

AETNA TRADITIONAL PLAN - 2021 RATES
Effective January 1 - December 31, 2021

| 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 | \$1,463.45 | \$1,463.45 | \$1,463.45 | \$1,492.72 |
| City Share & RSR Contribution | \$1,463.45 | \$1,431.11 | \$0.00 | \$0.00 |
| Employee Deduction | \$0.00 | \$32.34 | \$1,463.45 | \$1,492.72 |
| LEOFF I (Non-Represented) | \$1,189.12 | \$1,189.12 | N/A | \$1,212.90 |
| City Share & RSR Contribution | \$1,189.12 | \$1,156.78 | | \$0.00 |
| Employee Deduction | \$0.00 | \$32.34 | | \$1,212.90 |
| LEOFF II (Non-Represented) | \$1,463.45 | \$1,463.45 | N/A | \$1,492.72 |
| City Share & RSR Contribution | \$1,463.45 | \$1,431.11 | | \$0.00 |
| Employee Deduction | \$0.00 | \$32.34 | | \$1,492.72 |
| SPMA (LEOFF I) | \$1,189.12 | \$1,189.12 | N/A | \$1,212.90 |
| City Share & RSR Contribution | \$1,189.12 | \$1,156.78 | | \$0.00 |
| Employee Deduction | \$0.00 | \$32.34 | | \$1,212.90 |
| SPMA (LEOFF II) | \$1,463.45 | \$1,463.45 | N/A | \$1,492.72 |
| City Share & RSR Contribution | \$1,463.45 | \$1,431.11 | | \$0.00 |
| Employee Deduction | \$0.00 | \$32.34 | | \$1,492.72 |
| SPMA Buy Up to SPOG Plan (LEOFF I) | \$1,526.38 | \$1,526.38 | N/A | \$1,556.91 |
| City Share & RSR Contribution | \$1,189.12 | \$1,156.78 | | \$0.00 |
| Employee Deduction | \$337.26 | \$369.60 | | \$1,556.91 |
| SPMA Buy Up to SPOG Plan (LEOFF II) | \$1,834.48 | \$1,834.48 | N/A | \$1,871.17 |
| City Share & RSR Contribution | \$1,463.44 | \$1,377.02 | | \$0.00 |
| Employee Deduction | \$371.04 | \$457.46 | | \$1,871.17 |
| Local 77 | \$2,092.69 | \$2,092.69 | N/A | \$2,134.54 |
| City Share | \$1,883.41 | \$1,883.41 | | \$0.00 |
| Employee Deduction | \$209.28 | \$209.28 | | \$2,134.54 |
| Local 77 - Most Plan Design | \$1,652.83 | \$1,652.83 | N/A | \$1,685.89 |
| City Share | \$1,652.83 | \$1,620.49 | | \$0.00 |
| Employee Deduction | \$0.00 | \$32.34 | | \$1,685.89 |
| CMEO / Material Controllers (080 & 079) | \$1,463.45 | \$1,463.45 | N/A | \$1,492.72 |
| City Share | \$1,439.23 | \$1,415.89 | | \$0.00 |
| Employee Deduction | \$24.22 | \$47.56 | | \$1,492.72 |
| SPOG (LEOFF I) | \$1,526.38 | \$1,526.38 | N/A | \$1,556.91 |
| City Share | \$1,450.06 | \$1,450.06 | | \$0.00 |
| Employee Deduction | \$76.32 | \$76.32 | | \$1,556.91 |
| SPOG (LEOFF II) | \$1,834.48 | \$1,834.48 | N/A | \$1,871.17 |
| City Share | \$1,742.76 | \$1,742.76 | | \$0.00 |
| Employee Deduction | \$91.72 | \$91.72 | | \$1,871.17 |

AETNA TRADITIONAL PLAN - 2021 RATES
Effective January 1 - December 31, 2021

| Employee Group | Single Employee with or without Children | Employee with with or without Children | TES Employee | COBRA Rate |
|-------------------------------|-------------------------------------------------|-----------------------------------------------|---------------------|-------------------|
| Fire Chiefs (LEOFF I) | \$1,189.12 | \$1,189.12 | N/A | \$1,212.90 |
| City Share | \$1,189.12 | \$1,070.20 | | \$0.00 |
| Employee Deduction | \$0.00 | \$118.90 | | \$1,212.90 |
| Fire Chiefs (LEOFF II) | \$1,463.45 | \$1,463.45 | N/A | \$1,492.72 |
| City Share | \$1,463.45 | \$1,317.09 | | \$0.00 |
| Employee Deduction | \$0.00 | \$146.36 | | \$1,492.72 |

