

Employee Contributions

Premiums are deducted on a per pay period basis (24 pay periods/year) based on the plans you select.

Medical Plans - RGA

Premiums Per Pay Period	Your Cost		Cascade Designs' Cost	
	Traditional Plan	Health Savings Plan	Traditional Plan	Health Savings Plan
Employee only	\$53.00	\$12.50	\$296.00	\$296.50
Employee & spouse	\$202.50	\$142.50	\$554.50	\$527.00
Employee & child	\$105.00	\$58.50	\$419.50	\$404.50
Employee & children	\$141.00	\$89.00	\$499.50	\$476.50
Employee, spouse & child	\$254.50	\$186.50	\$677.00	\$638.00
Employee, spouse & children	\$290.00	\$215.50	\$758.50	\$711.50
With Wellness Premium Discount* (\$12.50/paycheck)				
Employee only	\$40.50	\$0.00	\$308.50	\$309.00
Employee & spouse	\$190.00	\$130.00	\$567.00	\$539.50
Employee & child	\$92.50	\$46.00	\$432.00	\$417.00
Employee & children	\$128.50	\$76.50	\$512.00	\$489.00
Employee, spouse & child	\$242.00	\$174.00	\$689.50	\$650.50
Employee, spouse & children	\$277.50	\$203.00	\$771.00	\$724.00

*You must complete the CDI wellness program requirements and submit the Wellness Program Attestation Form to HR to qualify for the discounted premium.

Dental Plan - Delta Dental

Premiums Per Pay Period	Your Cost	Cascade Designs' Cost
Employee only	\$5.50	\$16.50
Employee & spouse	\$17.50	\$27.50
Employee & child	\$11.50	\$22.50
Employee & children	\$20.00	\$29.50
Employee, spouse & child	\$23.50	\$33.50
Employee, spouse & children	\$32.00	\$40.50

Vision Plan - RGA

Premiums Per Pay Period	Your Cost	Cascade Designs' Cost
Employee only	\$0	\$4.50
Employee & spouse	\$0	\$9.00
Employee & child	\$0	\$6.50
Employee & children	\$0	\$8.00
Employee, spouse & child	\$0	\$11.00
Employee, spouse & children	\$0	\$12.50