

PLAN NAME	COVERAGE LEVEL	RATE	CARRIER PLAN ID #	INSURANCE TYPE	CARRIER	CUST. SRV. #
CuraLinc EAP	Monthly Flat Rate	\$1.59	00928	Employee Assistance Program	Curalinc	(312) 300-3194
Delta Dental of WA Base 1500	QB Only	\$52.02	00036-11410	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$108.63				
	QB + Child	\$105.90				
	QB + Children	\$105.90				
	QB + Family	\$160.66				
	Spouse Only	\$52.02				
	Spouse + Child	\$105.90				
	Spouse + Children	\$105.90				
	Child Only	\$52.02				
Delta Dental of WA Buy Up 2000	QB Only	\$67.55	00036-31410	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$134.19				
	QB + Child	\$130.54				
	QB + Children	\$130.54				
	QB + Family	\$203.56				
	Spouse Only	\$67.55				
	Spouse + Child	\$130.54				
	Spouse + Children	\$130.54				
	Child Only	\$67.55				
Navia FSA Saltchuk Aviation		Member specific rate	NTA	Flexible Spending Account	Navia Benefit Solutions	(425) 452-3488
Premera Blue Cross HDHP 1750	QB Only	\$649.07	1031288-0002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$1,468.65				
	QB + Child	\$1,259.02				
	QB + Children	\$1,259.02				
	QB + Family	\$2,249.39				
	Spouse Only	\$649.07				
	Spouse + Child	\$1,259.02				
	Spouse + Children	\$1,259.02				
	Child Only	\$649.07				
Premera Blue Cross HDHP 1750 AK only	QB Only	\$857.39	1031288-0002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,077.97				
	QB + Child	\$1,792.70				
	QB + Children	\$1,792.70				
	QB + Family	\$3,148.93				
	Spouse Only	\$857.39				
	Spouse + Child	\$1,792.70				
	Spouse + Children	\$1,792.70				
	Child Only	\$857.39				
Premera Blue Cross HDHP 1750 (Hourly) STRATAIR	QB Only	\$507.07	1031288-0002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$1,134.66				
	QB + Child	\$964.51				
	QB + Children	\$964.51				
	QB + Family	\$1,688.59				
	Spouse Only	\$507.07				
	Spouse + Child	\$964.51				
	Spouse + Children	\$964.51				
	Child Only	\$507.07				
Premera Blue Cross HDHP 1750 (Salary) STRATAIR	QB Only	\$507.07	1031288-0002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$1,134.66				
	QB + Child	\$964.51				
	QB + Children	\$964.51				
	QB + Family	\$1,688.59				
	Spouse Only	\$507.07				
	Spouse + Child	\$964.51				
	Spouse + Children	\$964.51				
	Child Only	\$507.07				
Premera Blue Cross PPO 750	QB Only	\$885.88	1031288-0002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$1,968.13				
	QB + Child	\$1,726.81				
	QB + Children	\$1,726.81				
	QB + Family	\$2,866.63				
	Spouse Only	\$885.88				
	Spouse + Child	\$1,726.81				
	Spouse + Children	\$1,726.81				
	Child Only	\$885.88				
Premera Blue Cross PPO 750 AK only	QB Only	\$1,128.63	1031288-0002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,508.23				
	QB + Child	\$2,198.04				
	QB + Children	\$2,198.04				
	QB + Family	\$3,650.90				
	Spouse Only	\$1,128.63				
	Spouse + Child	\$2,198.04				
	Spouse + Children	\$2,198.04				
	Child Only	\$1,128.63				
Premera Blue Cross PPO 750 (Hourly) STRATAIR	QB Only	\$659.18	1031288-0002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$1,475.04				
	QB + Child	\$1,253.88				
	QB + Children	\$1,253.88				
	QB + Family	\$2,195.16				
	Spouse Only	\$659.18				
	Spouse + Child	\$1,253.88				
	Spouse + Children	\$1,253.88				
	Child Only	\$659.18				

PLAN NAME	COVERAGE LEVEL	RATE	CARRIER PLAN ID #	INSURANCE TYPE	CARRIER	CUST. SRV. #
Premera Blue Cross PPO 750 (Salary) STRATAIR	QB Only	\$659.18	1031288-0002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$1,475.04				
	QB + Child	\$1,253.88				
	QB + Children	\$1,253.88				
	QB + Family	\$2,195.16				
	Spouse Only	\$659.18				
	Spouse + Child	\$1,253.88				
	Spouse + Children	\$1,253.88				
	Child Only	\$659.18				
VSP Vision Plan	QB Only	\$8.71	30-006353-0054	Vision	VSP	(800) 216-6248
	QB + Spouse	\$13.55				
	QB + Child	\$13.55				
	QB + Children	\$13.55				
	QB + Family	\$24.17				
	Spouse Only	\$8.71				
	Spouse + Child	\$13.55				
	Spouse + Children	\$13.55				
	Child Only	\$8.71				