

<b>AETNA   ACPOS II</b>			
Coverage Level	2024-25 Monthly Premium	WU Monthly Contribution*	Employee Monthly Contribution
Employee	\$737.74	\$597.36	\$140.38
Employee & Spouse	1,373.90	747.60	626.30
Employee & Child	1,078.66	677.88	400.78
Employee & 2+ Children	1,283.44	726.24	557.20
Employee, Spouse & Child	1,714.80	828.10	886.70
Employee, Spouse & 2+ Children	1,921.92	877.02	1,044.90

<b>AETNA   ACPOS II HDHP (High-Deductible Health Plan)</b>			
Coverage Level	2024-25 Monthly Premium	WU Monthly Contribution**	Employee Monthly Contribution
Employee	\$622.24	\$597.36	\$24.88
Employee & Spouse	1,158.78	747.58	411.20
Employee & Child	909.76	677.86	231.90
Employee & 2+ Children	1,082.50	726.24	356.26
Employee, Spouse & Child	1,446.32	828.10	618.22
Employee, Spouse & 2+ Children	1,621.00	877.00	744.00

<b>WASHINGTON DELTA DENTAL   PPO BASIC PLAN</b>			
Coverage Level	2024-25 Monthly Premium	WU Monthly Contribution*	Employee Monthly Contribution
Employee	\$51.33	\$46.33	\$5.00
Employee & Spouse	106.83	57.43	49.40
Employee & Child(ren)	106.58	57.38	49.20
Employee, Spouse & Child(ren)	162.09	68.48	93.61

<b>WASHINGTON DELTA DENTAL   PPO BUY-UP PLAN</b>			
Coverage Level	2024-25 Monthly Premium	WU Monthly Contribution*	Employee Monthly Contribution
Employee	\$59.71	\$46.33	\$13.38
Employee & Spouse	124.04	57.43	66.61
Employee & Child(ren)	143.26	57.38	85.88
Employee, Spouse & Child(ren)	207.60	68.48	139.12

\* The PPO plan has the health reimbursement arrangement (HRA) contribution of \$1,000 for individuals or \$2,000 for two or more participants; deposited in June.

\*\* The HDHP plan has the health savings account (HSA) contribution of \$700 for individuals or \$1,400 for two or more participants; deposited in June.

Whitworth contributions are based on full-time eligibility and are prorated for part-time employees.