

City of Seattle Traditional Plan - 2010 Rates

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$813.11	\$813.11	\$813.11	\$829.37
City Share & RSR Contribution	\$813.11	\$780.77	\$0.00	\$0.00
Employee Deduction	\$0.00	\$32.34	\$813.11	\$829.37
LEOFF I (Non-Represented)	\$658.29	\$658.29	N/A	\$671.46
City Share & RSR Contribution	\$658.29	\$625.95		\$0.00
Employee Deduction	\$0.00	\$32.34		\$671.46
LEOFF II (Non-Represented)	\$813.11	\$813.11	N/A	\$829.37
City Share & RSR Contribution	\$813.11	\$780.77		\$0.00
Employee Deduction	\$0.00	\$32.34		\$829.37
SPMA (LEOFF I)	\$658.29	\$658.29	N/A	\$671.46
City Share & RSR Contribution	\$658.29	\$625.95		\$0.00
Employee Deduction	\$0.00	\$32.34		\$671.46
SPMA (LEOFF II)	\$813.11	\$813.11	N/A	\$829.37
City Share & RSR Contribution	\$813.11	\$780.77		\$0.00
Employee Deduction	\$0.00	\$32.34		\$829.37
Local 77	\$1,179.07	\$1,179.07	N/A	\$1,202.65
City Share	\$1,120.13	\$1,120.13		\$0.00
Employee Deduction	\$58.94	\$58.94		\$1,202.65
SPOG (LEOFF I)	\$840.45	\$840.45	N/A	\$857.26
City Share	\$798.45	\$798.45		\$0.00
Employee Deduction	\$42.00	\$42.00		\$857.26
SPOG (LEOFF II)	\$1,013.76	\$1,013.76	N/A	\$1,034.04
City Share	\$963.08	\$963.08		\$0.00
Employee Deduction	\$50.68	\$50.68		\$1,034.04
Fire Chiefs (LEOFF I)	\$658.29	\$658.29	N/A	\$671.46
City Share	\$658.29	\$559.55		\$0.00
Employee Deduction	\$0.00	\$98.74		\$671.46
Fire Chiefs (LEOFF II)	\$813.11	\$813.11	N/A	\$829.37
City Share	\$813.11	\$691.15		\$0.00
Employee Deduction	\$0.00	\$121.96		\$829.37

GROUP HEALTH STANDARD - 2010 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$867.33	\$867.33	\$867.33	\$884.68
City Share & RSR Contribution	\$818.93	\$767.43	\$0.00	\$0.00
Employee Deduction	\$48.40	\$99.90	\$867.33	\$884.68
LEOFF I (Non-Represented)	\$867.33	\$867.33	N/A	\$884.68
City Share & RSR Contribution	\$867.33	\$815.83		\$0.00
Employee Deduction	\$0.00	\$51.50		\$884.68
LEOFF II (Non-Represented)	\$867.33	\$867.33	N/A	\$884.68
City Share & RSR Contribution	\$818.93	\$767.43		\$0.00
Employee Deduction	\$48.40	\$99.90		\$884.68
SPMA (LEOFF I)	\$867.33	\$867.33	N/A	\$884.68
City Share & RSR Contribution	\$867.33	\$815.83		\$0.00
Employee Deduction	\$0.00	\$51.50		\$884.68
SPMA (LEOFF II)	\$867.33	\$867.33	N/A	\$884.68
City Share & RSR Contribution	\$818.93	\$767.43		\$0.00
Employee Deduction	\$48.40	\$99.90		\$884.68
Local 77	\$1,003.33	\$1,003.33	N/A	\$1,023.40
City Share	\$953.17	\$953.17		\$0.00
Employee Deduction	\$50.16	\$50.16		\$1,023.40
SPOG (LEOFF I & II)	\$1,063.56	\$1,063.56	N/A	\$1,084.83
City Share	\$850.86	\$850.86		\$0.00
Employee Deduction	\$212.70	\$212.70		\$1,084.83
Fire Chiefs (LEOFF I)	\$867.33	\$867.33	N/A	\$884.68
City Share	\$867.33	\$737.25		\$0.00
Employee Deduction	\$0.00	\$130.08		\$884.68
Fire Chiefs (LEOFF II)	\$867.33	\$867.33	N/A	\$884.68
City Share	\$737.25	\$737.25		\$0.00
Employee Deduction	\$130.08	\$130.08		\$884.68

