

CITY OF SEATTLE TRADITIONAL PLAN - 2016 RATES Effective January 1 - December 31, 2016				
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	\$1,045.84	\$1,045.84	\$1,045.84	\$1,066.76
City Share & RSR Contribution	\$1,045.84	\$1,013.50	\$0.00	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,045.84	\$1,066.76
LEOFF I (Non-Represented)	\$849.48	\$849.48	N/A	\$866.47
City Share & RSR Contribution	\$849.48	\$817.14		\$0.00
Employee Deduction	\$0.00	\$32.34		\$866.47
LEOFF II (Non-Represented)	\$1,045.84	\$1,045.84	N/A	\$1,066.76
City Share & RSR Contribution	\$1,045.84	\$1,013.50		\$0.00
Employee Deduction	\$0.00	\$32.34		\$1,066.76
SPMA (LEOFF I)	\$849.48	\$849.48	N/A	\$866.47
City Share & RSR Contribution	\$849.48	\$817.14		\$0.00
Employee Deduction	\$0.00	\$32.34		\$866.47
SPMA (LEOFF II)	\$1,045.84	\$1,045.84	N/A	\$1,066.76
City Share & RSR Contribution	\$1,045.84	\$1,013.50		\$0.00
Employee Deduction	\$0.00	\$32.34		\$1,066.76
Local 77 - Core	\$1,495.62	\$1,495.62	N/A	\$1,525.53
City Share	\$1,346.06	\$1,346.06		\$0.00
Employee Deduction	\$149.56	\$149.56		\$1,525.53
Local 77 - Most Plan Design	\$1,348.33	\$1,348.33	N/A	\$1,375.30
City Share	\$1,348.33	\$1,315.99		\$0.00
Employee Deduction	\$0.00	\$32.34		\$1,375.30
CMEO	\$1,045.84	\$1,045.84	N/A	\$1,066.76
City Share	\$1,036.96	\$1,004.62		\$0.00
Employee Deduction	\$8.88	\$41.22		\$1,066.76
SPOG (LEOFF I)	\$1,090.88	\$1,090.88	N/A	\$1,112.70
City Share	\$1,036.34	\$1,036.34		\$0.00
Employee Deduction	\$54.54	\$54.54		\$1,112.70
SPOG (LEOFF II)	\$1,311.08	\$1,311.08	N/A	\$1,337.30
City Share	\$1,245.54	\$1,245.54		\$0.00
Employee Deduction	\$65.54	\$65.54		\$1,337.30
Fire Chiefs (LEOFF I)	\$849.48	\$849.48	N/A	\$866.47
City Share	\$849.48	\$764.54		\$0.00
Employee Deduction	\$0.00	\$84.94		\$866.47
Fire Chiefs (LEOFF II)	\$1,045.84	\$1,045.84	N/A	\$1,066.76
City Share	\$1,045.84	\$941.26		\$0.00
Employee Deduction	\$0.00	\$104.58		\$1,066.76