KAISER PERMANENTE STANDARD - 2021 RATES

Effective January 1 - December 31, 2021

| 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 | \$1,234.80 | \$1,234.80 | \$1,234.80 | \$1,259.50 |
| City Share & RSR Contribution | \$1,186.40 | \$1,134.90 | \$0.00 | \$0.00 |
| Employee Deduction | \$48.40 | \$99.90 | \$1,234.80 | \$1,259.50 |
| LEOFF I (Non-Represented) | \$1,234.80 | \$1,234.80 | N/A | \$1,259.50 |
| City Share & RSR Contribution | \$1,234.80 | \$1,183.30 | | \$0.00 |
| Employee Deduction | \$0.00 | \$51.50 | | \$1,259.50 |
| LEOFF II (Non-Represented) | \$1,234.80 | \$1,234.80 | N/A | \$1,259.50 |
| City Share & RSR Contribution | \$1,186.40 | \$1,134.90 | | \$0.00 |
| Employee Deduction | \$48.40 | \$99.90 | | \$1,259.50 |
| SPMA (LEOFF I) | \$1,234.80 | \$1,234.80 | N/A | \$1,259.50 |
| City Share & RSR Contribution | \$1,234.80 | \$1,183.30 | | \$0.00 |
| Employee Deduction | \$0.00 | \$51.50 | | \$1,259.50 |
| SPMA (LEOFF II) | \$1,234.80 | \$1,234.80 | N/A | \$1,259.50 |
| City Share & RSR Contribution | \$1,186.40 | \$1,134.90 | | \$0.00 |
| Employee Deduction | \$48.40 | \$99.90 | | \$1,259.50 |
| SPMA Buy up to SPOG Plan (LEOFF I) | \$1,525.36 | \$1,525.36 | N/A | \$1,555.87 |
| City Share & RSR Contribution | \$1,234.80 | \$1,183.30 | | \$0.00 |
| Employee Deduction | \$290.56 | \$342.06 | | \$1,555.87 |
| SPMA Buy up to SPOG Plan (LEOFF II) | \$1,525.36 | \$1,525.36 | N/A | \$1,555.87 |
| City Share & RSR Contribution | \$1,186.40 | \$1,134.90 | | \$0.00 |
| Employee Deduction | \$338.96 | \$390.46 | | \$1,555.87 |
| Local 77 | \$1,402.32 | \$1,402.32 | N/A | \$1,430.37 |
| City Share | \$1,262.08 | \$1,262.08 | | \$0.00 |
| Employee Deduction | \$140.24 | \$140.24 | | \$1,430.37 |
| Local 77 - Most Plan Design | \$1,239.36 | \$1,239.36 | N/A | \$1,264.15 |
| City Share | \$1,190.96 | \$1,139.46 | | \$0.00 |
| Employee Deduction | \$48.40 | \$99.90 | | \$1,264.15 |
| CMEO / Material Controllers (080 & 079) | \$1,234.80 | \$1,234.80 | | \$1,259.50 |
| City Share | \$1,193.32 | \$1,148.38 | | \$0.00 |
| Employee Deduction | \$41.48 | \$86.42 | | \$1,259.50 |
| SPOG (LEOFF I & II) | \$1,525.36 | \$1,525.36 | N/A | \$1,555.87 |
| City Share | \$1,449.10 | \$1,449.10 | | \$0.00 |
| Employee Deduction | \$76.26 | \$76.26 | | \$1,555.87 |
| Fire Chiefs (LEOFF I) | \$1,234.80 | \$1,234.80 | N/A | \$1,259.50 |
| City Share | \$1,234.80 | \$1,111.32 | | \$0.00 |
| Employee Deduction | \$0.00 | \$123.48 | | \$1,259.50 |
| Fire Chiefs (LEOFF II) | \$1,234.80 | \$1,234.80 | N/A | \$1,259.50 |
| City Share | \$1,111.32 | \$1,111.32 | | \$0.00 |
| Employee Deduction | \$123.48 | \$123.48 | | \$1,259.50 |

