

THE EPISCOPAL DIOCESE OF LOS ANGELES
2024 MONTHLY BENEFIT RATES - CHURCHES

| DENTAL Delta | Rates | | | |
|-----------------|----------|-------------------|------------------|-----------|
| | Employee | Empl + Child(ren) | Employee +Spouse | Family |
| Premium | \$ 76.00 | \$ 137.00 | \$ 152.00 | \$ 228.00 |
| Comprehensive | 58.00 | 104.00 | 116.00 | 174.00 |
| Basic | 37.00 | 67.00 | 74.00 | 111.00 |

| SHORT TERM DISABILITY Aetna | Benefit | Rate per \$100 of CMP* |
|--------------------------------|---|------------------------|
| | 13 weeks/14 days elimination period - 66.67 % <i>(12 weeks maternity - no elimination period)</i> | \$ 0.171 |

| LONG TERM DISABILITY Aetna | Benefit | Rate per \$100 of CMP* |
|-------------------------------|----------------------------|------------------------|
| | After 90 days - 60% | \$ 0.305 |

| UNEMPLOYMENT (Self Funded Program) | Salary Range | Rates Effective January 1, 2021 |
|---------------------------------------|----------------|---------------------------------|
| | \$0 - \$10,000 | \$ 6.00 |
| \$10,000 - \$20,000 | 12.00 | |
| \$20,001 - \$30,000 | 15.00 | |
| \$30,001 - \$40,000 | 20.00 | |
| \$40,001 - \$50,000 | 25.00 | |
| \$50,001 - \$60,000 | 30.00 | |
| \$60,001 - \$70,000 | 35.00 | |
| \$70,001 - \$80,000 | 40.00 | |
| \$80,001 - \$90,000 | 45.00 | |
| \$90,001 - \$100,000 | 50.00 | |
| \$100,000 - Plus | 55.00 | |

*Covered Monthly Payroll (CMP)

| MEDICAL | Rates | | | |
|------------------------------|-------------|-------------------|------------------|-------------|
| | Employee | Empl + Child(ren) | Employee +Spouse | Family |
| Anthem BCBS BlueCard PPO 100 | \$ 1,106.00 | \$ 1,991.00 | \$ 2,212.00 | \$ 3,318.00 |
| Anthem BCBS BlueCard PPO 90 | 1,018.00 | 1,832.00 | 2,036.00 | 3,054.00 |
| Anthem BCBS BlueCard PPO 80 | 917.00 | 1,651.00 | 1,834.00 | 2,751.00 |
| Anthem BCBS BlueCard PPO 70 | 824.00 | 1,483.00 | 1,648.00 | 2,472.00 |
| Kaiser EPO High Plan | 1,153.00 | 2,075.00 | 2,306.00 | 3,459.00 |
| Kaiser EPO 80 | 944.00 | 1,699.00 | 1,888.00 | 2,832.00 |
| Kaiser CDHP-20/HSA | 801.00 | 1,442.00 | 1,602.00 | 2,403.00 |
| Anthem BCBS CDHP-40/HSA | 741.00 | 1,334.00 | 1,482.00 | 2,223.00 |
| Anthem BCBS CDHP-20/HSA | 807.00 | 1,453.00 | 1,614.00 | 2,421.00 |
| Anthem BCBS CDHP-15/HSA | 924.00 | 1,663.00 | 1,848.00 | 2,772.00 |
| EAP Only | 4.00 | 4.00 | 4.00 | 4.00 |

| MEDICAL MSP Plans (Medicare Eligible) <i>For employers with fewer than 20 employees</i> | Rates | | | |
|--|-----------|-------------------|------------------|-------------|
| | Employee | Empl + Child(ren) | Employee +Spouse | Family |
| Anthem BCBS BlueCard MSP PPO 100 | \$ 878.00 | \$ 1,580.00 | \$ 1,756.00 | \$ 2,634.00 |
| Anthem BCBS BlueCard MSP PPO 90 | 807.00 | 1,453.00 | 1,614.00 | 2,421.00 |
| Anthem BCBS BlueCard MSP PPO 80 | 730.00 | 1,314.00 | 1,460.00 | 2,190.00 |
| Anthem BCBS BlueCard MSP PPO 70 | 653.00 | 1,175.00 | 1,306.00 | 1,959.00 |

| LIFE WITH AD&D (Church Life Insurance) | Effective July 1, 2021 | |
|---|------------------------|----------|
| | Benefit Amount | Rate |
| Group life policy while employed | \$ 50,000.00 | \$ 12.00 |