

PLAN NAME	COVERAGE LEVEL	RATE	CARRIER PLAN ID #	INSURANCE TYPE	CARRIER	CUST. SRV. #
CuraLinc EAP	Monthly Flat Rate	\$1.59	928 COBRA	Employee Assistance Program	Curalinc	(312) 300-3194
Delta Dental of WA Base 1500	QB Only	\$23.88	00036-11160	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$53.73				
	QB + Child	\$46.57				
	QB + Children	\$46.57				
	QB + Family	\$76.44				
	Spouse Only	\$23.88				
	Spouse + Child	\$46.57				
	Spouse + Children	\$46.57				
	Child Only	\$23.88				
Delta Dental of WA Buy Up 2000	QB Only	\$40.78	00036-11160	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$87.52				
	QB + Child	\$79.47				
	QB + Children	\$79.47				
	QB + Family	\$128.00				
	Spouse Only	\$40.78				
	Spouse + Child	\$79.47				
	Spouse + Children	\$79.47				
	Child Only	\$40.78				
Navia FSA		Member specific rate	24391	Flexible Spending Account	Navia Benefit Solutions	(425) 452-3488
Premera Blue Cross HDHP 1750	QB Only	\$669.59	4002978-0002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$1,534.28				
	QB + Child	\$1,308.54				
	QB + Children	\$1,308.54				
	QB + Family	\$2,257.85				
	Spouse Only	\$669.59				
	Spouse + Child	\$1,308.54				
	Spouse + Children	\$1,308.54				
	Child Only	\$669.59				
Premera Blue Cross PPO Base 350	QB Only	\$989.57	4002978-0002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,226.55				
	QB + Child	\$1,929.69				
	QB + Children	\$1,929.69				
	QB + Family	\$3,166.67				
	Spouse Only	\$989.57				
	Spouse + Child	\$1,929.69				
	Spouse + Children	\$1,929.69				
	Child Only	\$989.57				
VSP Vision Plan	QB Only	\$4.60	30-006353-0054	Vision	VSP	(800) 216-6248
	QB + Spouse	\$10.35				
	QB + Child	\$8.97				
	QB + Children	\$8.97				
	QB + Family	\$14.74				
	Spouse Only	\$4.60				
	Spouse + Child	\$8.97				
	Spouse + Children	\$8.97				
	Child Only	\$4.60				