KAISER PERMANENTE DEDUCTIBLE - 2021 RATES

Effective January 1, 2020 - December 31, 2021

| 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 | \$1,137.99 | \$1,137.99 | \$1,137.99 | \$1,160.75 |
| City Share & RSR Contribution | \$1,112.99 | \$1,081.07 | \$0.00 | \$0.00 |
| Employee Deduction | \$25.00 | \$56.92 | \$1,137.99 | \$1,160.75 |
| LEOFF I (Non-Represented) | \$1,137.99 | \$1,137.99 | N/A | \$1,160.75 |
| City Share & RSR Contribution | \$1,137.99 | \$1,106.07 | | \$0.00 |
| Employee Deduction | \$0 | \$31.92 | | \$1,160.75 |
| LEOFF II (Non-Represented) | \$1,137.99 | \$1,137.99 | N/A | \$1,160.75 |
| City Share & RSR Contribution | \$1,112.99 | \$56.92 | | \$0.00 |
| Employee Deduction | \$25.00 | \$56.92 | | \$1,160.75 |
| SPMA (LEOFF I) | \$1,137.99 | \$1,137.99 | N/A | \$1,160.75 |
| City Share & RSR Contribution | \$1,137.99 | \$1,106.07 | | \$0.00 |
| Employee Deduction | \$0 | \$31.92 | | \$1,160.75 |
| SPMA (LEOFF II) | \$1,137.99 | \$1,137.99 | N/A | \$1,160.75 |
| City Share & RSR Contribution | \$1,112.99 | \$1,081.07 | | \$0.00 |
| Employee Deduction | \$25.00 | \$56.92 | | \$1,160.75 |
| SPMA Buy up to SPOG Plan (LEOFF I) | \$1,130.69 | \$1,130.69 | N/A | \$1,153.30 |
| City Share & RSR Contribution | \$1,137.99 | \$1,106.07 | | \$0.00 |
| Employee Deduction | \$0.00 | \$24.62 | | \$1,153.30 |
| SPMA Buy up to SPOG Plan (LEOFF II) | \$1,130.69 | \$1,130.69 | N/A | \$1,153.30 |
| City Share & RSR Contribution | \$1,112.99 | \$1,081.07 | | \$0.00 |
| Employee Deduction | \$17.70 | \$49.62 | | \$1,153.30 |
| Local 77 | N/A | N/A | N/A | N/A |
| CMEO / Material Controllers (080 & 079) | \$1,137.99 | \$1,137.99 | | \$1,160.75 |
| City Share | \$1,116.85 | \$1,089.01 | | \$0.00 |
| Employee Deduction | \$21.14 | \$48.98 | | \$1,160.75 |

KAISER PERMANENTE DEDUCTIBLE - 2021 RATES

Effective January 1, 2020 - December 31, 2021

| Employee Group | Single Employee with or without Children | Employee with Spouse/Domestic Partner with or without Children | TES Employee | COBRA Rate |
|--------------------------------|------------------------------------------|----------------------------------------------------------------|--------------|-------------------|
| SPOG (LEOFF I & II) | \$1,130.69 | \$1,130.69 | N/A | \$1,153.30 |
| City Share | \$1,074.15 | \$1,074.15 | | \$0.00 |
| Employee Deduction | \$56.54 | \$56.54 | | \$1,153.30 |
| Fire Chiefs (LEOFF I) | \$1,137.99 | \$1,137.99 | N/A | \$1,160.75 |
| City Share | \$1,137.99 | \$1,024.19 | | \$0.00 |
| Employee Deduction | \$0 | \$113.80 | | \$1,160.75 |
| Fire Chiefs (LEOFF II) | \$1,137.99 | \$1,137.99 | N/A | \$1,160.75 |
| City Share | \$1,024.19 | \$1,024.19 | | \$0.00 |
| Employee Deduction | \$113.80 | \$113.80 | | \$1,160.75 |

AETNA PREVENTIVE PLAN 2021 RATES
Effective January 1 - December 31, 2021

| 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 | \$1,615.62 | \$1,615.62 | \$1,615.62 | \$1,647.93 |
| City Share & RSR Contribution | \$1,567.50 | \$1,517.12 | \$0.00 | \$0.00 |
| Employee Deduction | \$48.12 | \$98.50 | \$1,615.62 | \$1,647.93 |
| LEOFF I (Non-Represented) | \$1,615.62 | \$1,615.62 | N/A | \$1,647.93 |
| City Share & RSR Contribution | \$1,615.62 | \$1,565.24 | | \$0.00 |
| Employee Deduction | \$0.00 | \$50.38 | | \$1,647.93 |
| LEOFF II (Non-Represented) | \$1,615.62 | \$1,615.62 | N/A | \$1,647.93 |
| City Share & RSR Contribution | \$1,567.50 | \$1,517.12 | | \$0.00 |
| Employee Deduction | \$48.12 | \$98.50 | | \$1,647.93 |
| SPMA (LEOFF I) | \$1,615.62 | \$1,615.62 | N/A | \$1,647.93 |
| City Share & RSR Contribution | \$1,615.62 | \$1,565.24 | | \$0.00 |
| Employee Deduction | \$0.00 | \$50.38 | | \$1,647.93 |
| SPMA (LEOFF II) | \$1,615.62 | \$1,615.62 | N/A | \$1,647.93 |
| City Share & RSR Contribution | \$1,567.50 | \$1,517.12 | | \$0.00 |
| Employee Deduction | \$48.12 | \$98.50 | | \$1,647.93 |
| SPMA Buy up to SPOG Plan (LEOFF I) | \$2,057.56 | \$2,057.56 | N/A | \$2,098.71 |
| City Share & RSR Contribution | \$1,615.62 | \$1,565.24 | | \$0.00 |
| Employee Deduction | \$441.94 | \$492.32 | | \$2,098.71 |
| SPMA Buy up to SPOG Plan (LEOFF II) | \$2,057.56 | \$2,057.56 | N/A | \$2,098.71 |
| City Share & RSR Contribution | \$1,567.50 | \$1,517.12 | | \$0.00 |
| Employee Deduction | \$490.06 | \$540.44 | | \$2,098.71 |
| Local 77 | \$2,043.39 | \$2,043.39 | N/A | \$2,084.26 |
| City Share | \$1,839.05 | \$1,839.05 | | \$0.00 |
| Employee Deduction | \$204.34 | \$204.34 | | \$2,084.26 |

