CITY OF SEATTLE TRADITIONAL PLAN - 2019 RATES
Effective January 1 - December 31, 2019

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	$1,279.79	$1,279.79	$1,279.79	$1,305.39
City Share & RSR Contribution	$1,279.79	$1,247.45	$0.00	$0.00
Employee Deduction	**$0.00**	**$32.34**	**$1,279.79**	**$1,305.39**
LEOFF I (Non-Represented)	$1,039.89	$1,039.89	N/A	$1,060.69
City Share & RSR Contribution	$1,039.89	$1,007.55		$0.00
Employee Deduction	**$0.00**	**$32.34**		**$1,060.69**
LEOFF II (Non-Represented)	$1,279.79	$1,279.79	N/A	$1,305.39
City Share & RSR Contribution	$1,279.79	$1,247.45		$0.00
Employee Deduction	**$0.00**	**$32.34**		**$1,305.39**
SPMA (LEOFF I)	$1,039.89	$1,039.89	N/A	$1,060.69
City Share & RSR Contribution	$1,039.89	$1,007.55		$0.00
Employee Deduction	**$0.00**	**$32.34**		**$1,060.69**
SPMA (LEOFF II)	$1,279.79	$1,279.79	N/A	$1,305.39
City Share & RSR Contribution	$1,279.79	$1,247.45		$0.00
Employee Deduction	**$0.00**	**$32.34**		**$1,305.39**
Local 77 - Core	$1,817.87	$1,817.87	N/A	$1,854.23
City Share	$1,636.07	$1,636.07		$0.00
Employee Deduction	**$181.80**	**$181.80**		**$1,854.23**
Local 77 - Most Plan Design	$1,435.77	$1,435.77	N/A	$1,464.49
City Share	$1,435.77	$1,403.43		$0.00
Employee Deduction	**$0.00**	**$32.34**		**$1,464.49**
CMEO / Material Controllers (080 & 079)	$1,279.79	$1,279.79	N/A	$1,305.39
City Share	$1,258.37	$1,230.89		$0.00
Employee Deduction	**$21.42**	**$48.90**		**$1,305.39**
SPOG (LEOFF I)	$1,325.93	$1,325.93	N/A	$1,352.45
City Share	$1,259.63	$1,259.63		$0.00
Employee Deduction	**$66.30**	**$66.30**		**$1,352.45**
SPOG (LEOFF II)	$1,593.57	$1,593.57	N/A	$1,625.44
City Share	$1,513.89	$1,513.89		$0.00
Employee Deduction	**$79.68**	**$79.68**		**$1,625.44**
Fire Chiefs (LEOFF I)	$1,039.89	$1,039.89	N/A	$1,060.69
City Share	$1,039.89	$935.89		$0.00
Employee Deduction	**$0.00**	**$104.00**		**$1,060.69**
Fire Chiefs (LEOFF II)	$1,279.79	$1,279.79	N/A	$1,305.39
City Share	$1,279.79	$1,151.81		$0.00
Employee Deduction	**$0.00**	**$127.98**		**$1,305.39**