GROUP HEALTH – DEDUCTIBLE 2010 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$798.63	\$798.63	\$798.63	\$814.60
City Share & RSR Contribution	\$773.63	\$741.71	\$0.00	\$0.00
Employee Deduction	\$25.00	\$56.92	\$798.63	\$814.60
LEOFF I (Non-Represented)	\$798.63	\$798.63	N/A	\$814.60
City Share & RSR Contribution	\$798.63	\$766.71		\$0.00
Employee Deduction	\$0	\$31.92		\$814.60
LEOFF II (Non-Represented)	\$798.63	\$798.63	N/A	\$814.60
City Share & RSR Contribution	\$773.63	\$741.71		\$0.00
Employee Deduction	\$25.00	\$56.92		\$814.60
SPMA (LEOFF I)	\$798.63	\$798.63	N/A	\$814.60
City Share & RSR Contribution	\$798.63	\$766.71		\$0.00
Employee Deduction	\$0	\$31.92		\$814.60
SPMA (LEOFF II)	\$798.63	\$798.63	N/A	\$814.60
City Share & RSR Contribution	\$773.63	\$741.71		\$0.00
Employee Deduction	\$25.00	\$56.92		\$814.60
Local 77	N/A	N/A	N/A	N/A
SPOG (LEOFF I & II)	\$784.76	\$784.76	N/A	\$800.46
City Share	\$745.54	\$745.54		\$0.00
Employee Deduction	\$39.22	\$39.22		\$800.46
Fire Chiefs (LEOFF I)	\$798.63	\$798.63	N/A	\$814.60
City Share	\$798.63	\$678.85		\$0.00
Employee Deduction	\$0	\$119.78		\$814.60
Fire Chiefs (LEOFF II)	\$798.63	\$798.63	N/A	\$814.60
City Share	\$678.85	\$678.85		\$0.00
Employee Deduction	\$119.78	\$119.78		\$814.60

CITY OF SEATTLE PREVENTIVE PLAN 2010 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$899.70	\$899.70	\$899.70	\$917.69
City Share & RSR Contribution	\$851.58	\$801.20	\$0.00	\$0.00
Employee Deduction	\$48.12	\$98.50	\$899.70	\$917.69
LEOFF I (Non-Represented)	\$899.70	\$899.70	N/A	\$917.69
City Share & RSR Contribution	\$899.70	\$849.32		\$0.00
Employee Deduction	\$0.00	\$50.38		\$917.69
LEOFF II (Non-Represented)	\$899.70	\$899.70	N/A	\$917.69
City Share & RSR Contribution	\$851.58	\$801.20		\$0.00
Employee Deduction	\$48.12	\$98.50		\$917.69
SPMA (LEOFF I)	\$899.70	\$899.70	N/A	\$917.69
City Share & RSR Contribution	\$899.70	\$849.32		\$0.00
Employee Deduction	\$0.00	\$50.38		\$917.69
SPMA (LEOFF II)	\$899.70	\$899.70	N/A	\$917.69
City Share & RSR Contribution	\$851.58	\$801.20		\$0.00
Employee Deduction	\$48.12	\$98.50		\$917.69
Local 77	\$1,163.67	\$1,163.67	N/A	\$1,186.94
City Share	\$1,105.49	\$1,105.49		\$0.00
Employee Deduction	\$58.18	\$58.18		\$1,186.94
SPOG (LEOFF I & II)	\$1,139.21	\$1,139.21	N/A	\$1,161.99
City Share	\$1,082.27	\$1,082.27		\$0.00
Employee Deduction	\$56.94	\$56.94		\$1,161.99
Fire Chiefs (LEOFF I)	\$899.70	\$899.70	N/A	\$917.69
City Share	\$899.70	\$764.76		\$0.00
Employee Deduction	\$0.00	\$134.94		\$917.69
Fire Chiefs (LEOFF II)	\$899.70	\$899.70	N/A	\$917.69
City Share	\$764.76	\$764.76		\$0.00
Employee Deduction	\$134.94	\$134.94		\$917.69

WASHINGTON DENTAL SERVICE 2010 RATES
(Fully Paid City Dental Premiums Unless Otherwise Noted)

