Employee Group Health Plan Contribution Report

The OWASP Foundation Inc. - 3540400

Printed on: 04/17/2020

Pay Frequency: Monthly Contact Center: 866-715-3552

Report Contribution Frequency: Per Paycheck

Insurance Waiting Period: 0 days from Insperity Hire Date as a Full Time Employee

Short-Term and Long-Term Disability: Auto Enroll

Coverage Option	Employee Only	Emp+Spouse or Domestic Partner	Employee + One Child	Employee + Children	Employee + Family
UHC ChoicePlus 250 - 1	\$112.51	\$725.69	\$616.93	\$616.93	\$1,286.98
UHC ChoicePlus 500	\$.00	\$488.17	\$398.16	\$398.16	\$931.95
UHC ChoicePlus 1500 HDHP	\$.00	\$369.41	\$300.66	\$300.66	\$701.93
UHC ChoicePlus 5000 HDHP	\$.00	\$128.14	\$104.39	\$104.39	\$248.14
California HMOs					
BCA HMO North - 14	\$325.66	\$1,093.26	\$961.75	\$961.75	\$1,905.24
BCA HMO South - 14	\$60.09	\$543.45	\$463.97	\$463.97	\$1,087.19
KPC Traditional Plan HMO Northern - 14	\$.00	\$424.64	\$393.21	\$393.21	\$734.84
KPC Traditional Plan HMO Southern - 14	\$.00	\$287.18	\$247.75	\$247.75	\$361.18
UHC of CA HMO North - 14	\$322.99	\$1,119.95	\$1,040.48	\$1,040.48	\$1,741.09
UHC of CA HMO South - 14	\$.00	\$433.98	\$403.88	\$403.88	\$754.86
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BHI Health Plan Hawaii HMO - 14	\$.00	\$518.05	\$301.13	\$301.13	\$774.88
KPC Traditional Plan HMO Hawaii - 14	\$.00	\$268.50	\$218.39	\$218.39	\$513.31
UHC Hawaii Options PPO 100	\$.00	\$488.17	\$398.16	\$398.16	\$931.95
Massachusetts/New Hampshire					
THP CareLink Advantage PPO 250 - 1	\$112.51	\$725.69	\$616.93	\$616.93	\$1,286.98
THP CareLink Advantage PPO 500	\$.00	\$488.17	\$398.16	\$398.16	\$931.95
THP Value HMO - 14	\$102.80	\$704.93	\$596.10	\$596.10	\$1,155.25
THP Advantage HMO Saver 3000 HDHP	\$.00	\$156.40	\$130.31	\$130.31	\$298.46
THP CareLink Advantage Saver 1500 HDHP	\$.00	\$369.41	\$300.66	\$300.66	\$701.93
National Out-of-Area (Indemnity)					
UHC PP1 500	\$.00	\$488.17	\$398.16	\$398.16	\$931.95
UHC PP1 1500 HDHP	\$.00	\$369.41	\$300.66	\$300.66	\$701.93
UHC PP1 5000 HDHP	\$.00	\$128.14	\$104.39	\$104.39	\$248.14

Full time, active employees are eligible for enrollment within thirty days (or any longer period as required under state insurance law that applies to their eligibility date. Eligibility date begins after any applicable waiting period has been met. Failure to enroll within the thirty day (or any longer period as required under state insurance law that applies to their coverage) window will require enrollment during the open enrollment period or when experiencing a plan identified change in status. Employee contributions for medical benefits under Insperity's Section 125 plan are pre-tax. The contribution rates provided in this report are subject to change and may not be valid beyond the date this report was generated.

Insurance carriers will generally mail enrolled participant insurance identification cards to the participant's home address within 30 days of Insperity processing the benefits enrollment form.

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Coverage Option	Employee	Emp+Spouse or	Employee	Employee	Employee
	Only	Domestic Partner	+ One Child	+ Children	+ Family
Dental and Vision UHC Dental Options PPO 50	\$.00	\$26.00	\$27.00	\$27.00	\$55.50

Auto Enroll: All eligible full-time employees are automatically enrolled and receive Basic Life and PAI coverage.

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