

Benefit Plan Costs

Natus subsidizes a significant portion of the cost for employees and eligible dependents for medical, dental and vision. Your contributions for the health plans are made on a “pre-tax” basis, unless you elect otherwise.

If you are covering a domestic partner/same-sex spouse, you pay the cost of their coverage on an after-tax basis per the IRS.

In general, you will be taxed on the value (imputed income) of the coverage provided for your domestic partner and his/her dependent children, if applicable.

If your domestic partnership (or same-sex marriage) meets the requirements of local law, you may not be charged imputed income for state income tax purposes.

Required: All benefit eligible employees **MUST** complete their open enrollment elections due to changes in contributions.

2023 Bi-weekly Employee Contributions for Aetna HDHP+ HSA Medical Plan

	Bi-weekly Contributions
	Aetna HDHP+ HSA
Employee Only	\$84.25
Employee + Spouse	\$192.50
Employee + Child(ren)	\$187.75
Employee + Family	\$288.00

2023 Bi-weekly Employee Contributions for Kaiser HMO Plans

Kaiser HMO Plans	Bi-weekly Contributions	
	Kaiser CA HMO	Kaiser WA HMO
Employee Only	\$55.75	\$55.75
Employee + Spouse	\$145.00	\$145.00
Employee + Child(ren)	\$114.25	\$114.25
Employee + Family	\$230.25	\$230.25

2023 Bi-weekly Employee Contributions for Dean Health Plan

Kaiser HMO Plans	Bi-weekly Contributions
	Dean Health Plan HMO
Employee Only	\$33.25
Employee + Spouse	\$86.25
Employee + Child(ren)	\$68.00
Employee + Family	\$137.25

2023 Bi-weekly Employee Contribution for Dental and Vision

Dental and Vision	Bi-weekly Contributions	
	DMO + Vision	PPO + Vision
Employee Only	\$4.75	\$9.00
Employee + Spouse	\$10.50	\$20.75
Employee + Child(ren)	\$12.00	\$23.50
Employee + Family	\$16.50	\$32.75

2023 Monthly Voluntary Life and Disability Rates

Employee Age	Voluntary Life for Employee Monthly Rates per \$1,000 Covered Earnings	Employee Age*	Voluntary Life for Spouse Monthly Rates per \$1,000 Covered Amount
Under 30	\$0.07	Under 30	\$0.06
30 - 34	\$0.08	30 - 34	\$0.08
35 - 39	\$0.09	35 - 39	\$0.09
40 - 44	\$0.16	40 - 44	\$0.13
45 - 49	\$0.26	45 - 49	\$0.22
50 - 54	\$0.38	50 - 54	\$0.38
55 - 59	\$0.59	55 - 59	\$0.63
60 - 64	\$0.77	60 - 64	\$0.83
65 - 69	\$1.27	65 - 69	\$1.31
70 - 74	\$2.60	70 - 74	\$2.39
75 +	\$2.60	75 +	\$2.39

*The rates for the voluntary life for spouse are based on the employee's age.

Child Life	Child Rate per \$1,000 Covered Amount
Child Life	\$0.20

2023 Monthly Rate for Voluntary Short-Term Disability Insurance

Voluntary Short-Term Disability	Monthly Rate per \$10 of Weekly Benefit
Per Employee	\$0.184

2023 Bi-weekly Rates for Additional Benefits

2023 Bi-Weekly Rates for ARAG Group Legal

Group Legal	Bi-weekly Rate
Per Employee	\$11.19

2023 Bi-Weekly Rates for Accident Insurance (The Hartford)

Accident Insurance	Bi-weekly Rates
Per Employee	\$4.83
Employee + Spouse	\$7.62
Employee + Child(ren)	\$8.26
Employee + Family	\$12.92

2023 Bi-Weekly Rates for Hospital Indemnity Insurance (The Hartford)

Hospital Indemnity Insurance	Bi-weekly Rates
Per Employee	\$5.79
Employee + Spouse	\$12.20
Employee + Child(ren)	\$11.01
Employee + Family	\$18.28

2023 Bi-Weekly Rates for Critical Illness Insurance (The Hartford)

Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18-24	\$1.38	\$2.24	\$2.10	\$3.07
25-29	\$1.66	\$2.66	\$2.37	\$3.49
30-34	\$1.86	\$2.96	\$2.57	\$3.80
35-39	\$2.36	\$3.73	\$3.08	\$4.56
40-44	\$3.33	\$5.22	\$4.05	\$6.05
45-49	\$5.13	\$8.00	\$5.85	\$8.84
50-54	\$7.11	\$11.07	\$7.83	\$11.91
55-59	\$9.66	\$15.04	\$10.38	\$15.88
60-64	\$13.53	\$21.02	\$14.24	\$21.85
65-69	\$18.54	\$28.68	\$19.26	\$29.51
70-74	\$12.56	\$19.49	\$13.08	\$20.10
75-79	\$16.39	\$25.31	\$16.91	\$25.91

2023 Bi-Weekly Rates for CyberScout Identity Theft Protection

Identity Theft Protection	Bi-weekly Rates
Per Employee	\$3.69
Employee + Spouse	\$6.92
Employee + Child(ren)	\$6.92
Employee + Family	\$6.92