GROUP HEALTH STANDARD - 2016 RATES Effective January 1 - December 31, 2016				
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	\$1,030.99	\$1,030.99	\$1,030.99	\$1,051.61
City Share & RSR Contribution	\$982.59	\$931.09	\$0.00	\$0.00
Employee Deduction	\$48.40	\$99.90	\$1,030.99	\$1,051.61
LEOFF I (Non-Represented)	\$1,030.99	\$1,030.99	N/A	\$1,051.61
City Share & RSR Contribution	\$1,030.99	\$979.49		\$0.00
Employee Deduction	\$0.00	\$51.50		\$1,051.61
LEOFF II (Non-Represented)	\$1,030.99	\$1,030.99	N/A	\$1,051.61
City Share & RSR Contribution	\$982.59	\$931.09		\$0.00
Employee Deduction	\$48.40	\$99.90		\$1,051.61
SPMA (LEOFF I)	\$1,030.99	\$1,030.99	N/A	\$1,051.61
City Share & RSR Contribution	\$1,030.99	\$979.49		\$0.00
Employee Deduction	\$0.00	\$51.50		\$1,051.61
SPMA (LEOFF II)	\$1,030.99	\$1,030.99	N/A	\$1,051.61
City Share & RSR Contribution	\$982.59	\$931.09		\$0.00
Employee Deduction	\$48.40	\$99.90		\$1,051.61
Local 77 - Core	\$1,175.96	\$1,175.96	N/A	\$1,199.48
City Share	\$1,058.36	\$1,058.36		\$0.00
Employee Deduction	\$117.60	\$117.60		\$1,199.48
Local 77 - Most Plan Design	\$1,147.61	\$1,147.61	N/A	\$1,170.56
City Share	\$1,099.21	\$1,047.71		\$0.00
Employee Deduction	\$48.40	\$99.90		\$1,170.56
CMEO	\$1,030.99	\$1,030.99		\$1,051.61
City Share	\$982.25	\$930.75		\$0.00
Employee Deduction	\$48.74	\$100.24		\$1,051.61
SPOG (LEOFF I & II)	\$1,279.13	\$1,279.13	N/A	\$1,304.71
City Share	\$1,023.31	\$1,023.31		\$0.00
Employee Deduction	\$255.82	\$255.82		\$1,304.71
Fire Chiefs (LEOFF I)	\$1,030.99	\$1,030.99	N/A	\$1,051.61
City Share	\$1,030.99	\$927.89		\$0.00
Employee Deduction	\$0.00	\$103.10		\$1,051.61
Fire Chiefs (LEOFF II)	\$1,030.99	\$1,030.99	N/A	\$1,051.61
City Share	\$927.89	\$927.89		\$0.00
Employee Deduction	\$103.10	\$103.10		\$1,051.61

GROUP HEALTH – DEDUCTIBLE 2016 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 City Share & RSR Contribution Employee Deduction	\$949.53 \$924.53 \$25.00	\$949.53 \$892.61 \$56.92	\$949.53 \$0.00 \$949.53	\$968.52 \$0.00 \$968.52
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$949.53 \$949.53 \$0	\$949.53 \$917.61 \$31.92	N/A	\$968.52 \$0.00 \$968.52
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$949.53 \$924.53 \$25.00	\$949.53 \$892.61 \$56.92	N/A	\$968.52 \$0.00 \$968.52
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$949.53 \$949.53 \$0	\$949.53 \$917.61 \$31.92	N/A	\$968.52 \$0.00 \$968.52
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$949.53 \$924.53 \$25.00	\$949.53 \$892.61 \$56.92	N/A	\$968.52 \$0.00 \$968.52
Local 77	N/A	N/A	N/A	N/A
CMEO City Share Employee Deduction	\$949.53 \$924.21 \$25.32	\$949.53 \$892.29 \$57.24		\$968.52 \$0.00 \$968.52
SPOG (LEOFF I & II) City Share Employee Deduction	\$948.17 \$900.77 \$47.40	\$948.17 \$900.77 \$47.40	N/A	\$967.13 \$0.00 \$967.13
Fire Chiefs (LEOFF I) City Share Employee Deduction	\$949.53 \$949.53 \$0	\$949.53 \$854.59 \$94.94	N/A	\$968.52 \$0.00 \$968.52
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$949.53 \$854.59 \$94.94	\$949.53 \$854.59 \$94.94	N/A	\$968.52 \$0.00 \$968.52

