

AETNA TRADITIONAL PLAN - 2024 RATES

Effective January 1 - December 31, 2024

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$1,747.52	\$1,747.52	\$1,782.47
City Share & RSR Contribution	\$1,747.52	\$1,715.18	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,782.47
LEOFF I (Non-Represented)	\$1,419.95	\$1,419.95	\$1,448.35
City Share & RSR Contribution	\$1,419.95	\$1,387.61	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,448.35
LEOFF II (Non-Represented)	\$1,747.52	\$1,747.52	\$1,782.47
City Share & RSR Contribution	\$1,747.52	\$1,715.18	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,782.47
SPMA (LEOFF I)	\$1,419.95	\$1,419.95	\$1,448.35
City Share & RSR Contribution	\$1,419.95	\$1,387.61	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,448.35
SPMA (LEOFF II)	\$1,747.52	\$1,747.52	\$1,782.47
City Share & RSR Contribution	\$1,747.52	\$1,715.18	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,782.47
SPMA Buy Up to SPOG Plan (LEOFF II)	\$2,171.62	\$2,171.62	\$2,215.05
City Share & RSR Contribution	\$1,747.52	\$1,715.18	\$0.00
Employee Deduction	\$424.10	\$456.44	\$2,215.05
Local 77	\$2,477.29	\$2,477.29	\$2,526.84
City Share	\$2,229.55	\$2,229.55	\$0.00
Employee Deduction	\$247.74	\$247.74	\$2,526.84
Local 77 - Most Plan Design	\$1,956.59	\$1,956.59	\$1,995.72
City Share	\$1,956.59	\$1,924.25	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,995.72
CMEO / Material Controllers (080 & 079)	\$1,747.52	\$1,747.52	\$1,782.47
City Share	\$1,738.62	\$1,721.76	\$0.00
Employee Deduction	\$8.90	\$25.76	\$1,782.47
SPOG (LEOFF II)	\$2,171.62	\$2,171.62	\$2,215.05
City Share	\$2,063.04	\$2,063.04	\$0.00
Employee Deduction	\$108.58	\$108.58	\$2,215.05
Fire Chiefs (LEOFF II)	\$1,747.52	\$1,747.52	\$1,782.47
City Share	\$1,747.52	\$1,572.76	\$0.00
Employee Deduction	\$0.00	\$174.76	\$1,782.47

KAISER PERMANENTE STANDARD - 2024 RATES

Effective January 1 - December 31, 2024

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$1,395.08	\$1,395.08	\$1,422.98
City Share & RSR Contribution	\$1,346.68	\$1,295.18	\$0.00
Employee Deduction	\$48.40	\$99.90	\$1,422.98
LEOFF I (Non Represented)	\$1,395.08	\$1,395.08	\$1,422.98
City Share & RSR Contribution	\$1,395.08	\$1,343.58	\$0.00
Employee Deduction	\$0.00	\$51.50	\$1,422.98
LEOFF II (Non Represented)	\$1,395.08	\$1,395.08	\$1,422.98
City Share & RSR Contribution	\$1,346.68	\$1,295.18	\$0.00
Employee Deduction	\$48.40	\$99.90	\$1,422.98
SPMA (LEOFF I)	\$1,395.08	\$1,395.08	\$1,422.98
City Share & RSR Contribution	\$1,395.08	\$1,343.58	\$0.00
Employee Deduction	\$0.00	\$51.50	\$1,422.98
SPMA (LEOFF II)	\$1,395.08	\$1,395.08	\$1,422.98
City Share & RSR Contribution	\$1,346.68	\$1,295.18	\$0.00
Employee Deduction	\$48.40	\$99.90	\$1,422.98
SPMA Buy up to SPOG Plan (LEOFF II)	\$1,723.35	\$1,723.35	\$1,757.82
City Share & RSR Contribution	\$1,346.67	\$1,295.17	\$0.00
Employee Deduction	\$376.68	\$428.18	\$1,757.82
Local 77	\$1,584.34	\$1,584.34	\$1,616.03
City Share	\$1,425.90	\$1,425.90	\$0.00
Employee Deduction	\$158.44	\$158.44	\$1,616.03
Local 77 - Most Plan Design	\$1,400.23	\$1,400.23	\$1,428.23
City Share	\$1,351.83	\$1,300.33	\$0.00
Employee Deduction	\$48.40	\$99.90	\$1,428.23
CMEO / Material Controllers (080 & 079)	\$1,395.08	\$1,395.08	\$1,422.98
City Share	\$1,364.98	\$1,330.76	\$0.00
Employee Deduction	\$30.10	\$64.32	\$1,422.98
SPOG (LEOFF II)	\$1,723.35	\$1,723.35	\$1,757.82
City Share	\$1,637.17	\$1,637.17	\$0.00
Employee Deduction	\$86.18	\$86.18	\$1,757.82
Fire Chiefs (LEOFF II)	\$1,395.08	\$1,395.08	\$1,422.98
City Share	\$1,255.56	\$1,255.56	\$0.00
Employee Deduction	\$139.52	\$139.52	\$1,422.98