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$128.43	\$128.43	\$128.43	\$131.00
City Share	\$128.43	\$128.43	\$0.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$128.43	\$131.00
LEOFF I & II (Non-Represented)	\$128.43	\$128.43	N/A	\$131.00
City Share	\$128.43	\$128.43		\$0.00
Employee Deduction	\$0.00	\$0.00		\$131.00
SPMA (LEOFF I & II)	\$128.43	\$128.43	N/A	\$131.00
City Share	\$128.43	\$128.43		\$0.00
Employee Deduction	\$0.00	\$0.00		\$131.00
Local 77	\$138.47	\$138.47	N/A	\$141.24
City Share	\$138.47	\$138.47		\$0.00
Employee Deduction	\$0.00	\$0.00		\$141.24
SPOG (LEOFF I & II)	\$139.63	\$139.63	N/A	\$142.42
City Share	\$139.63	\$139.63		\$0.00
Employee Deduction	\$0.00	\$0.00		\$142.42
Fire Chiefs (LEOFF I & II)	\$128.43	\$128.43	N/A	\$131.00
City Share	\$109.19	\$109.19		\$0.00
Employee Deduction	\$19.24	\$19.24		\$131.00

Dental Health Services 2010 RATES
(Fully Paid City Dental Premiums Unless Otherwise Noted)

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$133.99	\$133.99	\$133.99	\$136.67
City Share	\$133.99	\$133.99	\$4.34	\$0.00
Employee Deduction	\$0.00	\$0.00	\$129.65	\$136.67
LEOFF I & II (Non-Represented)	\$133.99	\$133.99	N/A	\$136.67
City Share	\$133.99	\$133.99		\$0.00
Employee Deduction	\$0.00	\$0.00		\$136.67
SPMA (LEOFF I & II)	\$133.99	\$133.99	N/A	\$136.67
City Share	\$133.99	\$133.99		\$0.00
Employee Deduction	\$0.00	\$0.00		\$136.67
Local 77	\$154.87	\$154.87	N/A	\$157.97
City Share	\$154.87	\$154.87		\$0.00
Employee Deduction	\$0.00	\$0.00		\$157.97
SPOG (LEOFF I & II)	\$157.28	\$157.28	N/A	\$160.43
City Share	\$157.28	\$157.28		\$0.00
Employee Deduction	\$0.00	\$0.00		\$160.43
Fire Chiefs (LEOFF I & II)	\$133.99	\$133.99	N/A	\$136.67
City Share	\$113.91	\$113.91		\$0.00
Employee Deduction	\$20.08	\$20.08		\$136.67

VISION SERVICE PLAN 2010 RATES
(Fully Paid City Vision Premiums Unless Otherwise Noted)

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$7.59	\$7.59	\$7.59	\$7.74
City Share	\$7.59	\$7.59	\$0.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$7.59	\$7.74
LEOFF I & II (Non-Represented)	\$7.59	\$7.59	\$7.59	\$7.74
City Share	\$7.59	\$7.59	\$0.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$7.59	\$7.74
SPMA (LEOFF I & II)	\$7.59	\$7.59	N/A	\$7.74
City Share	\$7.59	\$7.59		\$0.00
Employee Deduction	\$0.00	\$0.00		\$7.74
Local 77	\$9.83	\$9.83	N/A	\$10.03
City Share	\$9.83	\$9.83		\$0.00
Employee Deduction	\$0.00	\$0.00		\$10.03
SPOG (LEOFF I & II)	\$23.91	\$23.91	N/A	\$24.39
City Share	\$23.91	\$23.91		\$0.00
Employee Deduction	\$0.00	\$0.00		\$24.39
Fire Chiefs (LEOFF I & II)	\$7.59	\$7.59	N/A	\$7.74
City Share	\$6.45	\$6.45		\$0.00
Employee Deduction	\$1.14	\$1.14		\$7.74

**2010 MONTHLY PREMIUM RATES FOR
TEMPORARY & INTERMITTENT EMPLOYEES**

Traditional/Washington Dental Service/ VSP	\$949.13
Preventive/Washington Dental Service/VSP	\$1,035.72
Group Health - Standard/Washington Dental Service/VSP	\$1,003.35
Group Health - Deductible/Washington Dental Service/VSP	\$934.65
Traditional/Dental Health Services/VSP	\$954.69
Preventive/Dental Health Services/VSP	\$1,041.28
Group Health - Standard/Dental Health Services/VSP	\$1,008.91
Group Health - Deductible/Dental Health Services/VSP	\$940.21

