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	\$38.17	00036-11120	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$76.36				
	QB + Child	\$74.62				
	QB + Children	\$74.62				
	QB + Family	\$116.28				
	Spouse Only	\$38.17				
	Spouse + Child	\$74.62				
	Spouse + Children	\$74.62				
	Child Only	\$38.17				
Dalta Dantal of MA Pasa 1500 AK	OR Only	620.17	00026 21210	Dontol	Dolto Dontol of WA	(800) 408 0850
Delta Dental of WA Base 1500 AK	QB Only	\$38.17 \$76.36	00036-31210	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse QB + Child	\$76.36 \$74.62				1
	QB + Children	\$74.62				
	QB + Family	\$116.28				1
	Spouse Only	\$38.17				1
	Spouse + Child	\$74.62				
	Spouse + Children	\$74.62				1
	Child Only	\$38.17				
		çoorii				
Delta Dental of WA Buy Up 2000	QB Only	\$55.06	00036-12210	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$110.13				
	QB + Child	\$107.52				
	QB + Children	\$107.52				
	QB + Family	\$167.83				
	Spouse Only	\$55.06				
	Spouse + Child	\$107.52				
	Spouse + Children	\$107.52				
	Child Only	\$55.06				
Delta Dental of WA Buy Up 2000 AK	QB Only	\$55.06	00036-31120	Dental	Delta Dental of WA	(800) 408-9850
	QB + Spouse	\$110.13				
	QB + Child	\$107.52				
	QB + Children	\$107.52				
	QB + Family	\$167.83				
	Spouse Only	\$55.06				
	Spouse + Child Spouse + Children	\$107.52 \$107.52				1
	Child Only	\$55.06				
	cinia only	\$55.00				
Navia FSA	Member specific rate		DTW	Flexible Spending Account	Navia Benefit Solutions	(425) 452-3488
Premera Blue Cross Base PPO 750	QB Only	1,162.37	1018324-0006	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,611.78				
	QB + Child	\$2,248.93				
	QB + Children	\$2,248.93				
	QB + Family	\$3,696.38				
	Spouse Only	\$1,162.37				
	Spouse + Child	\$2,248.93				
	Spouse + Children	\$2,248.93				
	Child Only	\$1,162.37				

1018324-0006

1018324-0006

Medical

Medical

Premera Blue Cross

Premera Blue Cross

(855) 756-0796

(855) 756-0796

QB Only

QB + Spouse

QB + Children

QB + Family

Spouse Only

Child Only

QB Only

QB + Spouse QB + Child

QB + Children QB + Family

Spouse Only

Child Only

Spouse + Child

Spouse + Children

Spouse + Child

Spouse + Children

QB + Child

1,162.37

\$2,611.78

\$2,248.93

\$2,248.93

\$3,696.38

\$1,162.37

\$2,248.93

\$2,248.93

\$1,162.37 \$1,243.68 \$2,794.64

\$2,406.33 \$2,406.33

\$3,955.12

\$1,243.68

\$2,406.33

\$2,406.33

\$1,243.68

Premera Blue Cross Base PPO 750 AK

Premera Blue Cross Buy Up PPO 350

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PLAN NAME	COVERAGE LEVEL	RATE	CARRIER PLAN ID #	INSURANCE TYPE	CARRIER	CUST. SRV. #
Premera Blue Cross Buy Up PPO 350 AK	QB Only	\$1,243.68	1018324-0006	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$2,794.64				
	QB + Child	\$2,406.33				
	QB + Children	\$2,406.33				
	QB + Family	\$3,955.12				
	Spouse Only	\$1,243.68				
	Spouse + Child	\$2,406.33				
	Spouse + Children	\$2,406.33				
	Child Only	\$1,243.68				
Premera Blue Cross HDHP 1750	QB Only	\$872.13	1018324-0006	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$1,992.40				
	QB + Child	\$1,678.77				
	QB + Children	\$1,678.77				
	QB + Family	\$2,929.76				
	Spouse Only	\$872.13				
	Spouse + Child	\$1,678.77				
	Spouse + Children	\$1,678.77				
	Child Only	\$872.13				
Premera Blue Cross HDHP 1750 AK	QB Only	\$872.13	1018324-0006	Medical	Premera Blue Cross	(855) 756-0796
	QB + Spouse	\$1,992.40				
	QB + Child	\$1,678.77				
	QB + Children	\$1,678.77				
	QB + Family	\$2,929.76				
	Spouse Only	\$872.13				
	Spouse + Child	\$1,678.77				
	Spouse + Children	\$1,678.77				
	Child Only	\$872.13				
Vision Service Plan	QB Only	\$6.03	30-006353	Vision	VSP	(800) 216-6248
	QB + Spouse	\$9.64				
	QB + Child	\$9.84				
	QB + Children	\$9.84				
	QB + Family	\$15.88				
	Spouse Only	\$6.03				
	Spouse + Child	\$9.84				
	Spouse + Children	\$9.84				
	Child Only	\$6.03	1	1		