

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	\$1,630.08	\$1,630.08	N/A	\$1,662.68
Employee Deduction	\$1,581.96	\$1,531.58		\$0.00
	\$48.12	\$98.50		\$1,662.68
CMEO / Material Controllers (080 & 079)				
City Share	\$1,615.62	\$1,615.62	N/A	\$1,647.93
Employee Deduction	\$1,555.22	\$1,516.64		\$0.00
	\$60.40	\$98.98		\$1,647.93
SPOG (LEOFF I & II)				
City Share	\$2,057.56	\$2,057.56	N/A	\$2,098.71
Employee Deduction	\$1,954.68	\$1,954.68		\$0.00
	\$102.88	\$102.88		\$2,098.71
Fire Chiefs (LEOFF I)				
City Share	\$1,615.62	\$1,615.62	N/A	\$1,647.93
Employee Deduction	\$1,615.62	\$1,454.06		\$0.00
	\$0.00	\$161.56		\$1,647.93
Fire Chiefs (LEOFF II)				
City Share	\$1,615.62	\$1,615.62	N/A	\$1,647.93
Employee Deduction	\$1,454.06	\$1,454.06		\$0.00
	\$161.56	\$161.56		\$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	N/A	\$20.25
City Share	\$9.47	\$9.47		\$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	
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	
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	
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	
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
Securian Financial

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
Securian Financial

Basic Coverage: Monthly Premium: \$0.075 per \$1,000 of benefit

City Share: \$0.030
 Employee Deduction: \$0.045

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

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

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
Resources for Living

2021 cost per budgeted position: \$22.44