

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	\$57.85	00036-11010	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$117.99				
	QB + Child	\$114.59				
	QB + Children	\$114.59				
	QB + Family	\$176.98				
	Spouse Only	\$57.85				
	Spouse + Child	\$114.59				
	Spouse + Children	\$114.59				
	Child Only	\$57.85				
Delta Dental of WA Base 1500 AK	QB Only	\$57.85	00036-12010	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$117.99				
	QB + Child	\$114.59				
	QB + Children	\$114.59				
	QB + Family	\$176.98				
	Spouse Only	\$57.85				
	Spouse + Child	\$114.59				
	Spouse + Children	\$114.59				
	Child Only	\$57.85				
Delta Dental of WA Buy Up 2000	QB Only	\$74.75	00036-31010	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$151.77				
	QB + Child	\$147.46				
	QB + Children	\$147.46				
	QB + Family	\$228.55				
	Spouse Only	\$74.75				
	Spouse + Child	\$147.46				
	Spouse + Children	\$147.46				
	Child Only	\$74.75				
Delta Dental of WA Buy Up 2000 AK	QB Only	\$74.75	00036-32010	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$151.77				
	QB + Child	\$147.46				
	QB + Children	\$147.46				
	QB + Family	\$228.55				
	Spouse Only	\$74.75				
	Spouse + Child	\$147.46				
	Spouse + Children	\$147.46				
	Child Only	\$74.75				
Navia FSA	Member specific rate		SLT	Flexible Spending Account	Navia Benefit Solutions	(425) 452-3488
Premera Blue Cross HDHP 1750	QB Only	\$864.94	1006087-002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,038.39				
	QB + Child	\$1,727.10				
	QB + Children	\$1,727.10				
	QB + Family	\$2,988.51				
	Spouse Only	\$864.94				
	Spouse + Child	\$1,727.10				
	Spouse + Children	\$1,727.10				
	Child Only	\$864.94				
Premera Blue Cross HDHP 1750 AK	QB Only	\$864.94	1006087-002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,038.39				
	QB + Child	\$1,727.10				
	QB + Children	\$1,727.10				
	QB + Family	\$2,988.51				
	Spouse Only	\$864.94				
	Spouse + Child	\$1,727.10				
	Spouse + Children	\$1,727.10				
	Child Only	\$864.94				
Premera Blue Cross PPO Base 750	QB Only	\$1,145.34	1006087-002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,649.20				
	QB + Child	\$2,287.49				
	QB + Children	\$2,287.49				
	QB + Family	\$3,753.26				
	Spouse Only	\$1,145.34				
	Spouse + Child	\$2,287.49				
	Spouse + Children	\$2,287.49				
	Child Only	\$1,145.34				
Premera Blue Cross PPO Base 750 AK	QB Only	\$1,145.34	1006087-002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,649.20				
	QB + Child	\$2,287.49				
	QB + Children	\$2,287.49				
	QB + Family	\$3,753.26				
	Spouse Only	\$1,145.34				
	Spouse + Child	\$2,287.49				
	Spouse + Children	\$2,287.49				
	Child Only	\$1,145.34				
Premera Blue Cross PPO Buy Up 350	QB Only	\$1,262.73	1006087-002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,922.03				
	QB + Child	\$2,515.96				
	QB + Children	\$2,515.96				
	QB + Family	\$4,140.35				
	Spouse Only	\$1,262.73				
	Spouse + Child	\$2,515.96				
	Spouse + Children	\$2,515.96				
	Child Only	\$1,262.73				

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Premera Blue Cross PPO Buy Up 350 AK	QB Only	\$1,262.73	1006087-002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,922.03				
	QB + Child	\$2,515.96				
	QB + Children	\$2,515.96				
	QB + Family	\$4,140.35				
	Spouse Only	\$1,262.73				
	Spouse + Child	\$2,515.96				
	Spouse + Children	\$2,515.96				
	Child Only	\$1,262.73				
	VSP Vision Plan	QB Only				
QB + Spouse		\$9.73				
QB + Child		\$9.93				
QB + Children		\$9.93				
QB + Family		\$15.99				
Spouse Only		\$6.09				
Spouse + Child		\$9.93				
Spouse + Children		\$9.93				
Child Only		\$6.09				