

Medical, Vision, and Dental Costs		
		Employee + Family
Regence or Kaiser	Employee Cost Per Paycheck	\$47.78
	Employer Cost Per Paycheck	\$907.85 or \$907.84
	Total Premium Per Paycheck	\$1911.25
	Employee Cost Per Month	\$95.56
	Employer Cost Per Month	\$1815.69
	Total Premium Per Month	\$1911.25

Employee costs are composite and do not change based on the plan choice or number of enrolled dependents.

Life, disability, and all supplemental plan rates are individual and based on selection(s). Details can be found in the plan summaries and during the enrollment process.

VEBA - Funded by January 1						
		Employee Only	Employee +Spouse	Employee + Child	Employee + Children	Employee + Family
Regence or Kaiser	Employee Cost	\$0	\$0	\$0	\$0	\$0
	Annual Employer Cost	\$150	\$300	\$300	\$450	\$450

FSA/125 Pre-Tax Limits	Healthcare	\$3,300
	Dependent Care	\$7,500
	Rollover 2023-2024	\$640