$1250 PPO Plans

Aetna broad network

| **Coverage level** | **Salary (BAR) band** | **Semi-monthly premium** | **LifeForce phase 2 credit** | **LifeForce phase 3 credit** | **LifeForce phase 4 credit** | **LifeForce phase 5 credit** |
| --- | --- | --- | --- | --- | --- | --- |
| **Teammate only** | $0-49,999 | $98.02 | $20.11 | $33.30 | $44.59 | $49.50 |
| $50,000-124,999 | $115.32 | $23.66 | $39.18 | $52.47 | $58.24 |
| >$125,000 | $132.63 | $27.22 | $45.07 | $60.35 | $66.99 |
| **Teammate and spouse  or domestic partner** | $0-49,999 | $292.94 | $44.02 | $90.75 | $106.77 | $121.42 |
| $50,000-124,999 | $344.64 | $51.79 | $106.78 | $125.62 | $142.85 |
| >$125,000 | $396.33 | $59.56 | $122.78 | $144.46 | $164.27 |
| **Teammate and child(ren) or domestic partner's child(ren)** | $0-49,999 | $237.60 | $33.47 | $57.87 | $77.31 | $89.19 |
| $50,000-124,999 | $279.54 | $39.38 | $68.10 | $90.96 | $104.94 |
| >$125,000 | $321.47 | $45.28 | $78.31 | $104.60 | $120.67 |
| **Family** | $0-49,999 | $482.84 | $65.33 | $108.43 | $142.11 | $166.24 |
| $50,000-124,999 | $568.04 | $76.85 | $127.55 | $167.18 | $195.57 |
| >$125,000 | $653.25 | $88.38 | $146.69 | $192.25 | $224.91 |

Aetna narrow network

| **Coverage level** | **Salary (BAR) band** | **Semi-monthly premium** | **LifeForce phase 2 credit** | **LifeForce phase 3 credit** | **LifeForce phase 4 credit** | **LifeForce phase 5 credit** |
| --- | --- | --- | --- | --- | --- | --- |
| **Teammate only** | $0-49,999 | $76.86 | $10.54 | $23.25 | $33.97 | $37.83 |
| $50,000-124,999 | $90.43 | $12.41 | $27.36 | $39.98 | $44.51 |
| >$125,000 | $103.99 | $14.26 | $31.47 | $45.97 | $51.17 |
| **Teammate and spouse or domestic partner** | $0-49,999 | $266.92 | $49.70 | $86.21 | $101.01 | $114.35 |
| $50,000-124,999 | $314.02 | $58.47 | $101.42 | $118.83 | $134.53 |
| >$125,000 | $361.13 | $67.25 | $116.65 | $136.67 | $154.72 |
| **Teammate and child(ren) or domestic partner's child(ren)** | $0-49,999 | $212.29 | $27.90 | $51.47 | $69.89 | $80.50 |
| $50,000-124,999 | $249.75 | $32.82 | $60.55 | $82.22 | $94.71 |
| >$125,000 | $287.21 | $37.74 | $69.64 | $94.55 | $108.91 |
| **Family** | $0-49,999 | $448.21 | $61.74 | $103.54 | $135.56 | $157.97 |
| $50,000-124,999 | $527.31 | $72.63 | $121.82 | $159.49 | $185.85 |
| >$125,000 | $606.40 | $83.52 | $140.09 | $183.41 | $213.72 |

Consumer Plan + HSA

| **Coverage level** | **Salary (BAR) band** | **Semi-monthly premium** | **LifeForce phase 2 credit** | **LifeForce phase 3 credit** | **LifeForce phase 4 credit** | **LifeForce phase 5 credit** |
| --- | --- | --- | --- | --- | --- | --- |
| **Teammate only** | $0-49,999 | $85.30 | $17.50 | $28.98 | $38.81 | $43.07 |
| $50,000-124,999 | $100.36 | $20.60 | $34.10 | $45.66 | $50.68 |
| >$125,000 | $115.41 | $23.68 | $39.21 | $52.51 | $58.28 |
| **Teammate and spouse or domestic partner** | $0-49,999 | $234.94 | $48.20 | $79.82 | $106.89 | $118.63 |
| $50,000-124,999 | $276.42 | $56.74 | $93.92 | $125.76 | $139.59 |
| >$125,000 | $317.87 | $65.22 | $107.99 | $144.62 | $160.52 |
| **Teammate and child(ren) or domestic partner's child(ren)** | $0-49,999 | $179.12 | $36.75 | $60.86 | $81.50 | $90.44 |
| $50,000-124,999 | $210.74 | $43.26 | $71.60 | $95.88 | $106.42 |
| >$125,000 | $242.34 | $49.72 | $82.33 | $110.26 | $122.38 |
| **Family** | $0-49,999 | $383.85 | $78.75 | $130.41 | $174.64 | $193.81 |
| $50,000-124,999 | $451.62 | $92.70 | $153.45 | $205.47 | $228.06 |
| >$125,000 | $519.35 | $106.56 | $176.45 | $236.30 | $262.26 |

