

2021 Medical, Dental, Vision, Cobra Premiums Full-Time (40 hours)

Medical							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Monthly Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
Plus Plan							
Associate Only	\$681.00	\$216.00	\$465.00	\$340.50	\$108.00	\$232.50	\$680.29
Associate + Spouse	\$1,333.00	\$434.00	\$899.00	\$666.50	\$217.00	\$449.50	\$1,331.61
Associate + Child(ren)	\$1,205.00	\$390.00	\$815.00	\$602.50	\$195.00	\$407.50	\$1,203.74
Family	\$1,855.00	\$601.00	\$1,254.00	\$927.50	\$300.50	\$627.00	\$1,853.06
Standard Plan							
Associate Only	\$618.00	\$153.00	\$465.00	\$309.00	\$76.50	\$232.50	\$616.13
Associate + Spouse	\$1,208.00	\$309.00	\$899.00	\$604.00	\$154.50	\$449.50	\$1,204.35
Associate + Child(ren)	\$1,094.00	\$279.00	\$815.00	\$547.00	\$139.50	\$407.50	\$1,090.70
Family	\$1,683.00	\$429.00	\$1,254.00	\$841.50	\$214.50	\$627.00	\$1,677.92
Value Plan							
Associate Only	\$563.00	\$98.00	\$465.00	\$281.50	\$49.00	\$232.50	\$560.39
Associate + Spouse	\$1,104.00	\$205.00	\$899.00	\$552.00	\$102.50	\$449.50	\$1,098.88
Associate + Child(ren)	\$997.00	\$182.00	\$815.00	\$498.50	\$91.00	\$407.50	\$992.37
Family	\$1,536.00	\$282.00	\$1,254.00	\$768.00	\$141.00	\$627.00	\$1,528.87

- \$75 monthly (\$37.50 per paycheck) Tobacco Surcharge will apply if associate is a tobacco user.
- \$100 monthly (\$50 per paycheck) Spousal Surcharge will apply if spouse/domestic partner (DP) is eligible for medical coverage through his/her employer and is enrolled in an H&R Block medical plan.

Dental							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Monthly Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
Associate Only	\$41.00	\$20.50	\$20.50	\$20.50	\$10.25	\$10.25	\$41.82
Associate + Spouse	\$81.00	\$40.50	\$40.50	\$40.50	\$20.25	\$20.25	\$82.62
Associate + Child(ren)	\$75.00	\$37.50	\$37.50	\$37.50	\$18.75	\$18.75	\$76.50
Family	\$113.00	\$56.50	\$56.50	\$56.50	\$28.25	\$28.25	\$115.26

Vision							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Monthly Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
Associate Only	\$9.00	\$4.50	\$4.50	\$4.50	\$2.25	\$2.25	\$9.18
Associate + Spouse	\$15.00	\$7.50	\$7.50	\$7.50	\$3.75	\$3.75	\$15.30
Associate + Child(ren)	\$14.00	\$7.00	\$7.00	\$7.00	\$3.50	\$3.50	\$14.28
Family	\$23.00	\$11.50	\$11.50	\$11.50	\$5.75	\$5.75	\$23.46

2021 Medical, Dental, Vision, Cobra Premiums

Part-Time (20-39 hours)

Medical							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Monthly Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
Plus Plan							
Associate Only	\$681.00	\$216.00	\$465.00	\$340.50	\$108.00	\$232.50	\$680.29
Associate + Spouse	\$1,333.00	\$666.50	\$666.50	\$666.50	\$333.25	\$333.25	\$1,331.61
Associate + Child(ren)	\$1,205.00	\$602.50	\$602.50	\$602.50	\$301.25	\$301.25	\$1,203.74
Family	\$1,855.00	\$927.50	\$927.50	\$927.50	\$463.75	\$463.75	\$1,853.06
Standard Plan							
Associate Only	\$618.00	\$153.00	\$465.00	\$309.00	\$76.50	\$232.50	\$616.13
Associate + Spouse	\$1,208.00	\$604.00	\$604.00	\$604.00	\$302.00	\$302.00	\$1,204.35
Associate + Child(ren)	\$1,094.00	\$547.00	\$547.00	\$547.00	\$273.50	\$273.50	\$1,090.70
Family	\$1,683.00	\$841.50	\$841.50	\$841.50	\$420.75	\$420.75	\$1,677.92
Value Plan							
Associate Only	\$563.00	\$98.00	\$465.00	\$281.50	\$49.00	\$232.50	\$560.39
Associate + Spouse	\$1,104.00	\$552.00	\$552.00	\$552.00	\$276.00	\$276.00	\$1,098.88
Associate + Child(ren)	\$997.00	\$498.50	\$498.50	\$498.50	\$249.25	\$249.25	\$992.37
Family	\$1,536.00	\$768.00	\$768.00	\$768.00	\$384.00	\$384.00	\$1,528.87