AETNA PREVENTIVE PLAN 2021 RATES
Effective January 1 - December 31, 2021

| Employee Group | Single Employee with or without Children | Employee with Spouse/Domestic Partner with or without Children | TES Employee | COBRA Rate |
|----------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------|--------------|-------------------------------------------|
| Local 77 - Most Plan Design City Share Employee Deduction | \$1,630.08 \$1,581.96 \$48.12 | \$1,630.08 \$1,531.58 \$98.50 | N/A | \$1,662.68 \$0.00 \$1,662.68 |
| CMEO / Material Controllers (080 & 079) City Share Employee Deduction | \$1,615.62 \$1,555.22 \$60.40 | \$1,615.62 \$1,516.64 \$98.98 | N/A | \$1,647.93 \$0.00 \$1,647.93 |
| SPOG (LEOFF I & II) City Share Employee Deduction | \$2,057.56 \$1,954.68 \$102.88 | \$2,057.56 \$1,954.68 \$102.88 | N/A | \$2,098.71 \$0.00 \$2,098.71 |
| Fire Chiefs (LEOFF I) City Share Employee Deduction | \$1,615.62 \$1,615.62 \$0.00 | \$1,615.62 \$1,454.06 \$161.56 | N/A | \$1,647.93 \$0.00 \$1,647.93 |
| Fire Chiefs (LEOFF II) City Share Employee Deduction | \$1,615.62 \$1,454.06 \$161.56 | \$1,615.62 \$1,454.06 \$161.56 | N/A | \$1,647.93 \$0.00 \$1,647.93 |

DELTA DENTAL OF WA 2021 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 | \$113.46 | \$113.46 | \$113.46 | \$115.73 |
| City Share | \$113.46 | \$113.46 | \$0.00 | \$0.00 |
| Employee Deduction | \$0.00 | \$0.00 | \$113.46 | \$115.73 |
| LEOFF I & II (Non-Represented) | \$113.46 | \$113.46 | N/A | \$115.73 |
| City Share | \$113.46 | \$113.46 | | \$0.00 |
| Employee Deduction | \$0.00 | \$0.00 | | \$115.73 |
| SPMA (LEOFF I & II) | \$113.46 | \$113.46 | N/A | \$115.73 |
| City Share | \$113.46 | \$113.46 | | \$0.00 |
| Employee Deduction | \$0.00 | \$0.00 | | \$115.73 |
| SPMA Buy up to SPOG Plan (LEOFF I & II) | \$130.58 | \$130.58 | N/A | \$133.19 |
| City Share & RSR Contribution | \$113.46 | \$113.46 | | \$0.00 |
| Employee Deduction | \$17.12 | \$17.12 | | \$133.19 |
| Local 77 | \$117.43 | \$117.43 | N/A | \$119.78 |
| City Share | \$117.43 | \$117.43 | | \$0.00 |
| Employee Deduction | \$0.00 | \$0.00 | | \$119.78 |
| CMEO / Material Controllers (080 & 079) | \$112.57 | \$112.57 | N/A | \$114.82 |
| City Share | \$112.57 | \$112.57 | | \$0.00 |
| Employee Deduction | \$0.00 | \$0.00 | | \$114.82 |
| SPOG (LEOFF I & II) | \$130.58 | \$130.58 | N/A | \$133.19 |
| City Share | \$130.58 | \$130.58 | | \$0.00 |
| Employee Deduction | \$0.00 | \$0.00 | | \$133.19 |
| Fire Chiefs (LEOFF I & II) | \$113.46 | \$113.46 | N/A | \$115.73 |
| City Share | \$102.10 | \$102.10 | | \$0.00 |
| Employee Deduction | \$11.36 | \$11.36 | | \$115.73 |