Aetna narrow network

| **Coverage level** | **Salary (BAR) band** | **Semi-monthly premium** | **LifeForce phase 2 credit** | **LifeForce phase 3 credit** | **LifeForce phase 4 credit** | **LifeForce phase 5 credit** |
| --- | --- | --- | --- | --- | --- | --- |
| **Teammate only** | $0-49,999 | $66.88 | $9.17 | $20.23 | $29.56 | $32.91 |
| $50,000-124,999 | $78.69 | $10.79 | $23.81 | $34.79 | $38.73 |
| >$125,000 | $90.50 | $12.41 | $27.39 | $40.01 | $44.54 |
| **Teammate and spouse or domestic partner** | $0-49,999 | $184.21 | $25.26 | $55.72 | $81.42 | $90.65 |
| $50,000-124,999 | $216.74 | $29.72 | $65.58 | $95.83 | $106.68 |
| >$125,000 | $249.26 | $34.18 | $75.44 | $110.20 | $122.67 |
| **Teammate and child(ren) or domestic partner's child(ren)** | $0-49,999 | $140.44 | $19.26 | $42.48 | $62.07 | $69.11 |
| $50,000-124,999 | $165.24 | $22.66 | $50.00 | $73.06 | $81.33 |
| >$125,000 | $190.04 | $26.06 | $57.52 | $84.02 | $93.53 |
| **Family** | $0-49,999 | $300.96 | $41.26 | $91.03 | $133.02 | $148.09 |
| $50,000-124,999 | $354.11 | $48.56 | $107.15 | $156.56 | $174.29 |
| >$125,000 | $407.25 | $55.84 | $123.25 | $180.04 | $200.43 |

$250 ACO Plan

Aetna narrow network

| **Coverage level** | **Salary (BAR) band** | **Semi-monthly premium** | **LifeForce phase 2 credit** | **LifeForce phase 3 credit** | **LifeForce phase 4 credit** | **LifeForce phase 5 credit** |
| --- | --- | --- | --- | --- | --- | --- |
| **Teammate only** | $0-49,999 | $74.46 | $7.44 | $17.74 | $27.34 | $31.06 |
| $50,000-124,999 | $87.60 | $8.76 | $20.87 | $32.16 | $36.54 |
| >$125,000 | $100.75 | $10.09 | $24.02 | $36.99 | $42.02 |
| **Teammate and spouse or domestic partner** | $0-49,999 | $218.93 | $15.33 | $45.37 | $65.67 | $76.63 |
| $50,000-124,999 | $257.57 | $18.04 | $53.38 | $77.27 | $90.15 |
| >$125,000 | $296.20 | $20.74 | $61.39 | $88.85 | $103.67 |
| **Teammate and child(ren) or domestic partner's child(ren)** | $0-49,999 | $175.21 | $12.27 | $29.80 | $47.31 | $56.07 |
| $50,000-124,999 | $206.12 | $14.42 | $35.05 | $55.65 | $65.96 |
| >$125,000 | $237.03 | $16.58 | $40.30 | $63.99 | $75.84 |
| **Family** | $0-49,999 | $371.69 | $23.35 | $60.80 | $90.77 | $109.35 |
| $50,000-124,999 | $437.29 | $27.47 | $71.54 | $106.79 | $128.65 |
| >$125,000 | $502.88 | $31.59 | $82.27 | $122.81 | $147.94 |

