

# 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	\$54.50	\$12.50	\$305.50	\$306.50
Employee & spouse	\$208.50	\$147.00	\$572.50	\$544.00
Employee & child	\$108.00	\$60.00	\$433.00	\$417.50
Employee & children	\$145.00	\$91.50	\$516.00	\$492.50
Employee, spouse & child	\$262.00	\$192.00	\$698.50	\$659.00
Employee, spouse & children	\$298.50	\$222.00	\$784.00	\$736.00
<b>With Wellness Premium Discount* (\$12.50/paycheck)</b>				
Employee only	\$42.00	\$0.00	\$318.00	\$319.00
Employee & spouse	\$196.00	\$134.50	\$558.00	\$556.50
Employee & child	\$95.50	\$47.50	\$445.50	\$430.00
Employee & children	\$132.50	\$79.00	\$528.50	\$505.00
Employee, spouse & child	\$249.50	\$179.50	\$711.00	\$671.50
Employee, spouse & children	\$286.00	\$209.50	\$796.50	\$748.50

\*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	\$7.00	\$17.50
Employee & spouse	\$20.00	\$29.50
Employee & child	\$13.50	\$24.00
Employee & children	\$23.00	\$33.00
Employee, spouse & child	\$27.00	\$35.50
Employee, spouse & children	\$36.50	\$45.00

## Vision Plan - RGA

Premiums Per Pay Period	Your Cost	Cascade Designs' Cost
Employee only	\$0	\$4.00
Employee & spouse	\$0	\$8.00
Employee & child	\$0	\$6.00
Employee & children	\$0	\$7.00
Employee, spouse & child	\$0	\$10.00
Employee, spouse & children	\$0	\$10.00