- \$75 monthly (\$37.50 per paycheck) Tobacco Surcharge will apply if associate is a tobacco user.
- \$100 monthly (\$50 per paycheck) Spousal Surcharge will apply if spouse/domestic partner (DP) is eligible for medical coverage through his/her employer and is enrolled in an H&R Block medical plan.

Dental							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Monthly Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
Associate Only	\$41.00	\$20.50	\$20.50	\$20.50	\$10.25	\$10.25	\$41.82
Associate + Spouse	\$81.00	\$40.50	\$40.50	\$40.50	\$20.25	\$20.25	\$82.62
Associate + Child(ren)	\$75.00	\$37.50	\$37.50	\$37.50	\$18.75	\$18.75	\$76.50
Family	\$113.00	\$56.50	\$56.50	\$56.50	\$28.25	\$28.25	\$115.26

Vision							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Monthly Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
Associate Only	\$9.00	\$4.50	\$4.50	\$4.50	\$2.25	\$2.25	\$9.18
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Associate + Child(ren)	\$14.00	\$7.00	\$7.00	\$7.00	\$3.50	\$3.50	\$14.28
Family	\$23.00	\$11.50	\$11.50	\$11.50	\$5.75	\$5.75	\$23.46

2021 Medical, Dental, Vision & Cobra Premiums Hawaii Full-Time Associates (40 Hours)

Medical							
	Monthly (12)			Per Paycheck (24)			Cobra
	Total Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
Associate Only	\$664.09	\$166.02	\$498.07	\$332.05	\$83.01	\$249.04	\$677.37
Associate + Spouse/DP	\$1,328.18	\$332.05	\$996.13	\$664.09	\$166.03	\$498.07	\$1,354.74
Associate + Child(ren)	\$1,195.36	\$298.84	\$896.52	\$597.68	\$149.42	\$448.26	\$1,219.27
Family	\$1,992.27	\$498.07	\$1,494.20	\$996.14	\$249.04	\$747.10	\$2,032.12

- \$100 monthly (\$50 per paycheck) Spousal Surcharge will apply if spouse/domestic partner (DP) is eligible for medical coverage through his/her employer and is enrolled in an H&R Block medical plan.

Dental							
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	Total Monthly Premium	Associate Premium	H&R Block Premium	Total Premium	Associate Premium	H&R Block Premium	Monthly Premium
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Associate + Spouse	\$81.00	\$40.50	\$40.50	\$40.50	\$20.25	\$20.25	\$82.62
Associate + Child(ren)	\$75.00	\$37.50	\$37.50	\$37.50	\$18.75	\$18.75	\$76.50
Family	\$113.00	\$56.50	\$56.50	\$56.50	\$28.25	\$28.25	\$115.26

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Associate Only	\$664.09	\$166.02	\$498.07	\$332.05	\$83.01	\$249.04	\$677.37
Associate + Spouse/DP	\$1,328.18	\$664.09	\$664.09	\$664.09	\$332.05	\$332.05	\$1,354.74
Associate + Child(ren)	\$1,195.36	\$597.68	\$597.68	\$597.68	\$298.84	\$298.84	\$1,219.27
Family	\$1,992.27	\$996.14	\$996.13	\$996.14	\$498.07	\$498.07	\$2,032.12

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Family	\$23.00	\$11.50	\$11.50	\$11.50	\$5.75	\$5.75	\$23.46