

Snowflake

Rates and Contributions

2024 Plan Year

The information in this document is submitted solely for internal evaluation purposes, with the express understanding that it will not be disclosed, reproduced or used for any purpose other than internal evaluation, without the prior express written consent of Alliant.

© 2024 Alliant Insurance Services, Inc. All rights reserved. Alliant Employee Benefits, a division of Alliant Insurance Services, Inc. CA License No. 0C36861

Monthly Healthcare Rates									
	Medical						Dental	Vision	Lyra
	Kaiser HMO	Cigna HSA	Cigna 250 PPO	HMSA PPO 010	HMSA HMO 036	HMSA COMP 080	Delta Dental PPO	VSP Vision	EAP
Active									
Employee Contributions (Monthly)									
Employee Only	\$93.00	\$77.00	\$105.00	\$105.00	\$105.00	\$105.00	\$11.00	\$1.05	\$0.00
Employee + Spouse/DP	\$258.00	\$200.00	\$315.00	\$315.00	\$315.00	\$315.00	\$21.30	\$2.50	\$0.00
Employee + Children	\$199.00	\$160.00	\$250.00	N/A	N/A	N/A	\$25.35	\$2.55	\$0.00
Employee + Family	\$398.00	\$315.00	\$490.00	\$490.00	\$490.00	\$490.00	\$36.50	\$4.78	\$0.00
Employee Contributions (Bi-Weekly)									
Employee Only	\$42.92	\$35.54	\$48.46	\$48.46	\$48.46	\$48.46	\$5.08	\$0.48	\$0.00
Employee + Spouse/DP	\$119.08	\$92.31	\$145.38	\$145.38	\$145.38	\$145.38	\$9.83	\$1.15	\$0.00
Employee + Children	\$91.85	\$73.85	\$115.38	N/A	N/A	N/A	\$11.70	\$1.18	\$0.00
Employee + Family	\$183.69	\$145.38	\$226.15	\$226.15	\$226.15	\$226.15	\$16.85	\$2.21	\$0.00
Rate Factors									
Fixed Fees		\$49.34	\$49.34				\$3.45	\$2.09	Platform Fee: \$1.52
Individual Stop Loss	Fully insured - N/A	\$102.80	\$102.80	Fully insured - N/A	Fully insured - N/A	Fully insured - N/A			PMPM
HSA Fee		\$2.50	N/A						
Premium (or Equivalents)									
				3-Tier Rates	3-Tier Rates	3-Tier Rates			
Employee Only	\$608.92	\$681.11	\$908.90	\$831.62	\$821.20	\$810.28	\$56.80	\$9.70	\$29.05
Employee + Spouse	\$1,339.61	\$1,498.56	\$1,999.64	\$1,653.04	\$1,632.20	\$1,610.36	\$113.19	\$16.62	
Employee + Children	\$1,096.05	\$1,226.06	\$1,636.11	N/A	N/A	N/A	\$134.53	\$16.96	
Employee + Family	\$1,887.63	\$2,111.71	\$2,817.75	\$2,474.46	\$2,443.20	\$2,410.44	\$190.97	\$27.34	
COBRA									
18/36 Months 102%									
Employee Only	\$621.10	\$694.73	\$927.08	\$848.25	\$837.62	\$826.49	\$57.94	\$9.89	
Employee + Spouse/DP	\$1,366.40	\$1,528.53	\$2,039.63	\$1,686.10	\$1,664.84	\$1,642.57	\$115.45	\$16.95	\$29.63
Employee + Children	\$1,117.97	\$1,250.58	\$1,668.83	N/A	N/A	N/A	\$137.22	\$17.30	
Employee + Family	\$1,925.38	\$2,153.94	\$2,874.11	\$2,523.95	\$2,492.06	\$2,458.65	\$194.79	\$27.89	
29 Months 150%									
Employee Only	\$913.38	\$1,021.67	\$1,363.35	\$1,247.43	\$1,231.80	\$1,215.42	\$85.20	\$14.55	
Employee + Spouse/DP	\$2,009.42	\$2,247.84	\$2,999.46	\$2,479.56	\$2,448.30	\$2,415.54	\$169.79	\$24.93	\$43.58
Employee + Children	\$1,644.08	\$1,839.09	\$2,454.17	N/A	N/A	N/A	\$201.80	\$25.44	
Employee + Family	\$2,831.45	\$3,167.57	\$4,226.63	\$3,711.69	\$3,664.80	\$3,615.66	\$286.46	\$41.01	
CalCOBRA Extension 110%									
Employee Only	\$669.81	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Spouse/DP	\$1,473.57	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Children	\$1,205.66	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Family	\$2,076.39	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Welfare Rates

Composite Based Rates

	Life ^A	AD&D	LTD	NY PFL	NY DBL	Dep. Child Life	Voluntary AD&D
Employee	\$0.044	\$0.015	\$0.131	0.373%	Male: \$3.230 Female: \$7.480	\$0.170	\$0.022
Unit of measure	per \$1000/month	per \$1000/month	per \$100/month	per \$100 of wages	PEPM	per \$1000/month	per \$1000/month

Age Based Rates

per \$1,000/month	Supplemental/Voluntary Life	
	EE	Spouse
<24	\$0.040	\$0.040
25-29	\$0.040	\$0.040
30-34	\$0.050	\$0.050
35 -39	\$0.070	\$0.070
40-44	\$0.100	\$0.100
45-49	\$0.150	\$0.150
50-54	\$0.230	\$0.230
55-59	\$0.410	\$0.410
60-64	\$0.660	\$0.660
65-69	\$1.100	\$1.100
70-74	\$1.810	\$1.810
75-79	\$2.060	\$2.060
80+	\$2.060	\$2.060

A The IRS considers the value of a group term life insurance benefit in excess of \$50,000 as imputed income to the employee.