deductible.

### Options 1 and 2 come with a GE-funded HRA:

\$600 for 1-person coverage each year	\$900 for 2-person coverage each year	\$1200 for 3-or-more persons each year
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### Dental and Vision Plan

	1 Person Coverage	2 Person Coverage	3+ Persons Coverage
<b>Annual Employee Contribution</b>			
GE Dental Premium Option	\$ 186	\$ 372	\$ 552
GE Vision Premium Option	\$ 108	\$ 219	\$ 333

### Deductible + Co-insurance Maximum = Out-of-Pocket Maximum

### Medical Contributions\*\*†

Annual Pay Range (a)	Annual Payroll Contribution (b)			Annual Deductible			Annual Co-insurance Maximum (c)		
	Option 1	Option 2	Option 3	Option 1	Option 2	Option 3	Option 1	Option 2	Option 3
<b>1-Person</b>									
Up to \$24,999	\$ 1,168	\$ 668	\$ 414	\$ 900	\$ 1,350	\$ 1,800	\$ 350	\$ 1,300	\$ 1,750
\$25,000-\$37,499	\$ 1,385	\$ 885	\$ 491	\$ 900	\$ 1,350	\$ 1,800	\$ 350	\$ 1,300	\$ 1,750
\$37,500-\$49,999	\$ 1,516	\$ 1,166	\$ 566	\$ 900	\$ 1,350	\$ 1,800	\$ 850	\$ 1,300	\$ 1,750
\$50,000-\$74,999	\$ 1,904	\$ 1,554	\$ 853	\$ 900	\$ 1,350	\$ 1,800	\$ 1,150	\$ 1,600	\$ 2,050
\$75,000-\$99,999	\$ 2,379	\$ 2,029	\$ 1,230	\$ 900	\$ 1,350	\$ 1,800	\$ 1,650	\$ 2,100	\$ 2,550
\$100,000-\$149,999	\$ 2,986	\$ 2,636	\$ 1,811	\$ 900	\$ 1,350	\$ 1,800	\$ 2,400	\$ 2,850	\$ 3,300
\$150,000 or more	\$ 3,982	\$ 3,632	\$ 2,682	\$ 900	\$ 1,350	\$ 1,800	\$ 2,400	\$ 2,850	\$ 3,300
<b>2-Persons</b>									
Up to \$24,999	\$ 2,337	\$ 1,337	\$ 853	\$ 1,800	\$ 2,700	\$ 3,600	\$ 475	\$ 1,875	\$ 2,525
\$25,000-\$37,499	\$ 2,770	\$ 1,770	\$ 1,007	\$ 1,800	\$ 2,700	\$ 3,600	\$ 475	\$ 1,875	\$ 2,525
\$37,500-\$49,999	\$ 3,029	\$ 2,329	\$ 1,128	\$ 1,800	\$ 2,700	\$ 3,600	\$ 1,225	\$ 1,875	\$ 2,525
\$50,000-\$74,999	\$ 3,809	\$ 3,109	\$ 1,708	\$ 1,800	\$ 2,700	\$ 3,600	\$ 1,675	\$ 2,325	\$ 2,975
\$75,000-\$99,999	\$ 4,760	\$ 4,060	\$ 2,460	\$ 1,800	\$ 2,700	\$ 3,600	\$ 2,425	\$ 3,075	\$ 3,725
\$100,000-\$149,999	\$ 5,972	\$ 5,272	\$ 3,622	\$ 1,800	\$ 2,700	\$ 3,600	\$ 3,550	\$ 4,200	\$ 4,850
\$150,000 or more	\$ 7,963	\$ 7,263	\$ 5,363	\$ 1,800	\$ 2,700	\$ 3,600	\$ 3,550	\$ 4,200	\$ 4,850
<b>3-or-More Persons</b>									
Up to \$24,999	\$ 2,918	\$ 1,667	\$ 1,085	\$ 2,250	\$ 3,375	\$ 4,500	\$ 650	\$ 2,525	\$ 3,400
\$25,000-\$37,499	\$ 3,463	\$ 2,213	\$ 1,278	\$ 2,250	\$ 3,375	\$ 4,500	\$ 650	\$ 2,525	\$ 3,400
\$37,500-\$49,999	\$ 3,791	\$ 2,916	\$ 1,413	\$ 2,250	\$ 3,375	\$ 4,500	\$ 1,650	\$ 2,525	\$ 3,400
\$50,000-\$74,999	\$ 4,760	\$ 3,885	\$ 2,135	\$ 2,250	\$ 3,375	\$ 4,500	\$ 2,250	\$ 3,125	\$ 4,000
\$75,000-\$99,999	\$ 5,955	\$ 5,080	\$ 3,077	\$ 2,250	\$ 3,375	\$ 4,500	\$ 3,250	\$ 4,125	\$ 5,000
\$100,000-\$149,999	\$ 7,461	\$ 6,586	\$ 4,526	\$ 2,250	\$ 3,375	\$ 4,500	\$ 4,750	\$ 5,625	\$ 6,500
\$150,000 or more	\$ 9,953	\$ 9,079	\$ 6,703	\$ 2,250	\$ 3,375	\$ 4,500	\$ 4,750	\$ 5,625	\$ 6,500

(a) Annual Pay is defined as your Normal Straight-Time Annual Earnings and does not include overtime or night-shift bonus.

(b) Contribution amounts are for non-tobacco users. Tobacco users pay an additional \$625.00 annually in payroll contributions.

(c) In accordance with requirements under the Affordable Care Act (ACA), no individual family member can pay more out-of-pocket for eligible expenses in 2021 than \$8,550 (Options 1 & 2) or \$7,000 (Option 3), or the combined family out-of-pocket maximum for the plan option in which they are enrolled, whichever is less. Once the combined family out-of-pocket maximum is met, the plan will pay 100% of eligible expenses for the remainder of the year (including for a family member who has not met the individual out-of-pocket maximum).

\* State surcharges will apply to residents in Alaska, Connecticut, Idaho, Maine, Massachusetts, Michigan, New Mexico, New York, Rhode Island, and Vermont.

† Contribution amounts above do not include Working Spouse Contributions.



**This table applies to employees who are regularly scheduled to work 30 or more hours a week and are considered to be full-time Company employees for GE welfare benefit purposes.**

The General Electric Company reserves the right to terminate, amend, suspend, replace or modify its benefit plans and programs at any time and for any reason, in its sole discretion. No individual has a vested right to any benefit under a GE welfare benefit plan or program.