DENTAL HEALTH SERVICES 2021 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 | \$147.45 | \$147.45 | \$147.45 | \$150.40 |
| City Share | \$147.45 | \$147.45 | \$0.00 | \$0.00 |
| Employee Deduction | \$0.00 | \$0.00 | \$147.45 | \$150.40 |
| LEOFF I & II (Non-Represented) | \$147.45 | \$147.45 | N/A | \$150.40 |
| City Share | \$147.45 | \$147.45 | | \$0.00 |
| Employee Deduction | \$0.00 | \$0.00 | | \$150.40 |
| SPMA (LEOFF I & II) | \$147.45 | \$147.45 | N/A | \$150.40 |
| City Share | \$147.45 | \$147.45 | | \$0.00 |
| Employee Deduction | \$0.00 | \$0.00 | | \$150.40 |
| SPMA Buy up to SPOG Plan (LEOFF I & II) | \$175.20 | \$175.20 | N/A | \$178.70 |
| City Share & RSR Contribution | \$147.44 | \$147.44 | | \$0.00 |
| Employee Deduction | \$27.76 | \$27.76 | | \$178.70 |
| Local 77 | \$171.95 | \$171.95 | N/A | \$175.39 |
| City Share | \$171.95 | \$171.95 | | \$0.00 |
| Employee Deduction | \$0.00 | \$0.00 | | \$175.39 |
| CMEO / Material Controllers (080 & 079) | \$147.45 | \$147.45 | N/A | \$150.40 |
| City Share | \$147.45 | \$147.45 | | \$0.00 |
| Employee Deduction | \$0.00 | \$0.00 | | \$150.40 |
| SPOG (LEOFF I & II) | \$175.20 | \$175.20 | N/A | \$178.70 |
| City Share | \$175.20 | \$175.20 | | \$0.00 |
| Employee Deduction | \$0.00 | \$0.00 | | \$178.70 |
| Fire Chiefs (LEOFF I & II) | \$147.45 | \$147.45 | N/A | \$150.40 |
| City Share | \$132.69 | \$132.69 | | \$0.00 |
| Employee Deduction | \$14.76 | \$14.76 | | \$150.40 |

VISION SERVICE BASIC PLAN 2021 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 |
| SPMA Buy up to SPOG Plan | \$28.85 | \$28.85 | | \$29.43 |
| City Share & RSR Contribution | \$9.47 | \$9.47 | N/A | \$0.00 |
| Employee Deduction | \$19.38 | \$19.38 | | \$29.43 |
| 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 2021 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 | | \$0.00 |
| Employee Deduction | \$10.38 | \$10.38 | \$19.85 | \$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
2021 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 | \$733.12 | \$51.96 | \$4.34 | \$9.09 | \$789.42 | \$794.17 |
| Traditional - Domestic Partner | \$677.37 | \$51.96 | \$4.34 | \$9.09 | \$733.67 | \$738.42 |
| Kaiser Permanente Standard - Domestic Partner | \$547.32 | \$51.96 | \$4.34 | \$9.09 | \$603.62 | \$608.37 |
| Kaiser Permanente Deductible - Domestic Partner | \$519.95 | \$51.96 | \$4.34 | \$9.09 | \$576.25 | \$581.00 |
| Preventive - Child | \$626.80 | \$36.37 | \$3.04 | \$6.36 | \$666.21 | \$669.53 |
| Traditional - Child | \$567.77 | \$36.37 | \$3.04 | \$6.36 | \$607.18 | \$610.50 |
| Kaiser Permanente Standard - Child | \$479.06 | \$36.37 | \$3.04 | \$6.36 | \$518.47 | \$521.79 |
| Kaiser Permanente Deductible - Child | \$441.50 | \$36.37 | \$3.04 | \$6.36 | \$480.91 | \$484.23 |
| Most City Employees | Medical | DHS | Vision Basic | Vision Buy-Up | Total with Vision Basic | Total with Vision Buy-Up |
| Preventive - Domestic Partner | \$733.12 | \$67.52 | \$4.34 | \$9.09 | \$804.98 | \$809.73 |
| Traditional - Domestic Partner | \$677.37 | \$67.52 | \$4.34 | \$9.09 | \$749.23 | \$753.98 |
| Kaiser Permanente Standard - Domestic Partner | \$547.32 | \$67.52 | \$4.34 | \$9.09 | \$619.18 | \$623.93 |
| Kaiser Permanente Deductible - Domestic Partner | \$519.95 | \$67.52 | \$4.34 | \$9.09 | \$591.81 | \$596.56 |
| Preventive - Child | \$626.80 | \$47.27 | \$3.04 | \$6.36 | \$677.11 | \$680.43 |
| Traditional - Child | \$567.77 | \$47.27 | \$3.04 | \$6.36 | \$618.08 | \$621.40 |
| Kaiser Permanente Standard - Child | \$479.06 | \$47.27 | \$3.04 | \$6.36 | \$529.37 | \$532.69 |
| Kaiser Permanente Deductible - Child | \$441.50 | \$47.27 | \$3.04 | \$6.36 | \$491.81 | \$495.13 |

