

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	\$38.48	00036-11510	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$77.23				
	QB + Child	\$78.91				
	QB + Children	\$78.91				
	QB + Family	\$117.39				
	Spouse Only	\$38.48				
	Spouse + Child	\$78.91				
	Spouse + Children	\$78.91				
	Child Only	\$38.48				
Delta Dental of WA Base 1500 AK	QB Only	\$38.48	00036-12510	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$77.23				
	QB + Child	\$78.91				
	QB + Children	\$78.91				
	QB + Family	\$117.39				
	Spouse Only	\$38.48				
	Spouse + Child	\$78.91				
	Spouse + Children	\$78.91				
	Child Only	\$38.48				
Delta Dental of WA Buy Up 2000	QB Only	\$55.39	00036-31510	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$111.00				
	QB + Child	\$111.78				
	QB + Children	\$111.78				
	QB + Family	\$168.93				
	Spouse Only	\$55.39				
	Spouse + Child	\$111.78				
	Spouse + Children	\$111.78				
	Child Only	\$55.39				
Delta Dental of WA Buy Up 2000 AK	QB Only	\$55.39	00036-32150	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$111.00				
	QB + Child	\$111.78				
	QB + Children	\$111.78				
	QB + Family	\$168.93				
	Spouse Only	\$55.39				
	Spouse + Child	\$111.78				
	Spouse + Children	\$111.78				
	Child Only	\$55.39				
Premera Blue Cross HDHP 1750	QB Only	\$911.48	4000381-002	Medical	Premera Blue Cross	(425) 452-3488
	QB + Spouse	\$2,214.43				
	QB + Child	\$1,909.84				
	QB + Children	\$1,909.84				
	QB + Family	\$3,355.30				
	Spouse Only	\$911.48				
	Spouse + Child	\$1,909.84				
	Spouse + Children	\$1,909.84				
	Child Only	\$911.48				
Premera Blue Cross HDHP 1750 AK	QB Only	\$911.48	4000381-002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,214.43				
	QB + Child	\$1,909.84				
	QB + Children	\$1,909.84				
	QB + Family	\$3,355.30				
	Spouse Only	\$911.48				
	Spouse + Child	\$1,909.84				
	Spouse + Children	\$1,909.84				
	Child Only	\$911.48				
Premera Blue Cross PPO 750	QB Only	\$1,204.25	4000381-002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,672.57				
	QB + Child	\$2,343.36				
	QB + Children	\$2,343.36				
	QB + Family	\$3,890.91				
	Spouse Only	\$1,204.25				
	Spouse + Child	\$2,343.36				
	Spouse + Children	\$2,343.36				
	Child Only	\$1,204.25				
Premera Blue Cross PPO 750 AK	QB Only	\$1,204.25	4000381-002	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,672.57				
	QB + Child	\$2,343.36				
	QB + Children	\$2,343.36				
	QB + Family	\$3,890.91				
	Spouse Only	\$1,204.25				
	Spouse + Child	\$2,343.36				
	Spouse + Children	\$2,343.36				
	Child Only	\$1,204.25				

PLAN NAME	COVERAGE LEVEL	RATE	CARRIER PLAN ID #	INSURANCE TYPE	CARRIER	CUST. SRV. #
VSP Vision Plan	QB Only	\$8.82	30006353	Vision	VSP	(800) 216-6248
	QB + Spouse	\$12.79				
	QB + Child	\$12.79				
	QB + Children	\$12.79				
	QB + Family	\$22.94				
	Spouse Only	\$8.82				
	Spouse + Child	\$12.79				
	Spouse + Children	\$12.79				
	Child Only	\$8.82				
Hawaii Dental Service Base 1000	QB Only	\$25.27	2835-8011	Dental	HDS - Hawaii Dental Services	(808) 529-9230
	QB + Spouse	\$50.53				
	QB + Child	\$50.53				
	QB + Children	\$50.53				
	QB + Family	\$75.80				
	Spouse Only	\$25.27				
	Spouse + Child	\$50.53				
	Spouse + Children	\$50.53				
	Child Only	\$25.27				
Hawaii Dental Service Buy Up 1500	QB Only	\$31.74	2835-8011	Dental	HDS - Hawaii Dental Services	(808) 529-9230
	QB + Spouse	\$63.54				
	QB + Child	\$63.54				
	QB + Children	\$63.54				
	QB + Family	\$100.58				
	Spouse Only	\$31.74				
	Spouse + Child	\$63.54				
	Spouse + Children	\$63.54				
	Child Only	\$31.74				
Kaiser Permanente HMO FT HI only	QB Only	\$504.37	04822	Medical	Kaiser Permanente	(808) 432-5256
	QB + Spouse	\$1,155.02				
	QB + Child	\$958.31				
	QB + Children	\$958.31				
	QB + Family	\$1,608.95				
	Spouse Only	\$504.37				
	Spouse + Child	\$958.31				
	Spouse + Children	\$958.31				
	Child Only	\$504.37				