KAISER PERMANENTE DEDUCTIBLE - 2024 RATES

Effective January 1 - December 31, 2024

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$1,285.71	\$1,285.71	\$1,311.42
City Share & RSR Contribution	\$1,260.71	\$1,228.79	\$0.00
Employee Deduction	\$25.00	\$56.92	\$1,311.42
LEOFF I (Non-Represented)	\$1,285.71	\$1,285.71	\$1,311.42
City Share & RSR Contribution	\$1,285.71	\$1,253.79	\$0.00
Employee Deduction	\$0.00	\$31.92	\$1,311.42
LEOFF II (Non-Represented)	\$1,285.71	\$1,285.71	\$1,311.42
City Share & RSR Contribution	\$1,260.71	\$1,228.79	\$0.00
Employee Deduction	\$25.00	\$56.92	\$1,311.42
SPMA (LEOFF I)	\$1,285.71	\$1,285.71	\$1,311.42
City Share & RSR Contribution	\$1,285.71	\$1,253.79	\$0.00
Employee Deduction	\$0	\$31.92	\$1,311.42
SPMA (LEOFF II)	\$1,285.71	\$1,285.71	\$1,311.42
City Share & RSR Contribution	\$1,260.71	\$1,228.79	\$0.00
Employee Deduction	\$25.00	\$56.92	\$1,311.42
SPMA Buy up to SPOG Plan (LEOFF II)	\$1,277.46	\$1,277.46	\$1,303.01
City Share & RSR Contribution	\$1,260.70	\$1,228.78	\$0.00
Employee Deduction	\$16.76	\$48.68	\$1,303.01
Local 77	N/A	N/A	N/A
CMEO / Material Controllers (080 & 079)	\$1,285.71	\$1,285.71	\$1,311.42
City Share	\$1,270.97	\$1,249.77	\$0.00
Employee Deduction	\$14.74	\$35.94	\$1,311.42
SPOG (LEOFF II)	\$1,277.46	\$1,277.46	\$1,303.01
City Share	\$1,213.58	\$1,213.58	\$0.00
Employee Deduction	\$63.88	\$63.88	\$1,303.01
Fire Chiefs (LEOFF II)	\$1,285.71	\$1,285.71	\$1,311.42
City Share	\$1,157.13	\$1,157.13	\$0.00
Employee Deduction	\$128.58	\$128.58	\$1,311.42

