Lay Health & Welfare Monthly Benefit Premiums (Flat Employer PEPM) July 1, 2024 to June 30, 2025

PER EMPLOYEE RATES AND CONTRIBUTIONS

Christian Brothers Standard Plan	Rate	ER Cost	EE Cost	ER PP Cost	EE PP Cost
Employee Only	\$1,001.00	\$801.00	\$200.00	\$400.50	\$100.00
Employee & Spouse	\$1,801.00	\$801.00	\$1,000.00	\$400.50	\$500.00
Employee & Child(ren)	\$1,301.00	\$801.00	\$500.00	\$400.50	\$250.00
Employee & Family	\$2,301.00	\$801.00	\$1,500.00	\$400.50	\$750.00
Christian Brothers CDHP Plan	Rate	ER Cost	EE Cost	ER PP Cost	EE PP Cost
Employee Only	\$851.00	\$801.00	\$50.00	\$400.50	\$25.00
Employee & Spouse	\$1,051.00	\$801.00	\$250.00	\$400.50	\$125.00
Employee & Child(ren)	\$926.00	\$801.00	\$125.00	\$400.50	\$62.50
Employee & Family	\$1,176.00	\$801.00	\$375.00	\$400.50	\$187.50
Kaiser Foundation of Washington Standard Plan	Rate	ER Cost	EE Cost	ER PP Cost	EE PP Cost
Employee Only	\$1,101.00	\$801.00	\$300.00	\$400.50	\$150.00
Employee & Spouse	\$2,401.00	\$801.00	\$1,600.00	\$400.50	\$800.00
Employee & Child(ren)	\$2,001.00	\$801.00	\$1,200.00	\$400.50	\$600.00
Employee & Family	\$2,801.00	\$801.00	\$2,000.00	\$400.50	\$1,000.00
Kaiser Foundation of Washington CDHP Plan	Rate	ER Cost	EE Cost	ER PP Cost	EE PP Cost
Employee Only	\$876.00	\$801.00	\$75.00	\$400.50	\$37.50
Employee & Spouse	\$1,651.00	\$801.00	\$850.00	\$400.50	\$425.00
Employee & Child(ren)	\$1,426.00	\$801.00	\$625.00	\$400.50	\$312.50
Francisco 9 Francisco	A	A ·			^-
Employee & Family	\$2,201.00	\$801.00	\$1,400.00	\$400.50	\$700.00
		<u> </u>	· /	<u> </u>	<u> </u>
Kaiser NW Standard Plan	Rate	ER Cost	EE Cost	ER PP Cost	EE PP Cost
Kaiser NW Standard Plan Employee Only	Rate \$1,101.00	ER Cost \$801.00	EE Cost \$300.00	ER PP Cost \$400.50	EE PP Cost \$150.00
Kaiser NW Standard Plan Employee Only Employee & Spouse	Rate \$1,101.00 \$2,401.00	ER Cost \$801.00 \$801.00	EE Cost \$300.00 \$1,600.00	#400.50 \$400.50	### \$150.00 \$800.00
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren)	Rate \$1,101.00 \$2,401.00 \$2,001.00	\$801.00 \$801.00 \$801.00	\$300.00 \$1,600.00 \$1,200.00	### ##################################	\$150.00 \$800.00 \$600.00
Kaiser NW Standard Plan Employee Only Employee & Spouse	Rate \$1,101.00 \$2,401.00	ER Cost \$801.00 \$801.00	EE Cost \$300.00 \$1,600.00	#400.50 \$400.50	### \$150.00 \$800.00
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00	\$801.00 \$801.00 \$801.00 \$801.00	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00	\$400.50 \$400.50 \$400.50 \$400.50 \$400.50	\$150.00 \$800.00 \$600.00 \$1,000.00
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00	\$801.00 \$801.00 \$801.00 \$801.00 \$ER Cost	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00	\$400.50 \$400.50 \$400.50 \$400.50 \$400.50	\$150.00 \$800.00 \$600.00 \$1,000.00
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan Employee Only	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00 Rate \$876.00	\$801.00 \$801.00 \$801.00 \$801.00 \$801.00	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00 \$EE Cost \$75.00	\$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50	\$150.00 \$800.00 \$600.00 \$1,000.00 \$37.50
Kaiser NW Standard Plan Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan Employee Only Employee & Spouse	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00 Rate \$876.00 \$1,651.00	\$801.00 \$801.00 \$801.00 \$801.00 \$801.00 ER Cost \$801.00 \$801.00	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00 \$2,000.00 \$75.00 \$850.00	### PP Cost \$400.50 \$400.50 \$400.50 \$400.50 #################################	\$150.00 \$800.00 \$600.00 \$1,000.00 \$37.50 \$425.00
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan Employee Only Employee & Spouse Employee & Child(ren)	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00 Rate \$876.00 \$1,651.00 \$1,426.00	### Cost \$801.00 \$801.	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00 \$2,000.00 \$75.00 \$850.00 \$625.00	### PP Cost \$400.50 \$400.50 \$400.50 \$400.50 #### ###########################	\$150.00 \$800.00 \$600.00 \$1,000.00 \$37.50 \$425.00 \$312.50