CITY OF SEATTLE PREVENTIVE PLAN 2016 RATES Effective January 1 - December 31, 2016				
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	\$1,155.68	\$1,155.68	\$1,155.68	\$1,178.79
City Share & RSR Contribution	\$1,107.56	\$1,057.18	\$0.00	\$0.00
Employee Deduction	\$48.12	\$98.50	\$1,155.68	\$1,178.79
LEOFF I (Non-Represented)	\$1,155.68	\$1,155.68	N/A	\$1,178.79
City Share & RSR Contribution	\$1,155.68	\$1,105.30		\$0.00
Employee Deduction	\$0.00	\$50.38		\$1,178.79
LEOFF II (Non-Represented)	\$1,155.68	\$1,155.68	N/A	\$1,178.79
City Share & RSR Contribution	\$1,107.56	\$1,057.18		\$0.00
Employee Deduction	\$48.12	\$98.50		\$1,178.79
SPMA (LEOFF I)	\$1,155.68	\$1,155.68	N/A	\$1,178.79
City Share & RSR Contribution	\$1,155.68	\$1,105.30		\$0.00
Employee Deduction	\$0.00	\$50.38		\$1,178.79
SPMA (LEOFF II)	\$1,155.68	\$1,155.68	N/A	\$1,178.79
City Share & RSR Contribution	\$1,107.56	\$1,057.18		\$0.00
Employee Deduction	\$48.12	\$98.50		\$1,178.79
Local 77 - Core	\$1,460.38	\$1,460.38	N/A	\$1,489.59
City Share	\$1,314.34	\$1,314.34		\$0.00
Employee Deduction	\$146.04	\$146.04		\$1,489.59
Local 77 - Most Plan Design	\$1,340.14	\$1,340.14	N/A	\$1,366.94
City Share	\$1,292.02	\$1,241.64		\$0.00
Employee Deduction	\$48.12	\$98.50		\$1,366.94
CMEO	\$1,155.68	\$1,155.68	N/A	\$1,178.79
City Share	\$1,099.08	\$1,048.70		\$0.00
Employee Deduction	\$56.60	\$106.98		\$1,178.79
SPOG (LEOFF I & II)	\$1,470.50	\$1,470.50	N/A	\$1,499.91
City Share	\$1,396.98	\$1,396.98		\$0.00
Employee Deduction	\$73.52	\$73.52		\$1,499.91
Fire Chiefs (LEOFF I)	\$1,155.68	\$1,155.68	N/A	\$1,178.79
City Share	\$1,155.68	\$1,040.10		\$0.00
Employee Deduction	\$0.00	\$115.58		\$1,178.79
Fire Chiefs (LEOFF II)	\$1,155.68	\$1,155.68	N/A	\$1,178.79
City Share	\$1,040.10	\$1,040.10		\$0.00
Employee Deduction	\$115.58	\$115.58		\$1,178.79

DELTA DENTAL OF WA 2016 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	\$114.49	\$114.49	\$114.49	\$116.78
City Share	\$114.49	\$114.49	\$0.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$114.49	\$116.78
LEOFF I & II (Non-Represented)	\$114.49	\$114.49	N/A	\$116.78
City Share	\$114.49	\$114.49		\$0.00
Employee Deduction	\$0.00	\$0.00		\$116.78
SPMA (LEOFF I & II)	\$114.49	\$114.49	N/A	\$116.78
City Share	\$114.49	\$114.49		\$0.00
Employee Deduction	\$0.00	\$0.00		\$116.78
Local 77	\$119.43	\$119.43	N/A	\$121.82
City Share	\$119.43	\$119.43		\$0.00
Employee Deduction	\$0.00	\$0.00		\$121.82
CMEO	\$114.49	\$114.49	N/A	\$116.78
City Share	\$114.49	\$114.49		\$0.00
Employee Deduction	\$0.00	\$0.00		\$116.78
SPOG (LEOFF I & II)	\$120.42	\$120.42	N/A	\$122.83
City Share	\$120.42	\$120.42		\$0.00
Employee Deduction	\$0.00	\$0.00		\$122.83
Fire Chiefs (LEOFF I & II)	\$114.49	\$114.49	N/A	\$116.78
City Share	\$103.04	\$103.04		\$0.00
Employee Deduction	\$11.45	\$11.45		\$116.78