**DOMESTIC PARTNER HEALTH INSURANCE
2021 MONTHLY TAXABLE VALUES**

| Seattle Police Officers' Guild - LEOFF 1 | Medical | Delta Dental of WA | Vision Basic | Vision Buy-Up | Total | |
|-------------------------------------------------|----------------|---------------------------|---------------------|----------------------|-----------------|--|
| Preventive - Domestic Partner | \$894.95 | \$59.80 | \$13.21 | NA | \$967.96 | |
| Traditional - Domestic Partner | \$813.32 | \$59.80 | \$13.21 | NA | \$886.33 | |
| Kaiser Permanente Standard - Domestic Partner | \$663.47 | \$59.80 | \$13.21 | NA | \$736.48 | |
| Kaiser Permanente Deductible - Domestic Partner | \$491.79 | \$59.80 | \$13.21 | NA | \$564.80 | |
| Preventive - Child | \$798.26 | \$41.86 | \$9.25 | NA | \$849.37 | |
| Traditional - Child | \$711.71 | \$41.86 | \$9.25 | NA | \$762.82 | |
| Kaiser Permanente Standard - Child | \$591.79 | \$41.86 | \$9.25 | NA | \$642.90 | |
| Kaiser Permanente Deductible - Child | \$438.67 | \$41.86 | \$9.25 | NA | \$489.78 | |
| Seattle Police Officers' Guild - LEOFF 1 | Medical | DHS | Vision Basic | Vision Buy-Up | Total | |
| Preventive - Domestic Partner | \$894.95 | \$80.23 | \$13.21 | NA | \$988.39 | |
| Traditional - Domestic Partner | \$813.32 | \$80.23 | \$13.21 | NA | \$906.76 | |
| Kaiser Permanente Standard - Domestic Partner | \$663.47 | \$80.23 | \$13.21 | NA | \$756.91 | |
| Kaiser Permanente Deductible - Domestic Partner | \$491.79 | \$80.23 | \$13.21 | NA | \$585.23 | |
| Preventive - Child | \$798.26 | \$56.16 | \$9.25 | NA | \$863.67 | |
| Traditional - Child | \$711.71 | \$56.16 | \$9.25 | NA | \$777.12 | |
| Kaiser Permanente Standard - Child | \$591.79 | \$56.16 | \$9.25 | NA | \$657.20 | |
| Kaiser Permanente Deductible - Child | \$438.67 | \$56.16 | \$9.25 | NA | \$504.08 | |

**DOMESTIC PARTNER HEALTH INSURANCE
2021 MONTHLY TAXABLE VALUES**

| Seattle Police Officers' Guild - LEOFF 2 | Medical | Delta Dental of WA | Vision Basic | Vision Buy-Up | Total | |
|-------------------------------------------------|----------------|---------------------------|---------------------|----------------------|-----------------|--|
| Preventive - Domestic Partner | \$894.95 | \$59.80 | \$13.21 | NA | \$967.96 | |
| Traditional - Domestic Partner | \$797.92 | \$59.80 | \$13.21 | NA | \$870.93 | |
| Kaiser Permanente Standard - Domestic Partner | \$663.47 | \$59.80 | \$13.21 | NA | \$736.48 | |
| Kaiser Permanente Deductible - Domestic Partner | \$491.79 | \$59.80 | \$13.21 | NA | \$564.80 | |
| Preventive - Child | \$798.26 | \$41.86 | \$9.25 | NA | \$849.37 | |
| Traditional - Child | \$711.71 | \$41.86 | \$9.25 | NA | \$762.82 | |
| Kaiser Permanente Standard - Child | \$591.79 | \$41.86 | \$9.25 | NA | \$642.90 | |
| Kaiser Permanente Deductible - Child | \$438.67 | \$41.86 | \$9.25 | NA | \$489.78 | |
| Seattle Police Officers' Guild - LEOFF 2 | Medical | DHS | Vision Basic | Vision Buy-Up | Total | |
| Preventive - Domestic Partner | \$894.95 | \$80.23 | \$13.21 | NA | \$988.39 | |
| Traditional - Domestic Partner | \$797.92 | \$80.23 | \$13.21 | NA | \$891.36 | |
| Kaiser Permanente Standard - Domestic Partner | \$663.47 | \$80.23 | \$13.21 | NA | \$756.91 | |
| Kaiser Permanente Deductible - Domestic Partner | \$491.79 | \$80.23 | \$13.21 | NA | \$585.23 | |
| Preventive - Child | \$798.26 | \$56.16 | \$9.25 | NA | \$863.67 | |
| Traditional - Child | \$711.71 | \$56.16 | \$9.25 | NA | \$777.12 | |
| Kaiser Permanente Standard - Child | \$591.79 | \$56.16 | \$9.25 | NA | \$657.20 | |
| Kaiser Permanente Deductible - Child | \$438.67 | \$56.16 | \$9.25 | NA | \$504.08 | |