Kaiser NW Standard Plan Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan Employee Only Employee & Spouse	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00 Rate \$876.00 \$1,651.00	\$801.00 \$801.00 \$801.00 \$801.00 \$801.00 ER Cost \$801.00 \$801.00	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00 \$2,000.00 \$75.00 \$850.00	### PP Cost \$400.50 \$400.50 \$400.50 \$400.50 #################################	\$150.00 \$800.00 \$600.00 \$1,000.00 \$37.50 \$425.00
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Child(ren) Employee & Family	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00 Rate \$876.00 \$1,651.00 \$1,426.00 \$2,201.00	### Cost	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00 \$75.00 \$850.00 \$625.00 \$1,400.00	### PP Cost \$400.50 \$400.50 \$400.50 \$400.50 #### ##### ####### ###### #######	\$150.00 \$800.00 \$600.00 \$1,000.00 EE PP Cost \$37.50 \$425.00 \$312.50 \$700.00
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Child(ren) Employee & Family	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00 Rate \$876.00 \$1,651.00 \$1,426.00 \$2,201.00 Rate	## Cost	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00 \$75.00 \$850.00 \$625.00 \$1,400.00	### PP Cost \$400.50 \$400.50 \$400.50 \$400.50 #### ##### ####### ###### #######	\$150.00 \$800.00 \$600.00 \$1,000.00 EE PP Cost \$37.50 \$425.00 \$312.50 \$700.00
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Child(ren) Employee & Family	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00 Rate \$876.00 \$1,651.00 \$1,426.00 \$2,201.00 Rate \$50.28	## Cost	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00 \$75.00 \$850.00 \$625.00 \$1,400.00	### Cost \$400.50 \$400.	\$150.00 \$800.00 \$600.00 \$1,000.00 EE PP Cost \$37.50 \$425.00 \$312.50 \$700.00
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Delta Dental WA Employee Only Employee + 1 Dep	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00 Rate \$876.00 \$1,651.00 \$1,426.00 \$2,201.00 Rate \$50.28 \$108.30	## Cost	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00 \$2,000.00 \$850.00 \$625.00 \$1,400.00 \$58.02	### Cost \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$25.14 \$25.14	### ST Cost
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Child(ren) Employee & Family	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00 Rate \$876.00 \$1,651.00 \$1,426.00 \$2,201.00 Rate \$50.28	## Cost	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00 \$75.00 \$850.00 \$625.00 \$1,400.00	### Cost \$400.50 \$400.	\$150.00 \$800.00 \$600.00 \$1,000.00 \$1,000.00 \$37.50 \$425.00 \$312.50 \$700.00
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Delta Dental WA Employee Only Employee + 1 Dep Employee + 2+ Dep	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00 Rate \$876.00 \$1,651.00 \$1,426.00 \$2,201.00 Rate \$50.28 \$108.30 \$164.46	## Cost \$801.00 \$801.0	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00 \$2,000.00 \$850.00 \$625.00 \$1,400.00 \$58.02 \$114.18	### Cost \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$425.14 \$25.14	\$150.00 \$800.00 \$600.00 \$1,000.00 \$29.01 \$57.09
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Delta Dental WA Employee Only Employee + 1 Dep Employee + 2+ Dep	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00 Rate \$876.00 \$1,651.00 \$1,426.00 \$2,201.00 Rate \$50.28 \$108.30 \$164.46 Rate	## Cost \$801.00 \$801.0	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00 \$75.00 \$850.00 \$625.00 \$1,400.00 \$58.02 \$114.18	### PP Cost \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 #### ER PP Cost \$400.50 \$400.50 \$400.50 #################################	### STORM ST
Kaiser NW Standard Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Kaiser NW CDHP Plan Employee Only Employee & Spouse Employee & Child(ren) Employee & Family Delta Dental WA Employee Only Employee + 1 Dep Employee + 2+ Dep	Rate \$1,101.00 \$2,401.00 \$2,001.00 \$2,801.00 Rate \$876.00 \$1,651.00 \$1,426.00 \$2,201.00 Rate \$50.28 \$108.30 \$164.46	## Cost \$801.00 \$801.0	\$300.00 \$1,600.00 \$1,200.00 \$2,000.00 \$2,000.00 \$850.00 \$625.00 \$1,400.00 \$58.02 \$114.18	### Cost \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$400.50 \$425.14 \$25.14	### ST Cost ### \$150.00

