

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
Employee & Family	\$2,201.00	\$801.00	\$1,400.00	\$400.50	\$700.00

Kaiser NW 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 NW 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
Employee & Family	\$2,201.00	\$801.00	\$1,400.00	\$400.50	\$700.00

Delta Dental WA	Rate	ER Cost	EE Cost	ER PP Cost	EE PP Cost
Employee Only	\$50.28	\$50.28	\$0.00	\$25.14	\$0.00
Employee + 1 Dep	\$108.30	\$50.28	\$58.02	\$25.14	\$29.01
Employee + 2+ Dep	\$164.46	\$50.28	\$114.18	\$25.14	\$57.09

VSP	Rate	ER Cost	EE Cost	ER PP Cost	EE PP Cost
Employee Only	\$6.32	\$6.32	\$0.00	\$3.16	\$0.00
Employee + 1 Dep	\$9.22	\$6.32	\$2.90	\$3.16	\$1.45
Employee + 2+ Dep	\$16.54	\$6.32	\$10.22	\$3.16	\$5.11

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	Annual amount b: \$1,000
EE+ Family	\$166.66	\$83.33	\$0.00	\$2,000

HSA Plan (Seed) - Kaiser CDHP Plans	Monthly	ER PP Cost	EE PP Cost	
Employee Only	\$83.34	\$41.67	\$0.00	Annual amount b: \$1,000
EE+ Family	\$166.66	\$83.33	\$0.00	\$2,000

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