

THE EPISCOPAL DIOCESE OF LOS ANGELES
2025 MONTHLY BENEFIT RATES - CHURCHES

| DENTAL Delta | Rates | | | |
|-----------------|----------|-------------------|------------------|-----------|
| | Employee | Empl + Child(ren) | Employee +Spouse | Family |
| Premium | \$ 78.00 | \$ 140.00 | \$ 156.00 | \$ 234.00 |
| Comprehensive | 59.00 | 106.00 | 118.00 | 177.00 |
| Basic | 38.00 | 68.00 | 76.00 | 114.00 |

| 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 | \$ 1,261.00 | \$ 2,270.00 | \$ 2,522.00 | \$ 3,783.00 |
| Anthem BCBS BlueCard PPO 90 | 1,125.00 | 2,025.00 | 2,250.00 | 3,375.00 |
| Anthem BCBS BlueCard PPO 80 | 949.00 | 1,708.00 | 1,898.00 | 2,847.00 |
| Anthem BCBS BlueCard PPO 70 | 853.00 | 1,535.00 | 1,706.00 | 2,559.00 |
| Kaiser EPO High Plan | 1,314.00 | 2,365.00 | 2,628.00 | 3,942.00 |
| Kaiser EPO 80 | 977.00 | 1,759.00 | 1,954.00 | 2,931.00 |
| Kaiser CDHP-20/HSA | 829.00 | 1,492.00 | 1,658.00 | 2,847.00 |
| Anthem BCBS CDHP-40/HSA | 767.00 | 1,381.00 | 1,534.00 | 2,301.00 |
| Anthem BCBS CDHP-20/HSA | 835.00 | 1,503.00 | 1,670.00 | 2,505.00 |
| Anthem BCBS CDHP-15/HSA | 956.00 | 1,721.00 | 1,912.00 | 2,868.00 |
| 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 | \$ 1,001.00 | \$ 1,802.00 | \$ 2,002.00 | \$ 3,003.00 |
| Anthem BCBS BlueCard MSP PPO 90 | 892.00 | 1,784.00 | 1,606.00 | 2,676.00 |
| Anthem BCBS BlueCard MSP PPO 80 | 756.00 | 1,361.00 | 1,512.00 | 2,268.00 |
| Anthem BCBS BlueCard MSP PPO 70 | 676.00 | 1,217.00 | 1,352.00 | 2,028.00 |

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