Veolia North America
Bargaining Units RI1, MA6, MA8 and CA2

2022 Employee Contributions

VEOLIA

The 2022 employee contributions show what you'll pay for coverage under the Veolia North America benefits plans.

Questions? Call the Veolia Benefits Center at 1-844-690-0918, Monday through Friday from 7:30 a.m. to 6:00 p.m. CST to speak with a representative.

Medical contributions

	VNA	
	BI-WEEKLY	WEEKLY
HEALTH		
HIGH DEDUCTIBLE HEALTH PLAN — GOLD		
Employee Only	$74.32	$37.16
EE + Spouse	$152.35	$76.17
Employee & Children	$144.92	$72.46
EE + Family	$206.60	$103.30
HIGH DEDUCTIBLE HEALTH PLAN — SILVER		
Employee Only	$17.41	$8.71
EE + Spouse	$46.44	$23.22
Employee & Children	$36.29	$18.15
EE + Family	$57.17	$28.59
PPO		
Employee Only	$71.96	$35.98
EE + Spouse	$147.51	$73.76
Employee & Children	$130.10	$65.05
EE + Family	$200.04	$100.02
EPO		
Employee Only	$75.03	$37.51
EE + Spouse	$153.81	$76.90
Employee & Children	$146.31	$73.15
EE + Family	$208.58	$104.29

Dental contributions

	VNA	
DENTAL	**BI-WEEKLY**	**WEEKLY**
DENTAL PPO - DELTA		
Employee Only	$5.21	$2.61
EE + Spouse	$12.54	$6.27
Employee & Children	$10.33	$5.17
EE + Family	$16.89	$8.45

Vision contributions

	VNA			
	BASE *Paid for by Veolia*		**BUY-UP** *Paid for by Employee*	
	BI-WEEKLY	**WEEKLY**	**BI-WEEKLY**	**WEEKLY**
Employee Only	$0.00	$0.00	$4.80	$2.40
EE + Spouse	$0.00	$0.00	$9.66	$4.83
Employee & Children	$0.00	$0.00	$10.37	$5.18
EE + Family	$0.00	$0.00	$16.45	$8.22

Long-term disability insurance

	CORE	BUY-UP
Employee Only	*Paid for by Veolia*	$0.125 per $100

Life insurance

BASIC	
Employee	*Paid for by Veolia*
SUPPLEMENTAL EMPLOYEE AND SPOUSE/SAME-GENDER DOMESTIC PARTNER	
Age (of employee or spouse as of January 1, 2022)	Monthly per $1,000 of coverage
≤ 29	$0.070
30-34	$0.090
35-39	$0.100
40-44	$0.120
45-49	$0.200
50-54	$0.320
55-59	$0.550
60-64	$0.810
65-69	$1.280
70 +	$2.400
SUPPLEMENTAL DEPENDENT CHILD	
$25,000 per child	$1.525

Accidental death and dismemberment insurance

	BASIC	SUPPLEMENTAL *Monthly per $1,000 of coverage*
Employee Only	*Paid for by Veolia*	$0.020
Employee + Family		$0.035

Voluntary group legal

	MONTHLY
Standard	$18.00
Standard + Parent	$23.00

Voluntary identity theft protection

	MONTHLY
Employee Only	$8.95
Employee + Family	$16.95

Voluntary critical illness

$20,000 Coverage Rates ($10,000 Child coverage included in Employee + Child and Family tiers)

	MONTHLY			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
Ages 18-25	$6.86	$13.22	$6.86	$13.22
Ages 26-30	$9.03	$17.56	$9.03	$17.56
Ages 31-35	$10.68	$20.87	$10.68	$20.87
Ages 36-40	$14.04	$27.58	$14.04	$27.58
Ages 41-45	$16.91	$33.32	$16.91	$33.32
Ages 46-50	$20.18	$39.86	$20.18	$39.86
Ages 51-55	$31.35	$62.21	$31.35	$62.21
Ages 56-60	$30.93	$61.37	$30.93	$61.37
Ages 61-65	$63.03	$125.56	$63.03	$125.56
Ages 66+	$110.52	$220.54	$110.52	$220.54

$10,000 Coverage Rates ($5,000 Child coverage included in Employee + Child and Family tiers)

	MONTHLY			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
Ages 18-25	$4.15	$8.05	$4.15	$8.05
Ages 26-30	$5.24	$10.23	$5.24	$10.23
Ages 31-35	$6.06	$11.87	$6.06	$11.87
Ages 36-40	$7.74	$15.23	$7.74	$15.23
Ages 41-45	$9.18	$18.11	$9.18	$18.11
Ages 46-50	$10.81	$21.37	$10.81	$21.37
Ages 51-55	$16.40	$32.55	$16.40	$32.55
Ages 56-60	$16.19	$32.13	$16.19	$32.13
Ages 61-65	$32.23	$64.22	$32.23	$64.22
Ages 66+	$55.98	$111.71	$55.98	$111.71

Voluntary group hospital indemnity

	MONTHLY	
	HIGH PLAN	LOW PLAN
Employee Only	$20.02	$10.02
Employee + Spouse	$40.54	$20.28
Employee + Children	$33.02	$16.50
Employee + Family	$53.54	$26.76

Voluntary accident insurance

	MONTHLY	
	HIGH PLAN	LOW PLAN
Employee Only	$10.37	$5.73
Employee + Spouse	$17.40	$9.87
Employee + Children	$20.92	$11.77
Employee + Family	$27.95	$15.91