**DOMESTIC PARTNER HEALTH INSURANCE
2021 MONTHLY TAXABLE VALUES**

| Local 77 - Core | Medical | Delta Dental of WA | Vision Basic | Vision Buy-Up | Total | |
|-----------------------------------------------|----------------|---------------------------|---------------------|----------------------|-----------------|--|
| Preventive - Domestic Partner | \$786.61 | \$53.77 | \$5.44 | NA | \$845.82 | |
| Traditional - Domestic Partner | \$805.58 | \$53.77 | \$5.44 | NA | \$864.79 | |
| Kaiser Permanente Standard - Domestic Partner | \$539.82 | \$53.77 | \$5.44 | NA | \$599.03 | |

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|------------------------------------|----------|---------|--------|----|-----------------|--|
| Preventive - Child | \$792.76 | \$37.64 | \$3.80 | NA | \$834.20 | |
| Traditional - Child | \$811.89 | \$37.64 | \$3.80 | NA | \$853.33 | |
| Kaiser Permanente Standard - Child | \$544.05 | \$37.64 | \$3.80 | NA | \$585.49 | |

| Local 77 - Core | Medical | DHS | Vision Basic | Vision Buy-Up | Total | |
|-----------------------------------------------|----------------|------------|---------------------|----------------------|-----------------|--|
| Preventive - Domestic Partner | \$786.61 | \$78.74 | \$5.44 | NA | \$870.79 | |
| Traditional - Domestic Partner | \$805.58 | \$78.74 | \$5.44 | NA | \$889.76 | |
| Kaiser Permanente Standard - Domestic Partner | \$539.82 | \$78.74 | \$5.44 | NA | \$624.00 | |

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|------------------------------------|----------|---------|--------|----|-----------------|--|
| Preventive - Child | \$792.76 | \$55.12 | \$3.80 | NA | \$851.68 | |
| Traditional - Child | \$811.89 | \$55.12 | \$3.80 | NA | \$870.81 | |
| Kaiser Permanente Standard - Child | \$544.05 | \$55.12 | \$3.80 | NA | \$602.97 | |

| Local 77 - Most Plan Design | Medical | Delta Dental of WA | Vision Basic | Vision Buy-Up | Total | |
|-----------------------------------------------|----------------|---------------------------|---------------------|----------------------|-----------------|--|
| Preventive - Domestic Partner | \$550.65 | \$53.77 | \$5.44 | NA | \$609.86 | |
| Traditional - Domestic Partner | \$769.21 | \$53.77 | \$5.44 | NA | \$828.42 | |
| Kaiser Permanente Standard - Domestic Partner | \$551.53 | \$53.77 | \$5.44 | NA | \$610.74 | |

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|------------------------------------|----------|---------|--------|----|-----------------|--|
| Preventive - Child | \$632.41 | \$37.64 | \$3.80 | NA | \$673.85 | |
| Traditional - Child | \$641.24 | \$37.64 | \$3.80 | NA | \$682.68 | |
| Kaiser Permanente Standard - Child | \$480.83 | \$37.64 | \$3.80 | NA | \$522.27 | |

| Local 77 - Most Plan Design | Medical | DHS | Vision Basic | Vision Buy-Up | Total | |
|-----------------------------------------------|----------------|------------|---------------------|----------------------|-----------------|--|
| Preventive - Domestic Partner | \$550.65 | \$78.74 | \$5.44 | NA | \$634.83 | |
| Traditional - Domestic Partner | \$769.21 | \$78.74 | \$5.44 | NA | \$853.39 | |
| Kaiser Permanente Standard - Domestic Partner | \$551.53 | \$78.74 | \$5.44 | NA | \$635.71 | |

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|------------------------------------|----------|---------|--------|----|-----------------|--|
| Preventive - Child | \$632.41 | \$55.12 | \$3.80 | NA | \$691.33 | |
| Traditional - Child | \$641.24 | \$55.12 | \$3.80 | NA | \$700.16 | |
| Kaiser Permanente Standard - Child | \$480.83 | \$55.12 | \$3.80 | NA | \$539.75 | |

