

**Everett School Employee Benefit Trust**  
**Monthly Employee Contributions (PRE-TAX) for Medical Coverage of Self, Spouse,**  
**and Domestic Partner and/or Children**  
**January 1, 2018 - December 31, 2018**

Aetna Traditional					
Benefit FTE	Employee Only	Employee + Spouse/DP <sup>1</sup>	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) <sup>1</sup>	Coverage
1.0000	\$324.88	\$666.48	\$462.75	\$816.26	Medical, Vision, Dental, LTD, Life
.900 - .999	\$363.19	\$704.78	\$501.05	\$854.56	
.825 - .899	\$422.15	\$763.75	\$560.02	\$913.53	
.750 - .824	\$479.04	\$820.63	\$616.91	\$970.42	
.676 - .749	\$506.86	\$848.45	\$644.73	\$998.24	Medical, Vision, Dental
.583 - .675	\$570.19	\$911.79	\$708.06	\$1,061.57	
.500 - .582	\$636.94	\$978.54	\$774.81	\$1,128.32	
.417 - .499	\$699.90	\$1,041.49	\$837.76	\$1,191.28	
.330 - .416	\$764.37	\$1,105.96	\$902.24	\$1,255.75	

Aetna Standard					
Benefit FTE	Employee Only	Employee + Spouse/DP <sup>1</sup>	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) <sup>1</sup>	Coverage
1.0000	\$211.84	\$459.59	\$311.83	\$568.24	Medical, Vision, Dental, LTD, Life
.900 - .999	\$250.14	\$497.90	\$350.13	\$606.55	
.825 - .899	\$309.11	\$556.87	\$409.10	\$665.52	
.750 - .824	\$366.00	\$613.75	\$465.99	\$722.40	
.676 - .749	\$393.81	\$641.57	\$493.81	\$750.22	Medical, Vision, Dental
.583 - .675	\$457.15	\$704.91	\$557.14	\$813.56	
.500 - .582	\$523.90	\$771.65	\$623.89	\$880.30	
.417 - .499	\$586.85	\$834.61	\$686.85	\$943.26	
.330 - .416	\$651.32	\$899.08	\$751.32	\$1,007.73	

Aetna Core					
Benefit FTE	Employee Only	Employee + Spouse/DP <sup>1</sup>	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) <sup>1</sup>	Coverage
1.0000	\$150.36	\$326.22	\$221.34	\$403.33	Medical, Vision, Dental, LTD, Life
.900 - .999	\$188.66	\$364.52	\$259.64	\$441.64	
.825 - .899	\$247.63	\$423.49	\$318.61	\$500.60	
.750 - .824	\$304.52	\$480.38	\$375.50	\$557.49	
.676 - .749	\$332.34	\$508.20	\$403.32	\$585.31	Medical, Vision, Dental
.583 - .675	\$395.67	\$571.53	\$466.65	\$648.64	
.500 - .582	\$462.42	\$638.28	\$533.40	\$715.39	
.417 - .499	\$525.37	\$701.24	\$596.35	\$778.35	
.330 - .416	\$589.85	\$765.71	\$660.83	\$842.82	

Aetna Classic					
Benefit FTE	Employee Only	Employee + Spouse/DP <sup>1</sup>	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) <sup>1</sup>	Coverage
1.0000	\$571.10	\$1,120.90	\$793.00	\$1,362.01	Medical, Vision, Dental, LTD, Life
.900 - .999	\$609.40	\$1,159.21	\$831.31	\$1,400.32	
.825 - .899	\$668.37	\$1,218.18	\$890.27	\$1,459.28	
.750 - .824	\$725.26	\$1,275.06	\$947.16	\$1,516.17	
.676 - .749	\$753.07	\$1,302.88	\$974.98	\$1,543.99	Medical, Vision, Dental
.583 - .675	\$816.41	\$1,366.22	\$1,038.31	\$1,607.32	
.500 - .582	\$883.16	\$1,432.96	\$1,105.06	\$1,674.07	
.417 - .499	\$946.11	\$1,495.92	\$1,168.02	\$1,737.03	
.330 - .416	\$1,010.58	\$1,560.39	\$1,232.49	\$1,801.50	