DENTAL HEALTH SERVICES 2016 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	\$150.46	\$150.46	N/A	\$153.47
City Share	\$150.46	\$150.46		\$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	\$135.41	\$135.41		\$0.00
Employee Deduction	\$15.05	\$15.05		\$153.47

VISION SERVICE BASIC PLAN 2016 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	\$9.46	\$9.46	\$9.46	\$9.65
City Share	\$9.46	\$9.46	\$0.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$9.46	\$9.65
LEOFF I & II (Non-Represented)	\$9.46	\$9.46	N/A	\$9.65
City Share	\$9.46	\$9.46		\$0.00
Employee Deduction	\$0.00	\$0.00		\$9.65
SPMA (LEOFF I & II)	\$9.46	\$9.46	N/A	\$9.65
City Share	\$9.46	\$9.46		\$0.00
Employee Deduction	\$0.00	\$0.00		\$9.65
Local 77	\$12.26	\$12.26	N/A	\$12.51
City Share	\$12.26	\$12.26		\$0.00
Employee Deduction	\$0.00	\$0.00		\$12.51
CME0	\$9.46	\$9.46	N/A	\$9.65
City Share	\$9.46	\$9.46		\$0.00
Employee Deduction	\$0.00	\$0.00		\$9.65
SPOG (LEOFF I & II)	\$29.81	\$29.81	N/A	\$30.41
City Share	\$29.81	\$29.81		\$0.00
Employee Deduction	\$0.00	\$0.00		\$30.41
Fire Chiefs (LEOFF I & II)	\$9.46	\$9.46	N/A	\$9.65
City Share	\$8.52	\$8.52		\$0.00
Employee Deduction	\$0.94	\$0.94		\$9.65

VISION SERVICE BUY UP PLAN 2016 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	\$22.68	\$22.68	\$22.68	\$23.13
City Share	\$9.46	\$9.46	\$0.00	\$0.00
Employee Deduction	\$13.22	\$13.22	\$22.68	\$23.13
LEOFF I & II (Non-Represented)	\$22.68	\$22.68	N/A	\$23.13
City Share	\$9.46	\$9.46		\$0.00
Employee Deduction	\$13.22	\$13.22		\$23.13
SPMA (LEOFF I & II)	\$22.68	\$22.68	N/A	\$23.13
City Share	\$9.46	\$9.46		\$0.00
Employee Deduction	\$13.22	\$13.22		\$23.13
Local 77	N/A	N/A	N/A	N/A
City Share				
Employee Deduction				
CME0	\$22.68	\$22.68	N/A	\$23.13
City Share	\$9.46	\$9.46		\$0.00
Employee Deduction	\$13.22	\$13.22		\$23.13
SPOG (LEOFF I & II)	N/A	N/A	N/A	N/A
City Share				
Employee Deduction				
Fire Chiefs (LEOFF I & II)	\$22.68	\$22.68	N/A	\$23.13
City Share	\$8.52	\$8.52		\$0.00
Employee Deduction	\$14.16	\$14.16		\$23.13

DOMESTIC PARTNER HEALTH INSURANCE 2016 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	\$507.38	\$52.19	\$4.31	\$10.34	\$563.88	\$569.91
Traditional - Domestic Partner	\$472.41	\$52.19	\$4.31	\$10.34	\$528.91	\$534.94
Group Health Standard - Domestic Partner	\$446.08	\$52.19	\$4.31	\$10.34	\$502.58	\$508.61
Group Health Deductible - Domestic Partner	\$426.35	\$52.19	\$4.31	\$10.34	\$482.85	\$488.88
Preventive - Child	\$446.21	\$36.53	\$3.02	\$7.24	\$485.76	\$489.98
Traditional - Child	\$403.80	\$36.53	\$3.02	\$7.24	\$443.35	\$447.57
Group Health Standard - Child	\$398.06	\$36.53	\$3.02	\$7.24	\$437.61	\$441.83
Group Health Deductible - Child	\$366.61	\$36.53	\$3.02	\$7.24	\$406.16	\$410.38
Most City Employees	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$507.38	\$68.59	\$4.31	\$10.34	\$580.28	\$586.31
Traditional - Domestic Partner	\$472.41	\$68.59	\$4.31	\$10.34	\$545.31	\$551.34
Group Health Standard - Domestic Partner	\$446.08	\$68.59	\$4.31	\$10.34	\$518.98	\$525.01
Group Health Deductible - Domestic Partner	\$426.35	\$68.59	\$4.31	\$10.34	\$499.25	\$505.28
Preventive - Child	\$446.21	\$48.01	\$3.02	\$7.24	\$497.24	\$501.46
Traditional - Child	\$403.80	\$48.01	\$3.02	\$7.24	\$454.83	\$459.05
Group Health Standard - Child	\$398.06	\$48.01	\$3.02	\$7.24	\$449.09	\$453.31
Group Health Deductible - Child	\$366.61	\$48.01	\$3.02	\$7.24	\$417.64	\$421.86