KAISER PERMANENTE STANDARD - 2019 RATES Effective January 1 - December 31, 2019				
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	$1,161.69	$1,161.69	$1,161.69	$1,184.92
City Share & RSR Contribution	$1,113.29	$1,061.79	$0.00	$0.00
Employee Deduction	**$48.40**	**$99.90**	**$1,161.69**	**$1,184.92**
LEOFF I (Non-Represented)	$1,161.69	$1,161.69	N/A	$1,184.92
City Share & RSR Contribution	$1,161.69	$1,110.19		$0.00
Employee Deduction	**$0.00**	**$51.50**		**$1,184.92**
LEOFF II (Non-Represented)	$1,161.69	$1,161.69	N/A	$1,184.92
City Share & RSR Contribution	$1,113.29	$1,061.79		$0.00
Employee Deduction	**$48.40**	**$99.90**		**$1,184.92**
SPMA (LEOFF I)	$1,161.69	$1,161.69	N/A	$1,184.92
City Share & RSR Contribution	$1,161.69	$1,110.19		$0.00
Employee Deduction	**$0.00**	**$51.50**		**$1,184.92**
SPMA (LEOFF II)	$1,161.69	$1,161.69	N/A	$1,184.92
City Share & RSR Contribution	$1,113.29	$1,061.79		$0.00
Employee Deduction	**$48.40**	**$99.90**		**$1,184.92**
Local 77 - Core	$1,319.29	$1,319.29	N/A	$1,345.68
City Share	$1,187.35	$1,187.35		$0.00
Employee Deduction	**$131.94**	**$131.94**		**$1,345.68**
Local 77 - Most Plan Design	$1,165.98	$1,165.98	N/A	$1,189.30
City Share	$1,117.58	$1,066.08		$0.00
Employee Deduction	**$48.40**	**$99.90**		**$1,189.30**
CMEO / Material Controllers (080 & 079)	$1,161.69	$1,161.69		$1,184.92
City Share	$1,112.95	$1,061.45		$0.00
Employee Deduction	**$48.74**	**$100.24**		**$1,184.92**
SPOG (LEOFF I & II)	$1,435.04	$1,435.04	N/A	$1,463.74
City Share	$1,148.02	$1,148.02		$0.00
Employee Deduction	**$287.02**	**$287.02**		**$1,463.74**
Fire Chiefs (LEOFF I)	$1,161.69	$1,161.69	N/A	$1,184.92
City Share	$1,161.69	$1,045.51		$0.00
Employee Deduction	**$0.00**	**$116.18**		**$1,184.92**
Fire Chiefs (LEOFF II)	$1,161.69	$1,161.69	N/A	$1,184.92
City Share	$1,045.51	$1,045.51		$0.00
Employee Deduction	**$116.18**	**$116.18**		**$1,184.92**

KAISER PERMANENTE DEDUCTIBLE - 2019 RATES
Effective January 1, 2019 - December 31, 2019

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	$1,070.61	$1,070.61	$1,070.61	$1,092.02
City Share & RSR Contribution	$1,045.61	$1,013.69	$0.00	$0.00
Employee Deduction	**$25.00**	**$56.92**	**$1,070.61**	**$1,092.02**
LEOFF I (Non-Represented)	$1,070.61	$1,070.61	N/A	$1,092.02
City Share & RSR Contribution	$1,070.61	$1,038.69		$0.00
Employee Deduction	**$0**	**$31.92**		**$1,092.02**
LEOFF II (Non-Represented)	$1,070.61	$1,070.61	N/A	$1,092.02
City Share & RSR Contribution	$1,045.61	$1,013.69		$0.00
Employee Deduction	**$25.00**	**$56.92**		**$1,092.02**
SPMA (LEOFF I)	$1,070.61	$1,070.61	N/A	$1,092.02
City Share & RSR Contribution	$1,070.61	$1,038.69		$0.00
Employee Deduction	**$0**	**$31.92**		**$1,092.02**
SPMA (LEOFF II)	$1,070.61	$1,070.61	N/A	$1,092.02
City Share & RSR Contribution	$1,045.61	$1,013.69		$0.00
Employee Deduction	**$25.00**	**$56.92**		**$1,092.02**
Local 77	N/A	N/A	N/A	N/A
CMEO / Material Controllers (080 & 079)	$1,070.61	$1,070.61		$1,092.02
City Share	$1,045.29	$1,013.37		$0.00
Employee Deduction	**$25.32**	**$57.24**		**$1,092.02**
SPOG (LEOFF I & II)	$1,063.74	$1,063.74	N/A	$1,085.01
City Share	$1,010.54	$1,010.54		$0.00
Employee Deduction	**$53.20**	**$53.20**		**$1,085.01**
Fire Chiefs (LEOFF I)	$1,070.61	$1,070.61	N/A	$1,092.02
City Share	$1,070.61	$963.55		$0.00
Employee Deduction	**$0**	**$107.06**		**$1,092.02**
Fire Chiefs (LEOFF II)	$1,070.61	$1,070.61	N/A	$1,092.02
City Share	$963.55	$963.55		$0.00
Employee Deduction	**$107.06**	**$107.06**		**$1,092.02**

CITY OF SEATTLE PREVENTIVE PLAN 2019 RATES
Effective January 1 - December 31, 2019