1500 PPO Plan

| **Coverage level** | **Salary (BAR) band** | **Semi-monthly premium** | **LifeForce phase 2 credit** | **LifeForce phase 3 credit** | **LifeForce phase 4 credit** | **LifeForce phase 5 credit** |
| --- | --- | --- | --- | --- | --- | --- |
| **Teammate only** | $0-49,999 | $67.97 | $32.89 | $39.96 | $47.12 | $50.52 |
| $50,000-124,999 | $79.97 | $38.70 | $47.02 | $55.44 | $59.44 |
| >$125,000 | $91.97 | $44.51 | $54.08 | $63.76 | $68.36 |
| **Teammate and spouse or domestic partner** | $0-49,999 | $156.86 | $32.79 | $55.06 | $70.10 | $77.95 |
| $50,000-124,999 | $184.54 | $38.58 | $64.77 | $82.47 | $91.70 |
| >$125,000 | $212.22 | $44.37 | $74.48 | $94.84 | $105.45 |
| **Teammate and child(ren) or domestic partner's child(ren)** | $0-49,999 | $127.34 | $28.99 | $60.34 | $78.41 | $84.78 |
| $50,000-124,999 | $149.81 | $34.10 | $70.99 | $92.25 | $99.74 |
| >$125,000 | $172.28 | $39.21 | $81.64 | $106.09 | $114.70 |
| **Family** | $0-49,999 | $268.41 | $60.70 | $97.96 | $109.18 | $122.60 |
| $50,000-124,999 | $315.78 | $71.42 | $115.25 | $128.45 | $144.24 |
| >$125,000 | $363.15 | $82.14 | $132.54 | $147.72 | $165.88 |

Aetna narrow network

| **Coverage level** | **Salary (BAR) band** | **Semi-monthly premium** | **LifeForce phase 2 credit** | **LifeForce phase 3 credit** | **LifeForce phase 4 credit** | **LifeForce phase 5 credit** |
| --- | --- | --- | --- | --- | --- | --- |
| **Teammate only** | $0-49,999 | $57.48 | $31.09 | $37.84 | $44.57 | $47.44 |
| $50,000-124,999 | $67.62 | $36.57 | $44.51 | $52.43 | $55.81 |
| >$125,000 | $77.76 | $42.05 | $51.18 | $60.29 | $64.18 |
| **Teammate and spouse or domestic partner** | $0-49,999 | $137.86 | $30.89 | $52.47 | $66.62 | $73.51 |
| $50,000-124,999 | $162.19 | $36.34 | $61.73 | $78.38 | $86.49 |
| >$125,000 | $186.52 | $41.79 | $70.99 | $90.14 | $99.46 |
| **Teammate and child(ren) or domestic partner's child(ren)** | $0-49,999 | $110.51 | $27.31 | $58.16 | $75.48 | $81.01 |
| $50,000-124,999 | $130.01 | $32.13 | $68.42 | $88.80 | $95.30 |
| >$125,000 | $149.51 | $36.95 | $78.68 | $102.12 | $109.59 |
| **Family** | $0-49,999 | $241.82 | $58.13 | $94.46 | $104.33 | $116.42 |
| $50,000-124,999 | $284.49 | $68.38 | $111.13 | $122.74 | $136.96 |
| >$125,000 | $327.16 | $78.63 | $127.80 | $141.15 | $157.50 |

Kaiser Permanente

| **Coverage level** | **Salary (BAR) band** | **Semi-monthly premium** | **LifeForce phase 2 credit** | **LifeForce phase 3 credit** | **LifeForce phase 4 credit** | **LifeForce phase 5 credit** |
| --- | --- | --- | --- | --- | --- | --- |
| **Teammate only** | $0-49,999 | $62.01 | $20.92 | $29.29 | $39.05 | $42.15 |
| $50,000-124,999 | $72.96 | $24.62 | $34.47 | $45.96 | $49.60 |
| >$125,000 | $83.91 | $28.33 | $39.65 | $52.86 | $57.05 |
| **Teammate and spouse or domestic partner** | $0-49,999 | $148.47 | $43.96 | $61.52 | $82.03 | $89.45 |
| $50,000-124,999 | $174.67 | $51.71 | $72.38 | $96.51 | $105.24 |
| >$125,000 | $200.86 | $59.45 | $83.23 | $110.97 | $121.02 |
| **Teammate and child(ren) or domestic partner's child(ren)** | $0-49,999 | $114.04 | $37.66 | $52.73 | $70.31 | $76.01 |
| $50,000-124,999 | $134.17 | $44.32 | $62.04 | $82.72 | $89.43 |
| >$125,000 | $154.29 | $50.96 | $71.33 | $95.13 | $102.84 |
| **Family** | $0-49,999 | $198.78 | $60.68 | $84.95 | $113.28 | $123.22 |
| $50,000-124,999 | $233.86 | $71.39 | $99.95 | $133.26 | $144.96 |
| >$125,000 | $268.94 | $82.10 | $114.95 | $153.25 | $166.70 |