AETNA PREVENTIVE PLAN - 2024 RATES
Effective January 1 - December 31, 2024

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$1,929.24	\$1,929.24	\$1,967.82
City Share & RSR Contribution	\$1,881.12	\$1,830.74	\$0.00
Employee Deduction	\$48.12	\$98.50	\$1,967.82
LEOFF I (Non-Represented)	\$1,929.24	\$1,929.24	\$1,967.82
City Share & RSR Contribution	\$1,929.24	\$1,878.86	\$0.00
Employee Deduction	\$0.00	\$50.38	\$1,967.82
LEOFF II (Non-Represented)	\$1,929.24	\$1,929.24	\$1,967.82
City Share & RSR Contribution	\$1,881.12	\$1,830.74	\$0.00
Employee Deduction	\$48.12	\$98.50	\$1,967.82
SPMA (LEOFF I)	\$1,929.24	\$1,929.24	\$1,967.82
City Share & RSR Contribution	\$1,929.24	\$1,878.86	\$0.00
Employee Deduction	\$0.00	\$50.38	\$1,967.82
SPMA (LEOFF II)	\$1,929.24	\$1,929.24	\$1,967.82
City Share & RSR Contribution	\$1,881.12	\$1,830.74	\$0.00
Employee Deduction	\$48.12	\$98.50	\$1,967.82
SPMA Buy up to SPOG Plan (LEOFF II)	\$2,435.69	\$2,435.69	\$2,484.40
City Share & RSR Contribution	\$1,881.11	\$1,830.75	\$0.00
Employee Deduction	\$554.58	\$604.94	\$2,484.40
Local 77	\$2,418.92	\$2,418.92	\$2,467.30
City Share	\$2,177.02	\$2,177.02	\$0.00
Employee Deduction	\$241.90	\$241.90	\$2,467.30
Local 77 - Most Plan Design	\$1,929.66	\$1,929.66	\$1,968.25
City Share	\$1,881.54	\$1,831.16	\$0.00
Employee Deduction	\$48.12	\$98.50	\$1,968.25
CMEO / Material Controllers (080 & 079)	\$1,929.24	\$1,929.24	\$1,967.82
City Share	\$1,895.10	\$1,861.60	\$0.00
Employee Deduction	\$34.14	\$67.64	\$1,967.82
SPOG (LEOFF II)	\$2,435.69	\$2,435.69	\$2,484.40
City Share	\$2,313.91	\$2,313.91	\$0.00
Employee Deduction	\$121.78	\$121.78	\$2,484.40
Fire Chiefs (LEOFF II)	\$1,929.24	\$1,929.24	\$1,967.82
City Share	\$1,736.32	\$1,736.32	\$0.00
Employee Deduction	\$192.92	\$192.92	\$1,967.82

DELTA DENTAL OF WA 2024 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$120.66	\$120.66	\$123.07
City Share	\$120.66	\$120.66	\$0.00
Employee Deduction	\$0.00	\$0.00	\$123.07
LEOFF II (Non-Represented)	\$120.66	\$120.66	\$123.07
City Share	\$120.66	\$120.66	\$0.00
Employee Deduction	\$0.00	\$0.00	\$123.07
SPMA (LEOFF I & II)	\$120.66	\$120.66	\$123.07
City Share	\$120.66	\$120.66	\$0.00
Employee Deduction	\$0.00	\$0.00	\$123.07
SPMA Buy up to SPOG Plan (LEOFF II)	\$138.87	\$138.87	\$141.65
City Share & RSR Contribution	\$120.65	\$120.65	\$0.00
Employee Deduction	\$18.22	\$18.22	\$141.65
Local 77	\$124.88	\$124.88	\$127.38
City Share	\$124.88	\$124.88	\$0.00
Employee Deduction	\$0.00	\$0.00	\$127.38
CMEO / Material Controllers (080 & 079)	\$119.72	\$119.72	\$122.11
City Share	\$119.72	\$119.72	\$0.00
Employee Deduction	\$0.00	\$0.00	\$122.11
SPOG (LEOFF II)	\$138.87	\$138.87	\$141.65
City Share	\$138.87	\$138.87	\$0.00
Employee Deduction	\$0.00	\$0.00	\$141.65
Fire Chiefs (LEOFF II)	\$120.66	\$120.66	\$123.07
City Share	\$105.21	\$105.21	\$0.00
Employee Deduction	\$12.06	\$12.06	\$123.07