Aetna Saver + HSA					
Benefit FTE	Employee Only	Employee + Spouse/DP <sup>1</sup>	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) <sup>1</sup>	Coverage
1.0000	\$109.18	\$236.88	\$160.71	\$292.88	Medical, Vision, Dental, LTD, Life
.900 - .999	\$147.48	\$275.19	\$199.02	\$331.18	
.825 - .899	\$206.45	\$334.15	\$257.99	\$390.15	
.750 - .824	\$263.34	\$391.04	\$314.87	\$447.04	
.676 - .749	\$291.16	\$418.86	\$342.69	\$474.86	Medical, Vision, Dental
.583 - .675	\$354.49	\$482.19	\$406.03	\$538.19	
.500 - .582	\$421.24	\$548.94	\$472.77	\$604.94	
.417 - .499	\$484.19	\$611.90	\$535.73	\$667.89	
.330 - .416	\$548.67	\$676.37	\$600.20	\$732.37	

Kaiser Washington					
Benefit FTE	Employee Only	Employee + Spouse/DP <sup>1</sup>	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) <sup>1</sup>	Coverage
1.0000	\$163.83	\$373.97	\$254.06	\$461.82	Medical, Vision, Dental, LTD, Life
.900 - .999	\$202.14	\$412.27	\$292.36	\$500.12	
.825 - .899	\$261.11	\$471.24	\$351.33	\$559.09	
.750 - .824	\$317.99	\$528.13	\$408.22	\$615.98	
.676 - .749	\$345.81	\$555.95	\$436.04	\$643.80	Medical, Vision, Dental
.583 - .675	\$409.15	\$619.28	\$499.37	\$707.13	
.500 - .582	\$475.89	\$686.03	\$566.12	\$773.88	
.417 - .499	\$538.85	\$748.98	\$629.08	\$836.84	
.330 - .416	\$603.32	\$813.46	\$693.55	\$901.31	

Benefit FTE = Hours per day x compensated days per year divided by 1440.

<sup>1</sup> Note: If Spouse/DP is eligible for other employer-sponsored coverage and declines to enroll, then add \$100 to above rates.

Aetna and Kaiser Washington renewal rates apply to the period January 1, 2018 to December 31, 2018

**Everett School Employee Benefit Trust**  
**Monthly Imputed Income for Coverage of Domestic Partners**  
**and/or Child(ren) of Domestic Partners**  
**January 1, 2018 - December 31, 2018**

**Medical, LTD, and Life Coverages**

<b>All Benefit FTE Levels</b>	<b>DP Total Cost =</b>	<b>Child(ren) Total Cost =</b>	<b>DP and Child(ren) Total Cost =</b>
Aetna Traditional	\$899.66	\$363.11	\$1,294.18
Aetna Standard	\$805.16	\$324.97	\$1,158.24
Aetna Core	\$571.50	\$230.65	\$822.09
Aetna Classic	\$1,081.29	\$436.43	\$1,555.45
Aetna Saver + HSA	\$446.90	\$180.36	\$642.87
Kaiser WA	\$767.68	\$327.77	\$1,086.83

**Medical, Vision, Delta Dental, LTD, and Life Coverages**

<b>All Benefit FTE Levels</b>	<b>DP Total Cost =</b>	<b>Child(ren) Total Cost =</b>	<b>DP and Child(ren) Total Cost =</b>
Aetna Traditional	\$955.09	\$385.48	\$1,373.91
Aetna Standard	\$860.59	\$347.34	\$1,237.97
Aetna Core	\$626.93	\$253.02	\$901.82
Aetna Classic	\$1,136.72	\$458.80	\$1,635.18
Aetna Saver + HSA	\$502.33	\$202.73	\$722.60
Kaiser WA	\$823.11	\$350.14	\$1,166.56

**Medical, Vision, Willamette Dental, LTD, and Life Coverages**

<b>All Benefit FTE Levels</b>	<b>DP Total Cost =</b>	<b>Child(ren) Total Cost =</b>	<b>DP and Child(ren) Total Cost =</b>
Aetna Traditional	\$953.27	\$384.74	\$1,371.30
Aetna Standard	\$858.77	\$346.60	\$1,235.36
Aetna Core	\$625.11	\$252.28	\$899.21
Aetna Classic	\$1,134.90	\$458.06	\$1,632.57
Aetna Saver + HSA	\$500.51	\$201.99	\$719.99
Kaiser WA	\$821.29	\$349.40	\$1,163.95

**Dental**

<b>All Benefit FTE Levels</b>	<b>DP Total Cost =</b>	<b>Child(ren) Total Cost =</b>	<b>DP and Child(ren) Total Cost =</b>
Delta Dental (WEA)	\$55.43	\$22.37	\$79.73
Willamette (WEA)	\$53.61	\$21.63	\$77.12

**Benefit FTE = Hours per day x compensated days per year divided by 1440.**

Note: If domestic partner and/or child(ren) are Section 152 dependents, there is no imputed income; employer contribution is not taxable. If domestic partner and/or child(ren) are not Section 152 dependents, there is imputed income on the amounts shown above. Imputed income equals value of coverage by tier minus employee's after-tax contribution toward coverage on affected dependents. (No imputed income on value of employee's coverage).