$4,000 HDHP plans

Aetna broad network

| **Coverage level** | **Salary (BAR) band** | **Semi-monthly premium** | **LifeForce phase 2 credit** | **LifeForce phase 3 credit** | **LifeForce phase 4 credit** | **LifeForce phase 5 credit** |
| --- | --- | --- | --- | --- | --- | --- |
| **Teammate only** | $0-49,999 | $48.27 | $29.77 | $38.27 | $40.77 | $48.27 |
| $50,000-124,999 | $56.79 | $35.03 | $45.03 | $47.97 | $51.79 |
| >$125,000 | $65.31 | $40.29 | $51.79 | $55.17 | $59.56 |
| **Teammate and spouse or domestic partner** | $0-49,999 | $132.95 | $33.84 | $48.39 | $65.19 | $71.83 |
| $50,000-124,999 | $156.41 | $39.81 | $56.93 | $76.69 | $84.51 |
| >$125,000 | $179.87 | $45.78 | $65.47 | $88.19 | $97.18 |
| **Teammate and child(ren) or domestic partner's child(ren)** | $0-49,999 | $101.36 | $32.69 | $58.84 | $68.65 | $73.72 |
| $50,000-124,999 | $119.25 | $38.46 | $69.23 | $80.77 | $86.73 |
| >$125,000 | $137.14 | $44.23 | $79.62 | $92.89 | $99.74 |
| **Family** | $0-49,999 | $179.12 | $49.52 | $66.39 | $82.65 | $91.61 |
| $50,000-124,999 | $210.73 | $58.26 | $78.11 | $97.24 | $107.78 |
| >$125,000 | $242.34 | $67.00 | $89.83 | $111.83 | $123.95 |

Aetna narrow network

| **Coverage level** | **Salary (BAR) band** | **Semi-monthly premium** | **LifeForce phase 2 credit** | **LifeForce phase 3 credit** | **LifeForce phase 4 credit** | **LifeForce phase 5 credit** |
| --- | --- | --- | --- | --- | --- | --- |
| **Teammate only** | $0-49,999 | $41.19 | $29.21 | $33.69 | $37.44 | $41.19 |
| $50,000-124,999 | $48.46 | $34.37 | $39.64 | $44.05 | $45.96 |
| >$125,000 | $55.73 | $39.53 | $45.59 | $50.66 | $52.85 |
| **Teammate and spouse or domestic partner** | $0-49,999 | $118.97 | $32.52 | $46.53 | $62.72 | $68.67 |
| $50,000-124,999 | $139.96 | $38.25 | $54.74 | $73.78 | $80.78 |
| >$125,000 | $160.95 | $43.98 | $62.95 | $84.84 | $92.89 |
| **Teammate and child(ren) or domestic partner's child(ren)** | $0-49,999 | $88.91 | $31.55 | $57.34 | $66.56 | $71.01 |
| $50,000-124,999 | $104.60 | $37.12 | $67.46 | $78.31 | $83.54 |
| >$125,000 | $120.29 | $42.69 | $77.58 | $90.06 | $96.07 |
| **Family** | $0-49,999 | $159.15 | $47.63 | $63.71 | $79.03 | $86.98 |
| $50,000-124,999 | $187.24 | $56.04 | $74.96 | $92.98 | $102.34 |
| >$125,000 | $215.33 | $64.45 | $86.21 | $106.93 | $117.69 |

Kaiser EPO plan

| **Coverage level** | **Salary (BAR) band** | **Semi-monthly premium** | **LifeForce phase 2 credit** | **LifeForce phase 3 credit** | **LifeForce phase 4 credit** | **LifeForce phase 5 credit** |
| --- | --- | --- | --- | --- | --- | --- |
| **Teammate only** | $0-49,999 | $93.40 | $24.58 | $36.72 | $50.87 | $55.54 |
| $50,000-124,999 | $109.88 | $28.91 | $43.19 | $59.84 | $65.33 |
| >$125,000 | $126.36 | $33.25 | $49.67 | $68.82 | $75.13 |
| **Teammate and spouse or domestic partner** | $0-49,999 | $280.10 | $63.72 | $89.21 | $118.94 | $132.94 |
| $50,000-124,999 | $329.53 | $74.96 | $104.95 | $139.93 | $156.41 |
| >$125,000 | $378.96 | $86.21 | $120.69 | $160.91 | $179.87 |
| **Teammate and child(ren) or domestic partner's child(ren)** | $0-49,999 | $227.57 | $54.63 | $76.47 | $101.96 | $113.33 |
| $50,000-124,999 | $267.72 | $64.25 | $89.96 | $119.93 | $133.32 |
| >$125,000 | $307.87 | $73.87 | $103.44 | $137.91 | $153.31 |
| **Family** | $0-49,999 | $437.76 | $87.99 | $123.19 | $164.25 | $186.13 |
| $50,000-124,999 | $515.01 | $103.52 | $144.92 | $193.23 | $218.98 |
| >$125,000 | $592.26 | $119.05 | $166.66 | $222.21 | $251.83 |