

2024 Employee Benefit Rate Sheet

Carrier/Plan	Enrollment Tier	Billing Code	Enrolled	2024 Monthly Premium
<u>Employee Assistance Plan</u> <i>(for FTE who waive medical or PTE whose employers opt into plan)</i>	n/a	900	Employee (+ household)	\$4
<u>Kaiser EPO 80 w/ Additional Benefits**</u>	Single	780	Employee	\$1,021
	Dual	781	Employee+1	\$1,838
	Family	782	Employee+2 or more	\$2,859
<u>Anthem BC/BS BlueCard PPO 80 w/ Additional Benefits**</u>	Single	505	Employee	\$1,087
	Dual	515	Employee+1	\$1,956
	Family	530	Employee+2 or more	\$3,042
<u>Anthem BC/BS BlueCard PPO 90 w/ Additional Benefits**</u>	Single	570	Employee	\$1,196
	Dual	580	Employee+1	\$2,154
	Family	590	Employee+2 or more	\$3,350
<u>Kaiser EPO High w/ Additional Benefits**</u>	Single	705	Employee	\$1,265
	Dual	715	Employee+1	\$2,277
	Family	730	Employee+2 or more	\$3,541
<u>Delta Dental - Premium</u>	Single	210	Employee	\$79
	Dual	220	Employee+1	\$142
	Family	230	Employee+2 or more	\$221
<u>\$50K Life Insurance - CLIC</u>		825	Employee up to age 70	\$13
		865	Employee over age 70	\$12
<u>Disability Insurance</u>				
Short Term Disability (lay employees only – Clergy disability is part of Pension benefit with CPG)		405		.46% of first \$117,000 of compensation
Long Term Disability (lay employees only – Clergy disability is part of Pension benefit with CPG)		408		.38% of first \$117,000 of compensation
<u>Unemployment Insurance</u>				
Non School Employees		402		.4% of first \$72,000 of Compensation
Parochial & Pre-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)