DOMESTIC PARTNER HEALTH INSURANCE 2016 MONTHLY TAXABLE VALUES						
Seattle Police Officers' Guild - LEOFF 1	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$636.18	\$54.89	\$13.59	NA	\$704.66	
Traditional - Domestic Partner	\$578.22	\$54.89	\$13.59	NA	\$646.70	
Group Health Standard - Domestic Partner	\$361.52	\$54.89	\$13.59	NA	\$430.00	
Group Health Deductible - Domestic Partner	\$410.21	\$54.89	\$13.59	NA	\$478.69	
Preventive - Child	\$567.76	\$38.43	\$9.51	NA	\$615.70	
Traditional - Child	\$506.21	\$38.43	\$9.51	NA	\$554.15	
Group Health Standard - Child	\$493.87	\$38.43	\$9.51	NA	\$541.81	
Group Health Deductible - Child	\$366.09	\$38.43	\$9.51	NA	\$414.03	
Seattle Police Officers' Guild - LEOFF 1	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$636.18	\$81.48	\$13.59	NA	\$731.25	
Traditional - Domestic Partner	\$578.22	\$81.48	\$13.59	NA	\$673.29	
Group Health Standard - Domestic Partner	\$361.52	\$81.48	\$13.59	NA	\$456.59	
Group Health Deductible - Domestic Partner	\$410.21	\$81.48	\$13.59	NA	\$505.28	
Preventive - Child	\$567.76	\$57.04	\$9.51	NA	\$634.31	
Traditional - Child	\$506.21	\$57.04	\$9.51	NA	\$572.76	
Group Health Standard - Child	\$493.87	\$57.04	\$9.51	NA	\$560.42	
Group Health Deductible - Child	\$366.09	\$57.04	\$9.51	NA	\$432.64	
Seattle Police Officers' Guild - LEOFF 2	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$636.18	\$54.89	\$13.59	NA	\$704.66	
Traditional - Domestic Partner	\$567.22	\$54.89	\$13.59	NA	\$635.70	
Group Health Standard - Domestic Partner	\$361.52	\$54.89	\$13.59	NA	\$430.00	
Group Health Deductible - Domestic Partner	\$410.21	\$54.89	\$13.59	NA	\$478.69	
Preventive - Child	\$567.76	\$38.43	\$9.51	NA	\$615.70	
Traditional - Child	\$506.21	\$38.43	\$9.51	NA	\$554.15	
Group Health Standard - Child	\$493.87	\$38.43	\$9.51	NA	\$541.81	
Group Health Deductible - Child	\$366.09	\$38.43	\$9.51	NA	\$414.03	
Seattle Police Officers' Guild - LEOFF 2	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$636.18	\$81.48	\$13.59	NA	\$731.25	
Traditional - Domestic Partner	\$567.22	\$81.48	\$13.59	NA	\$662.29	
Group Health Standard - Domestic Partner	\$361.52	\$81.48	\$13.59	NA	\$456.59	
Group Health Deductible - Domestic Partner	\$410.21	\$81.48	\$13.59	NA	\$505.28	
Preventive - Child	\$567.76	\$57.04	\$9.51	NA	\$634.31	
Traditional - Child	\$506.21	\$57.04	\$9.51	NA	\$572.76	
Group Health Standard - Child	\$493.87	\$57.04	\$9.51	NA	\$560.42	
Group Health Deductible - Child	\$366.09	\$57.04	\$9.51	NA	\$432.64	