**Everett School Employee Benefit Trust**  
**Monthly Premium Rates**  
**January 1, 2018 - December 31, 2018**

**AETNA SAVER**

Tier	Renewal Rates	COBRA Rates
Employee Only	\$538.41	\$549.17
EE + Spouse	\$985.31	\$1,005.01
EE + Child(ren)	\$718.77	\$733.14
EE + Family	\$1,181.28	\$1,204.90

**AETNA TRADITIONAL**

Tier	Renewal Rates	COBRA Rates
Employee Only	\$1,083.89	\$1,105.56
EE + Spouse	\$1,983.55	\$2,023.22
EE + Child(ren)	\$1,447.00	\$1,475.94
EE + Family	\$2,378.07	\$2,425.63

**AETNA STANDARD**

Tier	Renewal Rates	COBRA Rates
Employee Only	\$970.00	\$989.40
EE + Spouse	\$1,775.16	\$1,810.66
EE + Child(ren)	\$1,294.97	\$1,320.86
EE + Family	\$2,128.24	\$2,170.80

**AETNA CORE**

Tier	Renewal Rates	COBRA Rates
Employee Only	\$688.49	\$702.25
EE + Spouse	\$1,259.99	\$1,285.18
EE + Child(ren)	\$919.14	\$937.52
EE + Family	\$1,510.58	\$1,540.79

**AETNA CLASSIC**

Tier	Renewal Rates	COBRA Rates
Employee Only	\$1,302.67	\$1,328.72
EE + Spouse	\$2,383.96	\$2,431.63
EE + Child(ren)	\$1,739.10	\$1,773.88
EE + Family	\$2,858.12	\$2,915.28

**Kaiser Washington**

Tier	Renewal Rates	COBRA Rates
Employee Only	\$862.56	\$879.81
EE + Spouse	\$1,630.24	\$1,662.84
EE + Child(ren)	\$1,190.34	\$1,214.14
EE + Family	\$1,949.39	\$1,988.37

**Vision and Dental**

Plan	Renewal Rates	COBRA Rates
MetLife Vision	\$ 15.92	\$16.24
Willamette Dental	\$ 78.40	\$79.97
Delta Dental	\$ 81.60	\$83.23

**Long Term Disability (MetLife)**

Tier	Renewal Rates
Composite	\$ 28.69

**Life/AD&D (MetLife)**

Tier	Renewal Rates
Composite	\$ 7.40

**2018 Employee Contributions (1.0 FTE)**

Tier	Aetna					Kaiser Washington
	Traditional	Standard	Core	Classic	Saver + HSA	
Employee Only	\$324.88	\$211.84	\$150.36	\$571.10	\$109.18	\$163.83
EE + Spouse	\$666.48	\$459.59	\$326.22	\$1,120.90	\$236.88	\$373.97
EE + Child(ren)	\$462.75	\$311.83	\$221.34	\$793.00	\$160.71	\$254.06
EE + Family	\$816.26	\$568.24	\$403.33	\$1,362.01	\$292.88	\$461.82

