

AETNA ACPOS II High-Deductible Plan (HDHP)*				
Coverage Level	Monthly Premium	WU Share	EE Monthly Share	EE Share Biweekly
Employee (EE)	\$730	\$692	\$38	\$17.54
EE & Spouse	\$1,358	\$889	\$469	\$216.46
EE & Child	\$1,066	\$794	\$272	\$125.54
EE & Children	\$1,268	\$864	\$404	\$186.46
EE, Spouse & Child	\$1,696	\$1,001	\$695	\$320.77
EE, Spouse & Children	\$1,900	\$1,083	\$817	\$377.08

AETNA ACPOS II**				
Coverage Level	Monthly Premium	WU Share	EE Monthly Share	EE Share Biweekly
Employee (EE)	\$866	\$692	\$174	\$80.31
EE & Spouse	\$1,610	\$889	\$721	\$332.77
EE & Child	\$1,264	\$794	\$470	\$216.92
EE & Children	\$1,504	\$864	\$640	\$295.38
EE, Spouse & Child	\$2,010	\$1,001	\$1,009	\$465.69
EE, Spouse & Children	\$2,252	\$1,083	\$1,169	\$539.54

WASHINGTON DELTA DENTAL PPO BASIC PLAN				
Coverage Level	Monthly Premium	WU Share	EE Monthly Share	EE Share Biweekly
Employee (EE)	\$56.85	\$51.35	\$5.50	\$2.54
EE & Spouse	\$118.33	\$63.83	\$54.50	\$25.15
EE & Child(ren)	\$118.05	\$63.75	\$54.30	\$25.06
EE, Spouse & Child(ren)	\$179.53	\$79.53	\$100.00	\$46.15

WASHINGTON DELTA DENTAL PPO BUY-UP PLAN				
Coverage Level	Monthly Premium	WU Share	EE Monthly Share	EE Share Biweekly
Employee (EE)	\$66.14	\$51.36	\$14.78	\$6.82
EE & Spouse	\$137.39	\$63.83	\$73.56	\$33.95
EE & Child(ren)	\$158.68	\$63.76	\$94.92	\$43.81
EE, Spouse & Child(ren)	\$229.94	\$79.54	\$150.40	\$69.42

*The ACPOS II HDHP plan carries a health savings account funded by Whitworth at \$700 for an employee only or \$1,400 for an employee plus one or more participants. Half of the contribution is made in June, and the remaining half is made in December. Employees may contribute additional funds up to IRS limits.

**The ACPOS II plan carries a health reimbursement arrangement (HRA) funded by Whitworth at \$1,000 for an employee only or \$2,000 for an employee plus one or more participants. Contributions are made in June of each year.

NOTE: Contributions are based on full-time eligibility and are prorated for part-time eligibility.