**DOMESTIC PARTNER HEALTH INSURANCE
2021 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 | \$621.94 | \$51.96 | \$4.34 | \$9.09 | \$678.24 | \$682.99 |
| Traditional - Domestic Partner | \$590.81 | \$51.96 | \$4.34 | \$9.09 | \$647.11 | \$651.86 |
| Kaiser Permanente Standard - Domestic Partner | \$475.34 | \$51.96 | \$4.34 | \$9.09 | \$531.64 | \$536.39 |
| Kaiser Permanente Deductible - Domestic Partner | \$438.07 | \$51.96 | \$4.34 | \$9.09 | \$494.37 | \$499.12 |
| Preventive - Child | \$626.80 | \$36.37 | \$3.04 | \$6.36 | \$666.21 | \$669.53 |
| Traditional - Child | \$567.77 | \$36.37 | \$3.04 | \$6.36 | \$607.18 | \$610.50 |
| Kaiser Permanente Standard - Child | \$479.06 | \$36.37 | \$3.04 | \$6.36 | \$518.47 | \$521.79 |
| Kaiser Permanente Deductible - Child | \$441.50 | \$36.37 | \$3.04 | \$6.36 | \$480.91 | \$484.23 |
| Fire Chiefs (LEOFF 1) | Medical | DHS | Vision Basic | Vision Buy-Up | Total with Vision Basic | Total with Vision Buy-Up |
| Preventive - Domestic Partner | \$621.94 | \$67.52 | \$4.34 | \$9.09 | \$693.80 | \$698.55 |
| Traditional - Domestic Partner | \$590.81 | \$67.52 | \$4.34 | \$9.09 | \$662.67 | \$667.42 |
| Kaiser Permanente Standard - Domestic Partner | \$475.34 | \$67.52 | \$4.34 | \$9.09 | \$547.20 | \$551.95 |
| Kaiser Permanente Deductible - Domestic Partner | \$438.07 | \$67.52 | \$4.34 | \$9.09 | \$509.93 | \$514.68 |
| Preventive - Child | \$626.80 | \$47.27 | \$3.04 | \$6.36 | \$677.11 | \$680.43 |
| Traditional - Child | \$567.77 | \$47.27 | \$3.04 | \$6.36 | \$618.08 | \$621.40 |
| Kaiser Permanente Standard - Child | \$479.06 | \$47.27 | \$3.04 | \$6.36 | \$529.37 | \$532.69 |
| Kaiser Permanente Deductible - Child | \$441.50 | \$47.27 | \$3.04 | \$6.36 | \$491.81 | \$495.13 |

**DOMESTIC PARTNER HEALTH INSURANCE
2021 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 | \$783.50 | \$51.96 | \$4.34 | \$9.09 | \$839.80 | \$844.55 |
| Traditional - Domestic Partner | \$563.35 | \$51.96 | \$4.34 | \$9.09 | \$619.65 | \$624.40 |
| Kaiser Permanente Standard - Domestic Partner | \$598.82 | \$51.96 | \$4.34 | \$9.09 | \$655.12 | \$659.87 |
| Kaiser Permanente Deductible - Domestic Partner | \$551.87 | \$51.96 | \$4.34 | \$9.09 | \$608.17 | \$612.92 |
| Preventive - Child | \$626.80 | \$36.37 | \$3.04 | \$6.36 | \$666.21 | \$669.53 |
| Traditional - Child | \$567.77 | \$36.37 | \$3.04 | \$6.36 | \$607.18 | \$610.50 |
| Kaiser Permanente Standard - Child | \$479.06 | \$36.37 | \$3.04 | \$6.36 | \$518.47 | \$521.79 |
| Kaiser Permanente Deductible - Child | \$441.50 | \$36.37 | \$3.04 | \$6.36 | \$480.91 | \$484.23 |
| Fire Chiefs (LEOFF 2) | Medical | DHS | Vision Basic | Vision Buy-Up | Total with Vision Basic | Total with Vision Buy-Up |
| Preventive - Domestic Partner | \$783.50 | \$67.52 | \$4.34 | \$9.09 | \$855.36 | \$860.11 |
| Traditional - Domestic Partner | \$563.35 | \$67.52 | \$4.34 | \$9.09 | \$635.21 | \$639.96 |
| Kaiser Permanente Standard - Domestic Partner | \$598.82 | \$67.52 | \$4.34 | \$9.09 | \$670.68 | \$675.43 |
| Kaiser Permanente Deductible - Domestic Partner | \$551.87 | \$67.52 | \$4.34 | \$9.09 | \$623.73 | \$628.48 |
| Preventive - Child | \$626.80 | \$47.27 | \$3.04 | \$6.36 | \$677.11 | \$680.43 |
| Traditional - Child | \$567.77 | \$47.27 | \$3.04 | \$6.36 | \$618.08 | \$621.40 |
| Kaiser Permanente Standard - Child | \$479.06 | \$47.27 | \$3.04 | \$6.36 | \$529.37 | \$532.69 |
| Kaiser Permanente Deductible - Child | \$441.50 | \$47.27 | \$3.04 | \$6.36 | \$491.81 | \$495.13 |

2021 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: \$0.075 per \$1,000 of benefit

City Share: \$.030
 Employee Deduction: \$0.045

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

| Age | Premium | Age | Premium |
|----------|---------|---------|---------|
| Under 25 | \$0.024 | | |
| 25 - 29 | \$0.024 | 50 - 54 | \$0.171 |
| 30 - 34 | \$0.035 | 55 - 59 | \$0.266 |
| 35 - 39 | \$0.047 | 60 - 64 | \$0.407 |
| 40 - 44 | \$0.066 | 65+ | \$0.708 |
| 45 - 49 | \$0.112 | | |

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: .142% of first \$667 of insured earnings
 Employee-Paid Optional Coverage: .384% of next \$7,666 of insured earnings

EMPLOYEE ASSISTANCE PROGRAM

2021 cost per budgeted position: \$22.44