DOMESTIC PARTNER HEALTH INSURANCE 2016 MONTHLY TAXABLE VALUES						
Local 77 - Core	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$558.77	\$54.44	\$5.59	NA	\$618.80	
Traditional - Domestic Partner	\$572.26	\$54.44	\$5.59	NA	\$632.29	
Group Health Standard - Domestic Partner	\$449.95	\$54.44	\$5.59	NA	\$509.98	
Preventive - Child	\$563.85	\$38.11	\$3.91	NA	\$605.87	
Traditional - Child	\$577.46	\$38.11	\$3.91	NA	\$619.48	
Group Health Standard - Child	\$454.04	\$38.11	\$3.91	NA	\$496.06	
Local 77 - Core	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$558.77	\$80.04	\$5.59	NA	\$644.40	
Traditional - Domestic Partner	\$572.26	\$80.04	\$5.59	NA	\$657.89	
Group Health Standard - Domestic Partner	\$449.95	\$80.04	\$5.59	NA	\$535.58	
Preventive - Child	\$563.85	\$56.03	\$3.91	NA	\$623.79	
Traditional - Child	\$577.46	\$56.03	\$3.91	NA	\$637.40	
Group Health Standard - Child	\$454.04	\$56.03	\$3.91	NA	\$513.98	
Local 77 - Most Plan Design	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$596.40	\$54.44	\$5.59	NA	\$656.43	
Traditional - Domestic Partner	\$618.40	\$54.44	\$5.59	NA	\$678.43	
Group Health Standard - Domestic Partner	\$502.36	\$54.44	\$5.59	NA	\$562.39	
Preventive - Child	\$517.43	\$38.11	\$3.91	NA	\$559.45	
Traditional - Child	\$520.59	\$38.11	\$3.91	NA	\$562.61	
Group Health Standard - Child	\$443.09	\$38.11	\$3.91	NA	\$485.11	
Local 77 - Most Plan Design	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$596.40	\$80.04	\$5.59	NA	\$682.03	
Traditional - Domestic Partner	\$618.40	\$80.04	\$5.59	NA	\$704.03	
Group Health Standard - Domestic Partner	\$502.36	\$80.04	\$5.59	NA	\$587.99	
Preventive - Child	\$517.43	\$56.03	\$3.91	NA	\$577.37	
Traditional - Child	\$520.59	\$56.03	\$3.91	NA	\$580.53	
Group Health Standard - Child	\$443.09	\$56.03	\$3.91	NA	\$503.03	