**DOMESTIC PARTNER HEALTH INSURANCE
2010 MONTHLY TAXABLE VALUES**

Most City Employees	Medical	WDS Dental	Vision	Total
Preventive - Domestic Partner	\$393.88	\$56.33	\$3.33	\$453.54
Traditional - Domestic Partner	\$369.16	\$56.33	\$3.33	\$428.82
Group Health Standard - Domestic Partner	\$398.49	\$56.33	\$3.33	\$458.15
Group Health Deductible - Domestic Partner	\$382.42	\$56.33	\$3.33	\$442.08
Preventive - Child	\$177.70	\$33.80	\$2.00	\$213.50
Traditional - Child	\$160.60	\$33.80	\$2.00	\$196.40
Group Health Standard - Child	\$179.99	\$33.80	\$2.00	\$215.79
Group Health Deductible - Child	\$165.73	\$33.80	\$2.00	\$201.53

Most City Employees	Medical	DHS Dental	Vision	Total
Preventive - Domestic Partner	\$393.88	\$58.78	\$3.33	\$455.99
Traditional - Domestic Partner	\$369.16	\$58.78	\$3.33	\$431.27
Group Health Standard - Domestic Partner	\$398.49	\$58.78	\$3.33	\$460.60
Group Health Deductible - Domestic Partner	\$382.42	\$58.78	\$3.33	\$444.53
Preventive - Child	\$177.70	\$35.27	\$2.00	\$214.97
Traditional - Child	\$160.60	\$35.27	\$2.00	\$197.87
Group Health Standard - Child	\$179.99	\$35.27	\$2.00	\$217.26
Group Health Deductible - Child	\$165.73	\$35.27	\$2.00	\$203.00

**DOMESTIC PARTNER HEALTH INSURANCE
2010 MONTHLY TAXABLE VALUES**

Seattle Police Officers' Guild Employees	Medical	WDS Dental	Vision	Total
Preventive - Domestic Partner	\$562.53	\$61.24	\$10.49	\$634.26
Traditional - Domestic Partner	\$500.58	\$61.24	\$10.49	\$572.31
Group Health Standard - Domestic Partner	\$551.81	\$61.24	\$10.49	\$623.54
Group Health Deductible - Domestic Partner	\$407.14	\$61.24	\$10.49	\$478.87
Preventive - Child	\$225.01	\$36.75	\$6.29	\$268.05
Traditional - Child	\$200.23	\$36.75	\$6.29	\$243.27
Group Health Standard - Child	\$220.72	\$36.75	\$6.29	\$263.76
Group Health Deductible - Child	\$162.86	\$36.75	\$6.29	\$205.90
Seattle Police Officers' Guild Employees	Medical	DHS Dental	Vision	Total
Preventive - Domestic Partner	\$562.53	\$69.00	\$10.49	\$642.02
Traditional - Domestic Partner	\$500.58	\$69.00	\$10.49	\$580.07
Group Health Standard - Domestic Partner	\$551.81	\$69.00	\$10.49	\$631.30
Group Health Deductible - Domestic Partner	\$407.14	\$69.00	\$10.49	\$486.63
Preventive - Child	\$225.01	\$41.40	\$6.29	\$272.70
Traditional - Child	\$200.23	\$41.40	\$6.29	\$247.92
Group Health Standard - Child	\$220.72	\$41.40	\$6.29	\$268.41
Group Health Deductible - Child	\$162.86	\$41.40	\$6.29	\$210.55

**DOMESTIC PARTNER HEALTH INSURANCE
2010 MONTHLY TAXABLE VALUES**

Local 77 Employees	Medical	WDS Dental	Vision	Total
Preventive - Domestic Partner	\$574.61	\$60.74	\$4.31	\$639.66
Traditional - Domestic Partner	\$582.21	\$60.74	\$4.31	\$647.26
Group Health Standard - Domestic Partner	\$520.54	\$60.74	\$4.31	\$585.59
Preventive - Child	\$229.84	\$36.44	\$2.59	\$268.87
Traditional - Child	\$232.88	\$36.44	\$2.59	\$271.91
Group Health Standard - Child	\$208.21	\$36.44	\$2.59	\$247.24
Local 77 employees	Medical	DHS Dental	Vision	Total
Preventive - Domestic Partner	\$574.61	\$67.94	\$4.31	\$646.86
Traditional - Domestic Partner	\$582.21	\$67.94	\$4.31	\$654.46
Group Health Standard - Domestic Partner	\$520.54	\$67.94	\$4.31	\$592.79
Preventive - Child	\$229.84	\$40.77	\$2.59	\$273.20
Traditional - Child	\$232.88	\$40.77	\$2.59	\$276.24
Group Health Standard - Child	\$208.21	\$40.77	\$2.59	\$251.57

