

2019 Benefit Premiums

Carrier/Plan	Tier	Billing Code	Monthly Premiums
<u>Employee Assistance Plan</u> <i>(for FTE who waive medical or PTE whose employers opt into plan)</i>		991	\$5.00
<u>Kaiser EPO 80 w/ Additional Benefits**</u>	Employee Only	780	\$775.93
	Dual: emp +1	781	\$1,397.08
	Family: emp +2	782	\$2,173.00
<u>Anthem BC/BS BlueCard PPO 80 w/ Additional Benefits**</u>	Employee Only	570	\$841.53
	Dual: emp +1	580	\$1,514.95
	Family: emp +2	590	\$2,356.48
<u>Anthem BC/BS BlueCard PPO 90 w/ Additional Benefits**</u>	Employee Only	505	\$927.63
	Dual: emp +1	515	\$1,669.73
	Family: emp +2	530	\$2,597.35
<u>Kaiser EPO High w/ Additional Benefits**</u>	Employee Only	705	\$975.80
	Dual: emp +1	715	\$1,756.85
	Family: emp +2	730	\$2,732.65
<u>Cigna-Dental/Ortho</u>	Employee Only	210	\$74.83
	Dual: emp +1	220	\$134.28
	Family: emp +2	230	\$209.10
<u>\$50K Group Term Life Insurance - CLIC</u>		825	\$12.81
<u>Disability Insurance</u>			
Short Term Disability (lay employees only – Clergy disability is part of Pension benefit with CPG)		405	.38% of First \$108,000 of Compensation
Long Term Disability (lay employees only – Clergy disability is part of Pension benefit with CPG)		408	.49% of First \$108,000 of Compensation
<u>Unemployment Insurance</u>			
Non School Employees		402	.4% of first \$72,000 of Compensation
School Employees		402	1% of the first \$72,000 of Compensation

*Additional Benefits of: prescription, vision, employee assistance plan, health advocate, hearing, travel assistance (visit www.cpg.org for details)