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	$1,412.87	$1,412.87	$1,412.87	$1,441.13
City Share & RSR Contribution	$1,364.75	$1,314.37	$0.00	$0.00
Employee Deduction	**$48.12**	**$98.50**	**$1,412.87**	**$1,441.13**
LEOFF I (Non-Represented)	$1,412.87	$1,412.87	N/A	$1,441.13
City Share & RSR Contribution	$1,412.87	$1,362.49		$0.00
Employee Deduction	**$0.00**	**$50.38**		**$1,441.13**
LEOFF II (Non-Represented)	$1,412.87	$1,412.87	N/A	$1,441.13
City Share & RSR Contribution	$1,364.75	$1,314.37		$0.00
Employee Deduction	**$48.12**	**$98.50**		**$1,441.13**
SPMA (LEOFF I)	$1,412.87	$1,412.87	N/A	$1,441.13
City Share & RSR Contribution	$1,412.87	$1,362.49		$0.00
Employee Deduction	**$0.00**	**$50.38**		**$1,441.13**
SPMA (LEOFF II)	$1,412.87	$1,412.87	N/A	$1,441.13
City Share & RSR Contribution	$1,364.75	$1,314.37		$0.00
Employee Deduction	**$48.12**	**$98.50**		**$1,441.13**
Local 77 - Core	$1,775.04	$1,775.04	N/A	$1,810.54
City Share	$1,597.54	$1,597.54		$0.00
Employee Deduction	**$177.50**	**$177.50**		**$1,810.54**
Local 77 - Most Plan Design	$1,416.01	$1,416.01	N/A	$1,444.33
City Share	$1,367.89	$1,317.51		$0.00
Employee Deduction	**$48.12**	**$98.50**		**$1,444.33**
CMEO / Material Controllers (080 & 079)	$1,412.87	$1,412.87		$1,441.13
City Share	$1,349.61	$1,305.89	N/A	$0.00
Employee Deduction	**$63.26**	**$106.98**		**$1,441.13**
SPOG (LEOFF I & II)	$1,787.35	$1,787.35	N/A	$1,823.10
City Share	$1,697.97	$1,697.97		$0.00
Employee Deduction	**$89.38**	**$89.38**		**$1,823.10**
Fire Chiefs (LEOFF I)	$1,412.87	$1,412.87	N/A	$1,441.13
City Share	$1,412.87	$1,271.57		$0.00
Employee Deduction	**$0.00**	**$141.30**		**$1,441.13**
Fire Chiefs (LEOFF II)	$1,412.87	$1,412.87	N/A	$1,441.13
City Share	$1,271.57	$1,271.57		$0.00
Employee Deduction	**$141.30**	**$141.30**		**$1,441.13**

DELTA DENTAL OF WA 2019 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	$107.62	$107.62	$107.62	$109.77
City Share	$107.62	$107.62	$0.00	$0.00
Employee Deduction	**$0.00**	**$0.00**	**$107.62**	**$109.77**
LEOFF I & II (Non-Represented)	$107.62	$107.62	N/A	$109.77
City Share	$107.62	$107.62		$0.00
Employee Deduction	**$0.00**	**$0.00**		**$109.77**
SPMA (LEOFF I & II)	$107.62	$107.62	N/A	$109.77
City Share	$107.62	$107.62		$0.00
Employee Deduction	**$0.00**	**$0.00**		**$109.77**
Local 77	$111.39	$111.39	N/A	$113.62
City Share	$111.39	$111.39		$0.00
Employee Deduction	**$0.00**	**$0.00**		**$113.62**
CMEO / Material Controllers (080 & 079)	$106.78	$106.78		$113.25
City Share	$106.78	$106.78	N/A	$0.00
Employee Deduction	**$0.00**	**$0.00**		**$113.25**
SPOG (LEOFF I & II)	$112.32	$112.32	N/A	$114.57
City Share	$112.32	$112.32		$0.00
Employee Deduction	**$0.00**	**$0.00**		**$114.57**
Fire Chiefs (LEOFF I & II)	$107.62	$107.62	N/A	$107.62
City Share	$98.86	$98.86		$0.00
Employee Deduction	**$10.76**	**$10.76**		**$107.62**