**DOMESTIC PARTNER HEALTH INSURANCE
2010 MONTHLY TAXABLE VALUES**

Fire Chiefs (LEOFF 1)	Medical	WDS Dental	Vision	Total
Preventive - Domestic Partner	\$309.32	\$56.33	\$3.33	\$368.98
Traditional - Domestic Partner	\$302.76	\$56.33	\$3.33	\$362.42
Group Health Standard - Domestic Partner	\$318.92	\$56.33	\$3.33	\$378.58
Group Health Deductible - Domestic Partner	\$294.56	\$56.33	\$3.33	\$354.22
Preventive - Child	\$177.70	\$33.80	\$2.00	\$213.50
Traditional - Child	\$160.60	\$33.80	\$2.00	\$196.40
Group Health Standard - Child	\$179.99	\$33.80	\$2.00	\$215.79
Group Health Deductible - Child	\$165.73	\$33.80	\$2.00	\$201.53

Fire Chiefs (LEOFF 1)	Medical	DHS Dental	Vision	Total
Preventive - Domestic Partner	\$309.32	\$58.78	\$3.33	\$371.43
Traditional - Domestic Partner	\$302.76	\$58.78	\$3.33	\$364.87
Group Health Standard - Domestic Partner	\$319.91	\$58.78	\$3.33	\$382.02
Group Health Deductible - Domestic Partner	\$294.56	\$58.78	\$3.33	\$356.67
Preventive - Child	\$177.70	\$35.27	\$2.00	\$214.97
Traditional - Child	\$160.60	\$35.27	\$2.00	\$197.87
Group Health Standard - Child	\$179.99	\$35.27	\$2.00	\$217.26
Group Health Deductible - Child	\$165.73	\$35.27	\$2.00	\$203.00

Fire Chiefs (LEOFF 2)	Medical	WDS Dental	Vision	Total
Preventive - Domestic Partner	\$444.26	\$56.33	\$3.33	\$503.92
Traditional - Domestic Partner	\$401.50	\$56.33	\$3.33	\$461.16
Group Health Standard - Domestic Partner	\$449.99	\$56.33	\$3.33	\$509.65
Group Health Deductible - Domestic Partner	\$414.34	\$56.33	\$3.33	\$474.00
Preventive - Child	\$177.70	\$33.80	\$2.00	\$213.50
Traditional - Child	\$160.60	\$33.80	\$2.00	\$196.40
Group Health Standard - Child	\$179.99	\$33.80	\$2.00	\$215.79
Group Health Deductible - Child	\$165.73	\$33.80	\$2.00	\$201.53

Fire Chiefs (LEOFF 2)	Medical	DHS Dental	Vision	Total
Preventive - Domestic Partner	\$444.26	\$58.78	\$3.33	\$506.37
Traditional - Domestic Partner	\$401.50	\$58.78	\$3.33	\$463.61
Group Health Standard - Domestic Partner	\$449.99	\$58.78	\$3.33	\$512.10
Group Health Deductible - Domestic Partner	\$414.34	\$58.78	\$3.33	\$476.45
Preventive - Child	\$177.70	\$35.27	\$2.00	\$214.97
Traditional - Child	\$160.60	\$35.27	\$2.00	\$197.87
Group Health Standard - Child	\$179.99	\$35.27	\$2.00	\$217.26
Group Health Deductible - Child	\$165.73	\$35.27	\$2.00	\$203.00

2010 RATES

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE Hartford Insurance Company	
Monthly Premium: Fully paid by employee	
Employee Only Coverage:	\$0.015 per \$1,000 of Benefit
Employee & Family Coverage:	\$0.025 per \$1,000 of Benefit

GROUP TERM LIFE INSURANCE Standard Insurance Company			
Basic Coverage: Monthly Premium: \$0.11 per \$1,000 of benefit			
City Share:	\$0.044		
Employee Deduction:	\$0.066		
Supplemental Coverage: Monthly Premium per \$1,000 of coverage			
Age	Premium	Age	Premium
0 - 29	\$0.032	50 - 54	\$0.232
30 - 34	\$0.048	55 - 59	\$0.360
35 - 39	\$0.064	60 - 64	\$0.552
40 - 44	\$0.090	65+	\$0.960
45 - 49	\$0.152		

LONG TERM DISABILITY INSURANCE Standard Insurance Company	
Non-Uniformed Employees Plan Monthly Premium:	
City-Paid Basic Coverage:	.42% of first \$667 of insured earnings
Employee-Paid Optional Coverage:	.75% of next \$7,666 of insured earnings

EMPLOYEE ASSISTANCE PROGRAM: 2010 cost, \$42.00 per Budgeted Position through 6/30/2010