



Insurance | Risk Management | Consulting

**MONTHLY COST OUTLINE FOR COBRA PARTICIPANTS OF  
Saltchuk Resources, Inc.**

EFFECTIVE January 1, 2023

The following plans are available to you, please make your selection:

Coverage Level	Medical Premera Blue Cross HDHP 1750	Medical Premera Blue Cross PPO Base 750	Medical Premera Blue Cross PPO Buy Up 350	Vision Vision Service Plan (VSP)
Employee Only	<input type="checkbox"/> 731.25	<input type="checkbox"/> 968.32	<input type="checkbox"/> 1067.56	<input type="checkbox"/> 6.12
Employee + Spouse	<input type="checkbox"/> 1723.33	<input type="checkbox"/> 2239.74	<input type="checkbox"/> 2470.40	<input type="checkbox"/> 9.77
Employee + Child	<input type="checkbox"/> 1460.16	<input type="checkbox"/> 1933.94	<input type="checkbox"/> 2127.09	<input type="checkbox"/> 9.98
Employee + Children	<input type="checkbox"/> 1460.16	<input type="checkbox"/> 1933.94	<input type="checkbox"/> 2127.09	<input type="checkbox"/> 9.98
Employee + Spouse + Child	<input type="checkbox"/> 2526.60	<input type="checkbox"/> 3173.16	<input type="checkbox"/> 3500.43	<input type="checkbox"/> 16.07
Employee + Spouse + Children	<input type="checkbox"/> 2526.60	<input type="checkbox"/> 3173.16	<input type="checkbox"/> 3500.43	<input type="checkbox"/> 16.07
Spouse Only	<input type="checkbox"/> 731.25	<input type="checkbox"/> 968.32	<input type="checkbox"/> 1067.56	<input type="checkbox"/> 6.12
1 Child Only *	<input type="checkbox"/> 731.25	<input type="checkbox"/> 968.32	<input type="checkbox"/> 1067.56	<input type="checkbox"/> 6.12
2 Children Only	<input type="checkbox"/> 1462.50	<input type="checkbox"/> 1936.64	<input type="checkbox"/> 2135.12	<input type="checkbox"/> 12.24
3 Children Only	<input type="checkbox"/> 2193.75	<input type="checkbox"/> 2904.96	<input type="checkbox"/> 3202.68	<input type="checkbox"/> 18.36
Spouse & 1 Child	<input type="checkbox"/> 1460.16	<input type="checkbox"/> 1933.94	<input type="checkbox"/> 2127.09	<input type="checkbox"/> 9.98
Spouse & 2+ Children	<input type="checkbox"/> 1460.16	<input type="checkbox"/> 1933.94	<input type="checkbox"/> 2127.09	<input type="checkbox"/> 9.98
Overage Dependent	<input type="checkbox"/> 731.25	<input type="checkbox"/> 968.32	<input type="checkbox"/> 1067.56	<input type="checkbox"/> 6.12

Coverage Level	Dental Delta Dental of WA (DDWA) Base 1500	Dental Delta Dental of WA (DDWA) Buy Up 2000	Employee Assistance Plan (EAP) SupportLinc
Employee Only ***	<input type="checkbox"/> 60.33	<input type="checkbox"/> 77.94	<input type="checkbox"/> 1.52
Employee + Spouse	<input type="checkbox"/> 123.03	<input type="checkbox"/> 158.24	
Employee + Child	<input type="checkbox"/> 119.47	<input type="checkbox"/> 153.76	
Employee + Children	<input type="checkbox"/> 119.47	<input type="checkbox"/> 153.76	
Employee + Spouse + Child	<input type="checkbox"/> 184.54	<input type="checkbox"/> 238.31	
Employee + Spouse + Children	<input type="checkbox"/> 184.54	<input type="checkbox"/> 238.31	
Spouse Only **	<input type="checkbox"/> 62.70	<input type="checkbox"/> 80.31	
1 Child Only	<input type="checkbox"/> 59.14	<input type="checkbox"/> 75.82	
2 Children Only	<input type="checkbox"/> 59.14	<input type="checkbox"/> 75.82	
3 Children Only	<input type="checkbox"/> 59.14	<input type="checkbox"/> 75.82	
Spouse & 1 Child	<input type="checkbox"/> 124.21	<input type="checkbox"/> 160.38	
Spouse & 2+ Children	<input type="checkbox"/> 124.21	<input type="checkbox"/> 160.38	
Overage Dependent	<input type="checkbox"/> 60.33	<input type="checkbox"/> 77.94	

\* Premera & VSP Child Only, charges the employee rate per child (2 children = Employee + Employee, etc)

\*\* DDWA Spouse Only, if divorced-Employee Only rate, if married-Spouse Only rate

\*\*\* Employees Assistance Plan (EAP) - rate includes dependents

Total New Monthly Premium for all plans (please add columns together) \$

Please note that the above rates include a 2% COBRA administration fee and if COBRA coverage is extended due to disability there is an additional 48% administration charge.

Your Name (please print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Open Enrollment Checklist**

- \_\_\_ Review carrier information and make your decision about coverage for the next year.
- \_\_\_ Fill out any applicable enrollment form(s).
- \_\_\_ Calculate your new monthly premium.
- \_\_\_ Complete Monthly Cost Outline and return to GBS Administrators.
- \_\_\_ Send in your premium payment if you have not already done so. Or, if you have already paid the previous rate, then send in the difference between it and the new rate you calculated.
- \_\_\_ Mail the above to GBS Administrators, Inc. PO Box 1128, Spokane, WA 99210