DENTAL HEALTH SERVICES 2019 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	$150.46	$150.46	$150.46	$153.47
City Share	$150.46	$150.46	$0.00	$0.00
Employee Deduction	**$0.00**	**$0.00**	$150.46	**$153.47**
LEOFF I & II (Non-Represented)	$150.46	$150.46	N/A	$153.47
City Share	$150.46	$150.46		$0.00
Employee Deduction	**$0.00**	**$0.00**		**$153.47**
SPMA (LEOFF I & II)	$150.46	$150.46	N/A	$153.47
City Share	$150.46	$150.46		$0.00
Employee Deduction	**$0.00**	**$0.00**		**$153.47**
Local 77	$175.59	$175.59	N/A	$179.10
City Share	$175.59	$175.59		$0.00
Employee Deduction	**$0.00**	**$0.00**		**$179.10**
CMEO / Material Controllers (080 & 079)	$150.46	$150.46		$153.47
City Share	$150.46	$150.46	N/A	$0.00
Employee Deduction	**$0.00**	**$0.00**		**$153.47**
SPOG (LEOFF I & II)	$178.74	$178.74	N/A	$182.31
City Share	$178.74	$178.74		$0.00
Employee Deduction	**$0.00**	**$0.00**		**$182.31**
Fire Chiefs (LEOFF I & II)	$150.46	$150.46	N/A	$153.47
City Share	$135.40	$135.40		$0.00
Employee Deduction	**$15.06**	**$15.06**		**$153.47**

VISION SERVICE BASIC PLAN 2019 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	$9.47	$9.47	$9.47	$9.66
City Share	$9.47	$9.47	$0.00	$0.00
Employee Deduction	**$0.00**	**$0.00**	**$9.47**	**$9.66**
LEOFF I & II (Non-Represented)	$9.47	$9.47	N/A	$9.66
City Share	$9.47	$9.47		$0.00
Employee Deduction	**$0.00**	**$0.00**		**$9.66**
SPMA (LEOFF I & II)	$9.47	$9.47	N/A	$9.66
City Share	$9.47	$9.47		$0.00
Employee Deduction	**$0.00**	**$0.00**		**$9.66**
Local 77	$11.87	$11.87	N/A	$12.11
City Share	$11.87	$11.87		$0.00
Employee Deduction	**$0.00**	**$0.00**		**$12.11**
CMEO / Material Controllers (080 & 079)	$9.47	$9.47		$9.66
City Share	$9.47	$9.47	N/A	$0.00
Employee Deduction	**$0.00**	**$0.00**		**$9.66**
SPOG (LEOFF I & II)	$28.85	$28.85	N/A	$29.43
City Share	$28.85	$28.85		$0.00
Employee Deduction	**$0.00**	**$0.00**		**$29.43**
Fire Chiefs (LEOFF I & II)	$9.47	$9.47	N/A	$9.66
City Share	$8.53	$8.53		$0.00
Employee Deduction	**$0.94**	**$0.94**		**$9.66**

VISION SERVICE BUY UP PLAN 2019 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	$19.85	$19.85	$19.85	$20.25
City Share	$9.47	$9.47	$9.47	$0.00
Employee Deduction	**$10.38**	**$10.38**	**$10.38**	**$20.25**
LEOFF I & II (Non-Represented)	$19.85	$19.85	N/A	$20.25
City Share	$9.47	$9.47		$0.00
Employee Deduction	**$10.38**	**$10.38**		**$20.25**
SPMA (LEOFF I & II)	$19.85	$19.85	N/A	$20.25
City Share	$9.47	$9.47		$0.00
Employee Deduction	**$10.38**	**$10.38**		**$20.25**
Local 77	N/A	N/A	N/A	N/A
City Share				
Employee Deduction				
CMEO / Material Controllers (080 & 079)	$19.85	$19.85		$20.25
City Share	$9.47	$9.47	N/A	$0.00
Employee Deduction	**$10.38**	**$10.38**		**$20.25**
SPOG (LEOFF I & II)	N/A	N/A	N/A	N/A
City Share				
Employee Deduction				
Fire Chiefs (LEOFF I & II)	$19.85	$19.85	N/A	$20.25
City Share	$9.47	$9.47		$0.00
Employee Deduction	**$10.38**	**$10.38**		**$20.25**

DOMESTIC PARTNER HEALTH INSURANCE
2019 MONTHLY TAXABLE VALUES

Most City Employees	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	$632.02	$49.08	$4.32	$9.05	**$685.42**	**$690.15**
Traditional - Domestic Partner	$585.79	$49.08	$4.32	$9.05	**$639.19**	**$643.92**
Kaiser Permanente Standard - Domestic Partner	$509.59	$49.08	$4.32	$9.05	**$562.99**	**$567.72**
Kaiser Permanente Deductible - Domestic Partner	$485.18	$49.08	$4.32	$9.05	**$538.58**	**$543.31**
Preventive - Child	$545.92	$34.36	$3.02	$6.34	**$583.30**	**$586.62**
Traditional - Child	$494.50	$34.36	$3.02	$6.34	**$531.88**	**$535.20**
Kaiser Permanente Standard - Child	$448.87	$34.36	$3.02	$6.34	**$486.25**	**$489.57**
Kaiser Permanente Deductible - Child	$413.68	$34.36	$3.02	$6.34	**$451.06**	**$454.38**

