

2022 Xerox Monthly Benefit Cost Non-Preferred Medical Carrier

Medical Monthly Contribution Rates*	Network Only Plan	Choice Lower Deductible Plan	Choice Higher Deductible Plan
If your 2021 salary is less than \$40,000			
Employee Only	\$226.66	\$166.32	\$0.00
Employee + Spouse	\$544.72	\$363.97	\$267.40
Employee + Child(ren)	\$444.87	\$304.26	\$225.24
Family	\$771.97	\$510.93	\$379.24
If your 2021 salary is \$40,000 - \$59,999			
Employee Only	\$247.24	\$171.90	\$0.00
Employee + Spouse	\$578.85	\$383.10	\$286.52
Employee + Child(ren)	\$479.77	\$324.16	\$245.14
Family	\$827.70	\$551.66	\$419.96
If your 2021 salary is \$60,000 - \$79,999			
Employee Only	\$251.14	\$175.80	\$131.90
Employee + Spouse	\$608.97	\$413.22	\$316.64
Employee + Child(ren)	\$501.85	\$346.24	\$267.22
Family	\$865.48	\$589.45	\$457.75
If your 2021 salary is \$80,000 - \$119,999			
Employee Only	\$267.84	\$180.00	\$136.10
Employee + Spouse	\$694.80	\$486.55	\$389.98
Employee + Child(ren)	\$530.34	\$362.23	\$283.21
Family	\$969.24	\$680.71	\$549.01
If your 2021 salary is \$120,000 - \$159,999			
Employee Only	\$291.14	\$190.80	\$146.90
Employee + Spouse	\$725.90	\$505.16	\$408.58
Employee + Child(ren)	\$546.58	\$365.96	\$286.94
Family	\$990.54	\$689.51	\$557.81
If your 2021 salary is \$160,000 - \$199,999			
Employee Only	\$306.28	\$205.94	\$162.04
Employee + Spouse	\$755.50	\$534.74	\$438.17
Employee + Child(ren)	\$573.38	\$392.77	\$313.75
Family	\$1,049.75	\$748.72	\$617.02
If your 2021 salary is \$200,000 or more			
Employee Only	\$348.64	\$248.29	\$204.40
Employee + Spouse	\$760.67	\$539.92	\$443.34
Employee + Child(ren)	\$607.80	\$427.19	\$348.17
Family	\$1,062.38	\$761.35	\$629.65

*Rates do not include the tobacco surcharge.

For Xerox employees - Your salary as of September 1, 2021, or your date of hire, whichever is later.

For XBS employees - Your Salary as of September 1, 2021, or your date of hire, whichever is later. For sales employees, an Annual Benefit Base Rate (ABBR) will be used. The ABBR is based on gross wages from September 2020 through August 2021, or base pay as of September 2021, whichever is higher.

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Dental Monthly Contribution Rates			
	Basic Dental	Enhanced Dental	DMO
Employee Only	\$15.16	\$20.57	\$8.70
Employee + Spouse	\$31.83	\$43.20	\$18.27
Employee + Child(ren)	\$37.89	\$51.43	\$21.75
Family	\$51.53	\$69.94	\$28.71

Vision Monthly Contribution Rates	
Employee Only	\$5.59
Employee + Spouse	\$11.18
Employee + Child(ren)	\$11.74
Family	\$17.33