BSO\Lay HW\OE\Rates\2017-18 2/21/17

Prudential Life and LTD	ER Cost
Life - Employer-paid	\$.195 per \$1,000 of covered salary
AD&D - Employer paid	\$.009 per \$1,000 of covered salary
Dependent Life - Employer paid	\$1.36 per dependent unit
Long Term Disability - Employer paid	\$0.38 per \$100 of covered salary

Long Term Care (John Hancock)	Rate	ER Cost	EE cost	ER PP Cost	EE PP Cost
Employee (Employer paid)	\$11.50	\$11.50	\$0.00	\$5.75	\$0.00

Allstate Identity Protection	Rate	ER Cost	EE Cost	ER PP Cost	EE PP Cost
Employee	\$7.94	\$0.00	\$7.94	\$0.00	\$3.97
Family	\$13.94	\$0.00	\$13.94	\$0.00	\$6.97
Employee - Buy Up	\$9.94	\$0.00	\$9.94	\$0.00	\$4.97
Family - Buy Up	\$17.94	\$0.00	\$17.94	\$0.00	\$8.97

Health & 403(b) Admin	Rate	
Employee Only	\$53.93	

Administrative Fees for EE enrolled in FSA and HSA Plan	Rate	ER Cost	EE Cost
HSA	\$1.85	\$1.85	\$0.00
FSA	\$1.95	\$1.95	\$0.00

HSA Plan (Seed) - CB CDHP Plans	Monthly	ER PP Cost	EE PP Cost
Employee Only	\$83.34	\$41.67	\$0.00
EE+ Family	\$166.66	\$83.33	\$0.00

HSA Plan (Seed) - Kaiser CDHP Plans	Monthly	ER PP Cost	EE PP Cost
Employee Only	\$83.34	\$41.67	\$0.00
EE+ Family	\$166.66	\$83.33	\$0.00

FSA Plan (Seed) For CDHP enrollees ineligible for HSA Plan	Monthly	ER PP Cost	EE Cost
Employee Only	\$41.66	\$20.83	\$0.00

Annual amount b \$1,000 \$2,000

Annual amount b: \$1,000 \$2,000

BSO\Lay HW\0E\Rates\2017-18 2/21/17