total rewards

2021 MEDICAL/DENTAL/VISION PREMIUM SHARE RATES

WITH Wellness Reward Incentive

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Aetna Deductible Plan					
Employee Only	56.88	28.44	755.48	377.74	812.36
Employee & Spouse/Partner	273.62	136.81	1,335.89	667.95	1,609.51
Employee & Child(ren)	241.84	120.92	1,180.72	590.36	1,422.56
Couple & Child(ren)	377.26	188.63	1,841.92	920.96	2,219.18
Aetna High Deductible Health Plan*					
Employee Only	14.12	7.06	691.79	345.90	705.91
Employee & Spouse/Partner	97.76	48.88	1,298.81	649.41	1,396.57
Employee & Child(ren)	86.38	43.19	1,147.59	573.80	1,233.97
Couple & Child(ren)	134.76	67.38	1,790.20	895.10	1,924.96
Kaiser Permanente Plan					
Employee Only	41.30	20.65	548.76	274.38	590.06
Employee & Spouse/Partner	199.38	99.69	973.44	486.72	1,172.82
Employee & Child(ren)	186.52	93.26	910.72	455.36	1,097.24
Couple & Child(ren)	286.84	143.42	1,400.50	700.25	1,687.34

* HDHP members who complete the annual Wellness Program receive a 500 (employee only coverage) or 1,000 (employee & family coverage) HSA contribution.

WITHOUT Wellness Reward Incentive

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Aetna Deductible Plan					
Employee Only	138.10	69.05	674.26	337.13	812.36
Employee & Spouse/Partner	434.58	217.29	1,174.93	587.47	1,609.51
Employee & Child(ren)	384.10	192.05	1,038.46	519.23	1,422.56
Couple & Child(ren)	589.02	294.51	1,630.16	815.08	2,219.18
Aetna High Deductible Health Plan					
Employee Only	14.12	7.06	691.79	345.90	705.91
Employee & Spouse/Partner	97.76	48.88	1,298.81	649.41	1,396.57
Employee & Child(ren)	86.38	43.19	1,147.59	573.80	1,233.97
Couple & Child(ren)	134.76	67.38	1,790.20	895.10	1,924.96
Kaiser Permanente Plan					
Employee Only	100.30	50.15	489.76	244.88	590.06
Employee & Spouse/Partner	316.66	158.33	856.16	428.08	1,172.82
Employee & Child(ren)	296.24	148.12	801.00	400.50	1,097.24
Couple & Child(ren)	455.56	227.78	1,231.78	615.89	1,687.34

Dental Insurance

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Delta Dental WA Legacy					
Employee Only	1.88	0.94	60.84	30.42	62.72
Employee & Spouse/Partner	13.78	6.89	111.65	55.83	125.43
Employee & Child(ren)	11.72	5.86	94.90	47.45	106.62
Couple & Child(ren)	18.96	9.48	153.52	76.76	172.48
Delta Dental WA Core					
Employee Only	1.88	0.94	60.84	30.42	62.72
Employee & Spouse/Partner	13.78	6.89	111.65	55.83	125.43
Employee & Child(ren)	11.72	5.86	94.90	47.45	106.62
Couple & Child(ren)	18.96	9.48	153.52	76.76	172.48
Delta Dental WA Enhanced					
Employee Only	21.40	10.70	60.84	30.42	82.24
Employee & Spouse/Partner	52.82	26.41	111.66	55.83	164.48
Employee & Child(ren)	44.92	22.46	94.90	47.45	139.82
Couple & Child(ren)	72.66	36.33	153.52	76.76	226.18

Vision Insurance

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
VSP Core					
Employee Only	1.10	0.55	6.24	3.12	7.34
Employee & Spouse/Partner	2.12	1.06	11.98	5.99	14.10
Employee & Child(ren)	2.26	1.13	12.78	6.39	15.04
Couple & Child(ren)	3.56	1.78	20.15	10.08	23.71
VSP Enhanced					
Employee Only	5.40	2.70	6.24	3.12	11.64
Employee & Spouse/Partner	10.76	5.38	11.98	5.99	22.74
Employee & Child(ren)	11.50	5.75	12.78	6.39	24.28
Couple & Child(ren)	18.30	9.15	20.15	10.08	38.45