DOMESTIC PARTNER HEALTH INSURANCE 2016 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	\$442.18	\$52.19	\$4.31	\$10.34	\$498.68	\$504.71
Traditional - Domestic Partner	\$419.81	\$52.19	\$4.31	\$10.34	\$476.31	\$482.34
Group Health Standard - Domestic Partner	\$394.48	\$52.19	\$4.31	\$10.34	\$450.98	\$457.01
Group Health Deductible - Domestic Partner	\$363.33	\$52.19	\$4.31	\$10.34	\$419.83	\$425.86
Preventive - Child	\$446.21	\$36.53	\$3.02	\$7.24	\$485.76	\$489.98
Traditional - Child	\$403.80	\$36.53	\$3.02	\$7.24	\$443.35	\$447.57
Group Health Standard - Child	\$398.06	\$36.53	\$3.02	\$7.24	\$437.61	\$441.83
Group Health Deductible - Child	\$366.61	\$36.53	\$3.02	\$7.24	\$406.16	\$410.38
Fire Chiefs (LEOFF 1)	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$442.18	\$68.59	\$4.31	\$10.34	\$515.08	\$521.11
Traditional - Domestic Partner	\$419.81	\$68.59	\$4.31	\$10.34	\$492.71	\$498.74
Group Health Standard - Domestic Partner	\$394.48	\$68.59	\$4.31	\$10.34	\$467.38	\$473.41
Group Health Deductible - Domestic Partner	\$363.33	\$68.59	\$4.31	\$10.34	\$436.23	\$442.26
Preventive - Child	\$446.21	\$48.01	\$3.02	\$7.24	\$497.24	\$501.46
Traditional - Child	\$403.80	\$48.01	\$3.02	\$7.24	\$454.83	\$459.05
Group Health Standard - Child	\$398.06	\$48.01	\$3.02	\$7.24	\$449.09	\$453.31
Group Health Deductible - Child	\$366.61	\$48.01	\$3.02	\$7.24	\$417.64	\$421.86

DOMESTIC PARTNER HEALTH INSURANCE 2016 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	\$442.18	\$52.19	\$4.31	\$10.34	\$498.68	\$504.71
Traditional - Domestic Partner	\$400.17	\$52.19	\$4.31	\$10.34	\$456.67	\$462.70
Group Health Standard - Domestic Partner	\$394.48	\$52.19	\$4.31	\$10.34	\$450.98	\$457.01
Group Health Deductible - Domestic Partner	\$363.33	\$52.19	\$4.31	\$10.34	\$419.83	\$425.86
Preventive - Child	\$446.21	\$36.53	\$3.02	\$7.24	\$485.76	\$489.98
Traditional - Child	\$403.80	\$36.53	\$3.02	\$7.24	\$443.35	\$447.57
Group Health Standard - Child	\$398.06	\$36.53	\$3.02	\$7.24	\$437.61	\$441.83
Group Health Deductible - Child	\$366.61	\$36.53	\$3.02	\$7.24	\$406.16	\$410.38
Fire Chiefs (LEOFF 2)	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$442.18	\$68.59	\$4.31	\$10.34	\$515.08	\$521.11
Traditional - Domestic Partner	\$400.17	\$68.59	\$4.31	\$10.34	\$473.07	\$479.10
Group Health Standard - Domestic Partner	\$394.48	\$68.59	\$4.31	\$10.34	\$467.38	\$473.41
Group Health Deductible - Domestic Partner	\$363.33	\$68.59	\$4.31	\$10.34	\$436.23	\$442.26
Preventive - Child	\$446.21	\$48.01	\$3.02	\$7.24	\$497.24	\$501.46
Traditional - Child	\$403.80	\$48.01	\$3.02	\$7.24	\$454.83	\$459.05
Group Health Standard - Child	\$398.06	\$48.01	\$3.02	\$7.24	\$449.09	\$453.31
Group Health Deductible - Child	\$366.61	\$48.01	\$3.02	\$7.24	\$417.64	\$421.86

Group Health Deductible - Child	\$366.61	\$48.01	\$3.02	\$7.24	\$417.64	\$421.86
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2016 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: \$0.10 per \$1,000 of benefit			
City Share:	\$.04		
Employee Deduction:	\$0.060		
Supplemental Coverage: Monthly Premium per \$1,000 of coverage			
Age	Premium	Age	Premium
0 - 29	\$0.029	50 - 54	\$0.209
30 - 34	\$0.043	55 - 59	\$0.324
35 - 39	\$0.058	60 - 64	\$0.497
40 - 44	\$0.081	65+	\$0.864
45 - 49	\$0.137		
Dependent Child Supplemental Life (one premium covers all children)			
	Coverage Amount	Premium	
	\$2,000	\$0.40	
	\$5,000	\$1.00	
	\$10,000	\$2.00	
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			
2015 cost per budgeted position:	\$21.84		