Bethany Lutheran 2026

	Monthly Premium	Employer Contribution	EMPLOYEE PER Month	EMPLOYEE PER PAY PERIOD
Wellmark 1500 POS				
SINGLE	$ 613.94	$ 399.06	$ 214.88	**$ 107.44**
EMPLOYEE/SPOUSE	$ 1,230.10	$ 676.56	$ 553.54	**$ 276.77**
EMPLOYEE/CHILD(REN)	$ 1,138.97	$ 740.33	$ 398.64	**$ 199.32**
FAMILY	$ 1,830.38	$ 1,098.23	$ 732.15	**$ 366.08**
Wellmark 1500 PPO				
SINGLE	$ 659.89	$ 362.94	$ 296.95	**$ 148.48**
EMPLOYEE/SPOUSE	$ 1,324.22	$ 675.35	$ 648.87	**$ 324.44**
EMPLOYEE/CHILD(REN)	$ 1,225.96	$ 674.28	$ 551.68	**$ 275.84**
FAMILY	$ 1,971.42	$ 1,005.42	$ 966.00	**$ 483.00**
Wellmark 7000 POS				
SINGLE	$ 613.94	$ 485.01	$ 128.93	**$ 64.47**
EMPLOYEE/SPOUSE	$ 1,230.10	$ 836.47	$ 393.63	**$ 196.82**
EMPLOYEE/CHILD(REN)	$ 1,138.97	$ 831.45	$ 307.52	**$ 153.76**
FAMILY	$ 1,830.38	$ 1,262.96	$ 567.42	**$ 283.71**