Most City Employees	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	$632.02	$68.62	$4.32	$9.05	**$704.96**	**$709.69**
Traditional - Domestic Partner	$585.79	$68.62	$4.32	$9.05	**$658.73**	**$663.46**
Kaiser Permanente Standard - Domestic Partner	$509.59	$68.62	$4.32	$9.05	**$582.53**	**$587.26**
Kaiser Permanente Deductible - Domestic Partner	$485.18	$68.62	$4.32	$9.05	**$558.12**	**$562.85**
Preventive - Child	$545.92	$48.04	$3.02	$6.34	**$596.98**	**$600.30**
Traditional - Child	$494.50	$48.04	$3.02	$6.34	**$545.56**	**$548.88**
Kaiser Permanente Standard - Child	$448.87	$48.04	$3.02	$6.34	**$499.93**	**$503.25**
Kaiser Permanente Deductible - Child	$413.68	$48.04	$3.02	$6.34	**$464.74**	**$468.06**

DOMESTIC PARTNER HEALTH INSURANCE
2019 MONTHLY TAXABLE VALUES

Seattle Police Officers' Guild - LEOFF 1	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	$773.90	$51.23	$13.16	NA	**$838.29**	
Traditional - Domestic Partner	$703.38	$51.23	$13.16	NA	**$767.77**	
Kaiser Permanente Standard - Domestic Partner	$406.09	$51.23	$13.16	NA	**$470.48**	
Kaiser Permanente Deductible - Domestic Partner	$460.58	$51.23	$13.16	NA	**$524.97**	
Preventive - Child	$690.62	$35.86	$9.21	NA	**$735.69**	
Traditional - Child	$615.75	$35.86	$9.21	NA	**$660.82**	
Kaiser Permanente Standard - Child	$554.49	$35.86	$9.21	NA	**$599.56**	
Kaiser Permanente Deductible - Child	$411.02	$35.86	$9.21	NA	**$456.09**	

Seattle Police Officers' Guild - LEOFF 1	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	$773.90	$81.52	$13.16	NA	**$868.58**	
Traditional - Domestic Partner	$703.38	$81.52	$13.16	NA	**$798.06**	
Kaiser Permanente Standard - Domestic Partner	$406.09	$81.52	$13.16	NA	**$500.77**	
Kaiser Permanente Deductible - Domestic Partner	$460.58	$81.52	$13.16	NA	**$555.26**	
Preventive - Child	$690.62	$57.06	$9.21	NA	**$756.89**	
Traditional - Child	$615.75	$57.06	$9.21	NA	**$682.02**	
Kaiser Permanente Standard - Child	$554.49	$57.06	$9.21	NA	**$620.76**	
Kaiser Permanente Deductible - Child	$411.02	$57.06	$9.21	NA	**$477.29**	

Seattle Police Officers' Guild - LEOFF 2	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	$773.90	$51.23	$13.16	NA	**$838.29**	
Traditional - Domestic Partner	$690.00	$51.23	$13.16	NA	**$754.39**	
Kaiser Permanente Standard - Domestic Partner	$406.09	$51.23	$13.16	NA	**$470.48**	
Kaiser Permanente Deductible - Domestic Partner	$460.58	$51.23	$13.16	NA	**$524.97**	
Preventive - Child	$690.62	$35.86	$9.21	NA	**$735.69**	
Traditional - Child	$615.75	$35.86	$9.21	NA	**$660.82**	
Kaiser Permanente Standard - Child	$554.49	$35.86	$9.21	NA	**$599.56**	
Kaiser Permanente Deductible - Child	$411.02	$35.86	$9.21	NA	**$456.09**	