**Everett School Employee Benefit Trust**  
**Monthly COBRA Rates**  
**January 1, 2018 - December 31, 2018**

<b>Plan</b>	<b>Renewal Rate<sup>1</sup></b>	<b>COBRA Rate<sup>1</sup></b>
<b>Aetna Traditional- Medical Only</b>		
Employee Only	\$1,083.89	\$1,105.56
Employee & Spouse	\$1,983.55	\$2,023.22
Employee, Spouse, <u>and</u> Child(ren)	\$2,378.07	\$2,425.63
Employee & Child(ren)	\$1,447.00	\$1,475.94
Spouse Only	\$1,083.89	\$1,105.56
Spouse & Child(ren)	\$1,447.00	\$1,475.94
Child	\$1,083.89	\$1,105.56
Child & New Spouse	\$2,167.78	\$2,211.13
Child & New Child	\$2,167.78	\$2,211.13
Spouse & Spouse	\$2,167.78	\$2,211.13
Child & Child & Child	\$3,251.67	\$3,316.70
Child & Spouse & Child	\$1,447.00	\$1,475.94
Spouse & (New Spouse & Child)	\$2,530.89	\$2,581.50
<b>Aetna Standard - Medical Only</b>		
Employee Only	\$970.00	\$989.40
Employee & Spouse	\$1,775.16	\$1,810.66
Employee, Spouse, <u>and</u> Child(ren)	\$2,128.24	\$2,170.80
Employee & Child(ren)	\$1,294.97	\$1,320.86
Spouse Only	\$970.00	\$989.40
Spouse & Child(ren)	\$1,294.97	\$1,320.86
Child	\$970.00	\$989.40
Child & New Spouse	\$1,940.00	\$1,978.80
Child & New Child	\$1,940.00	\$1,978.80
Spouse & Spouse	\$1,940.00	\$1,978.80
Child & Child & Child	\$2,910.00	\$2,968.20
Child & Spouse & Child	\$1,294.97	\$1,320.86
Spouse & Spouse & Child	\$2,264.97	\$2,310.26
<b>Aetna Core - Medical Only</b>		
Employee Only	\$688.49	\$702.25
Employee & Spouse	\$1,259.99	\$1,285.18
Employee, Spouse, <u>and</u> Child(ren)	\$1,510.58	\$1,540.79
Employee & Child(ren)	\$919.14	\$937.52
Spouse Only	\$688.49	\$702.25
Spouse & Child(ren)	\$919.14	\$937.52
Child	\$688.49	\$702.25
Child & New Spouse	\$1,376.98	\$1,404.51
Child & New Child	\$1,376.98	\$1,404.51
Spouse & Spouse	\$1,376.98	\$1,404.51
Child & Child & Child	\$2,065.47	\$2,106.77
Child & Spouse & Child	\$919.14	\$937.52
Spouse & Spouse & Child	\$1,607.63	\$1,639.78

**Everett School Employee Benefit Trust**  
**Monthly COBRA Rates**  
**January 1, 2018 - December 31, 2018**

<b>Plan</b>	<b>Renewal Rate<sup>1</sup></b>	<b>COBRA Rate<sup>1</sup></b>
<b>Aetna Classic - Medical Only</b>		
Employee Only	\$1,302.67	\$1,328.72
Employee & Spouse	\$2,383.96	\$2,431.63
Employee, Spouse, <u>and</u> Child(ren)	\$2,858.12	\$2,915.28
Employee & Child(ren)	\$1,739.10	\$1,773.88
Spouse Only	\$1,302.67	\$1,328.72
Spouse & Child(ren)	\$1,739.10	\$1,773.88
Child	\$1,302.67	\$1,328.72
Child & New Spouse	\$2,605.34	\$2,657.44
Child & New Child	\$2,605.34	\$2,657.44
Spouse & Spouse	\$2,605.34	\$2,657.44
Child & Child & Child	\$3,908.01	\$3,986.17
Child & Spouse & Child	\$1,739.10	\$1,773.88
Spouse & Spouse & Child	\$3,041.77	\$3,102.60
<b>Aetna Saver + HSA - Medical Only</b>		
Employee Only	\$538.41	\$549.17
Employee & Spouse	\$985.31	\$1,005.01
Employee, Spouse, <u>and</u> Child(ren)	\$1,181.28	\$1,204.90
Employee & Child(ren)	\$718.77	\$733.14
Spouse Only	\$538.41	\$549.17
Spouse & Child(ren)	\$718.77	\$733.14
Child	\$538.41	\$549.17
Child & New Spouse	\$1,076.82	\$1,098.35
Child & New Child	\$1,076.82	\$1,098.35
Spouse & Spouse	\$1,076.82	\$1,098.35
Child & Child & Child	\$1,615.23	\$1,647.53
Child & Spouse & Child	\$718.77	\$733.14
Spouse & Spouse & Child	\$1,257.18	\$1,282.32
<b>Kaiser WA</b>		
Employee Only	\$862.56	\$879.81
Spouse Only	\$862.56	\$879.81
Child(ren) Only	\$862.56	\$879.81
Each Child 23 & Over	\$862.56	\$879.81
Employee & Spouse	\$1,630.24	\$1,662.84
Employee & Child(ren)	\$1,190.34	\$1,214.14
Employee, Spouse, <u>and</u> Child(ren)	\$1,949.39	\$1,988.37
<b>MetLife Vision</b>	\$15.92	\$16.23
<b>WEA Delta Dental</b>	\$81.60	\$83.23
<b>WEA Willamette Dental</b>	\$78.40	\$79.96

<sup>1</sup> Aetna and Kaiser Washington renewal rates apply to the period January 1, 2018 to December 31, 2018