Seattle Police Officers' Guild - LEOFF 2	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	$773.90	$81.52	$13.16	NA	**$868.58**	
Traditional - Domestic Partner	$690.00	$81.52	$13.16	NA	**$784.68**	
Kaiser Permanente Standard - Domestic Partner	$406.09	$81.52	$13.16	NA	**$500.77**	
Kaiser Permanente Deductible - Domestic Partner	$460.58	$81.52	$13.16	NA	**$555.26**	
Preventive - Child	$690.62	$57.06	$9.21	NA	**$756.89**	
Traditional - Child	$615.75	$57.06	$9.21	NA	**$682.02**	
Kaiser Permanente Standard - Child	$554.49	$57.06	$9.21	NA	**$620.76**	
Kaiser Permanente Deductible - Child	$411.02	$57.06	$9.21	NA	**$477.29**	

DOMESTIC PARTNER HEALTH INSURANCE
2019 MONTHLY TAXABLE VALUES

Local 77 - Core	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	$679.83	$50.80	$5.41	NA	**$736.04**	
Traditional - Domestic Partner	$696.22	$50.80	$5.41	NA	**$752.43**	
Kaiser Permanente Standard - Domestic Partner	$505.27	$50.80	$5.41	NA	**$561.48**	
Preventive - Child	$685.86	$35.56	$3.79	NA	**$725.21**	
Traditional - Child	$702.41	$35.56	$3.79	NA	**$741.76**	
Kaiser Permanente Standard - Child	$509.77	$35.56	$3.79	NA	**$549.12**	

Local 77 - Core	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	$679.83	$80.08	$5.41	NA	**$765.32**	
Traditional - Domestic Partner	$696.22	$80.08	$5.41	NA	**$781.71**	
Kaiser Permanente Standard - Domestic Partner	$505.27	$80.08	$5.41	NA	**$590.76**	
Preventive - Child	$685.86	$56.06	$3.79	NA	**$745.71**	
Traditional - Child	$702.41	$56.06	$3.79	NA	**$762.26**	
Kaiser Permanente Standard - Child	$509.77	$56.06	$3.79	NA	**$569.62**	

Local 77 - Most Plan Design	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	$633.54	$50.80	$5.41	NA	**$689.75**	
Traditional - Domestic Partner	$661.13	$50.80	$5.41	NA	**$717.34**	
Kaiser Permanente Standard - Domestic Partner	$511.66	$50.80	$5.41	NA	**$567.87**	
Preventive - Child	$547.14	$35.56	$3.79	NA	**$586.49**	
Traditional - Child	$554.77	$35.56	$3.79	NA	**$594.12**	
Kaiser Permanente Standard - Child	$450.53	$35.56	$3.79	NA	**$489.88**	

Local 77 - Most Plan Design	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	$633.54	$80.08	$5.41	NA	**$719.03**	
Traditional - Domestic Partner	$661.13	$80.08	$5.41	NA	**$746.62**	
Kaiser Permanente Standard - Domestic Partner	$511.66	$80.08	$5.41	NA	**$597.15**	
Preventive - Child	$547.14	$56.06	$3.79	NA	**$606.99**	
Traditional - Child	$554.77	$56.06	$3.79	NA	**$614.62**	
Kaiser Permanente Standard - Child	$450.53	$56.06	$3.79	NA	**$510.38**	

DOMESTIC PARTNER HEALTH INSURANCE
2019 MONTHLY TAXABLE VALUES

Fire Chiefs (LEOFF 1)	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	$541.10	$49.08	$4.32	$9.05	**$594.50**	**$599.23**
Traditional - Domestic Partner	$514.13	$49.08	$4.32	$9.05	**$567.53**	**$572.26**
Kaiser Permanente Standard - Domestic Partner	$444.91	$49.08	$4.32	$9.05	**$498.31**	**$503.04**
Kaiser Permanente Deductible - Domestic Partner	$410.04	$49.08	$4.32	$9.05	**$463.44**	**$468.17**
Preventive - Child	$545.92	$34.36	$3.02	$6.34	**$583.30**	**$586.62**
Traditional - Child	$494.50	$34.36	$3.02	$6.34	**$531.88**	**$535.20**
Kaiser Permanente Standard - Child	$448.87	$34.36	$3.02	$6.34	**$486.25**	**$489.57**
Kaiser Permanente Deductible - Child	$413.68	$34.36	$3.02	$6.34	**$451.06**	**$454.38**

Fire Chiefs (LEOFF 1)	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	$541.10	$68.62	$4.32	$9.05	**$614.04**	**$618.77**
Traditional - Domestic Partner	$514.13	$68.62	$4.32	$9.05	**$587.07**	**$591.80**
Kaiser Permanente Standard - Domestic Partner	$444.91	$68.62	$4.32	$9.05	**$517.85**	**$522.58**
Kaiser Permanente Deductible - Domestic Partner	$410.04	$68.62	$4.32	$9.05	**$482.98**	**$487.71**
Preventive - Child	$545.92	$48.04	$3.02	$6.34	**$596.98**	**$600.30**
Traditional - Child	$494.50	$48.04	$3.02	$6.34	**$545.56**	**$548.88**
Kaiser Permanente Standard - Child	$448.87	$48.04	$3.02	$6.34	**$499.93**	**$503.25**
Kaiser Permanente Deductible - Child	$413.68	$48.04	$3.02	$6.34	**$464.74**	**$468.06**

DOMESTIC PARTNER HEALTH INSURANCE
2019 MONTHLY TAXABLE VALUES

Fire Chiefs (LEOFF 2)	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	$541.10	$49.08	$4.32	$9.05	**$594.50**	**$599.23**
Traditional - Domestic Partner	$490.15	$49.08	$4.32	$9.05	**$543.55**	**$548.28**
Kaiser Permanente Standard - Domestic Partner	$444.91	$49.08	$4.32	$9.05	**$498.31**	**$503.04**
Kaiser Permanente Deductible - Domestic Partner	$410.04	$49.08	$4.32	$9.05	**$463.44**	**$468.17**
Preventive - Child	$545.92	$34.36	$3.02	$6.34	**$583.30**	**$586.62**
Traditional - Child	$494.50	$34.36	$3.02	$6.34	**$531.88**	**$535.20**
Kaiser Permanente Standard - Child	$448.87	$34.36	$3.02	$6.34	**$486.25**	**$489.57**
Kaiser Permanente Deductible - Child	$413.68	$34.36	$3.02	$6.34	**$451.06**	**$454.38**

Fire Chiefs (LEOFF 2)	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	$541.10	$68.62	$4.32	$9.05	**$614.04**	**$618.77**
Traditional - Domestic Partner	$490.15	$68.62	$4.32	$9.05	**$563.09**	**$567.82**
Kaiser Permanente Standard - Domestic Partner	$444.91	$68.62	$4.32	$9.05	**$517.85**	**$522.58**
Kaiser Permanente Deductible - Domestic Partner	$410.04	$68.62	$4.32	$9.05	**$482.98**	**$487.71**
Preventive - Child	$545.92	$48.04	$3.02	$6.34	**$596.98**	**$600.30**
Traditional - Child	$494.50	$48.04	$3.02	$6.34	**$545.56**	**$548.88**
Kaiser Permanente Standard - Child	$448.87	$48.04	$3.02	$6.34	**$499.93**	**$503.25**
Kaiser Permanente Deductible - Child	$413.68	$48.04	$3.02	$6.34	**$464.74**	**$468.06**

2019 RATES

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE
Hartford Insurance Company

Monthly Premium: Fully paid by employee

Employee Only Coverage:	$0.03 per $1,000 of Benefit
Employee & Family Coverage:	$0.04 per $1,000 of Benefit

GROUP TERM LIFE INSURANCE
Standard Insurance Company

Basic Coverage: Monthly Premium: $0.09 per $1,000 of benefit

City Share:	$.036
Employee Deduction:	$0.054

Supplemental Coverage: Monthly Premium per $1,000 of coverage

Age	Premium	Age	Premium
0 - 29	$0.026	50 - 54	$0.188
30 - 34	$0.039	55 - 59	$0.292
35 - 39	$0.052	60 - 64	$0.447
40 - 44	$0.073	65+	$0.778
45 - 49	$0.123		

Dependent Child Supplemental Life (one premium covers all children)

Coverage Amount	Premium
$2,000	$0.36
$5,000	$0.90
$10,000	$1.80

LONG TERM DISABILITY INSURANCE
Standard Insurance Company

Non-Uniformed Employees Plan Monthly Premium:

City-Paid Basic Coverage:	.315% of first $667 of insured earnings
Employee-Paid Optional Coverage:	.585% of next $7,666 of insured earnings

EMPLOYEE ASSISTANCE PROGRAM

2019 cost per budgeted position: $22.44