DENTAL HEALTH SERVICES 2024 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$142.65	\$142.65	\$145.50
City Share	\$142.65	\$142.65	\$0.00
Employee Deduction	\$0.00	\$0.00	\$145.50
LEOFF II (Non-Represented)	\$142.65	\$142.65	\$145.50
City Share	\$142.65	\$142.65	\$0.00
Employee Deduction	\$0.00	\$0.00	\$145.50
SPMA (LEOFF I & II)	\$142.65	\$142.65	\$145.50
City Share	\$142.65	\$142.65	\$0.00
Employee Deduction	\$0.00	\$0.00	\$145.50
SPMA Buy up to SPOG Plan (LEOFF II)	\$152.00	\$152.00	\$155.04
City Share & RSR Contribution	\$142.64	\$142.64	\$0.00
Employee Deduction	\$9.36	\$9.36	\$155.04
Local 77	\$152.00	\$152.00	\$155.04
City Share	\$152.00	\$152.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$155.04
CMEO / Material Controllers (080 & 079)	\$142.65	\$142.65	\$145.50
City Share	\$142.65	\$142.65	\$0.00
Employee Deduction	\$0.00	\$0.00	\$145.50
SPOG (LEOFF II)	\$152.00	\$152.00	\$155.04
City Share	\$152.00	\$152.00	\$0.00
Employee Deduction	\$0.00	\$0.00	\$155.04
Fire Chiefs (LEOFF II)	\$142.65	\$142.65	\$145.50
City Share	\$128.39	\$128.39	\$0.00
Employee Deduction	\$14.26	\$14.26	\$145.50

VISION SERVICE BASIC PLAN 2024 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$9.47	\$9.47	\$9.66
City Share	\$9.47	\$9.47	\$0.00
Employee Deduction	\$0.00	\$0.00	\$9.66
LEOFF II (Non-Represented)	\$9.47	\$9.47	\$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	\$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	\$0.00
Employee Deduction	\$19.38	\$19.38	\$29.43
Local 77	\$11.87	\$11.87	\$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	\$0.00
Employee Deduction	\$0.00	\$0.00	\$9.66
SPOG (LEOFF II)	\$28.85	\$28.85	\$29.43
City Share	\$28.85	\$28.85	\$0.00
Employee Deduction	\$0.00	\$0.00	\$29.43
Fire Chiefs (LEOFF II)	\$9.47	\$9.47	\$9.66
City Share	\$8.53	\$8.53	\$0.00
Employee Deduction	\$0.94	\$0.94	\$9.66

VISION SERVICE BUY UP PLAN 2024 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA City Share Employee Deduction	\$19.85 \$9.47 \$10.38	\$19.85 \$9.47 \$10.38	\$20.25 \$0.00 \$20.25
LEOFF II (Non-Represented) City Share Employee Deduction	\$19.85 \$9.47 \$10.38	\$19.85 \$9.47 \$10.38	\$20.25 \$0.00 \$20.25
SPMA (LEOFF I & II) City Share Employee Deduction	\$19.85 \$9.47 \$10.38	\$19.85 \$9.47 \$10.38	\$20.25 \$0.00 \$20.25
Local 77 City Share Employee Deduction	N/A	N/A	N/A
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$19.85 \$9.47 \$10.38	\$19.85 \$9.47 \$10.38	\$20.25 \$0.00 \$20.25
SPOG (LEOFF II) City Share Employee Deduction	N/A	N/A	N/A
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$19.85 \$9.47 \$10.38	\$19.85 \$9.47 \$10.38	\$20.25 \$0.00 \$20.25

**DOMESTIC PARTNER HEALTH INSURANCE
2024 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	\$917.43	\$57.30	\$4.50	\$9.43	\$979.23	\$984.16
Traditional - Domestic Partner	\$844.31	\$57.30	\$4.50	\$9.43	\$906.11	\$911.04
Kaiser Permanente Standard - Domestic Partner	\$648.34	\$57.30	\$4.50	\$9.43	\$710.14	\$715.07
Kaiser Permanente Deductible - Domestic Partner	\$613.06	\$57.30	\$4.50	\$9.43	\$674.86	\$679.79
Preventive - Child	\$774.24	\$40.11	\$3.15	\$6.60	\$817.50	\$820.95
Traditional - Child	\$701.32	\$40.11	\$3.15	\$6.60	\$744.58	\$748.03
Kaiser Permanente Standard - Child	\$559.87	\$40.11	\$3.15	\$6.60	\$603.13	\$606.58
Kaiser Permanente Deductible - Child	\$515.98	\$40.11	\$3.15	\$6.60	\$559.24	\$562.69
Most City Employees	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$917.43	\$67.75	\$4.50	\$9.43	\$989.68	\$994.61
Traditional - Domestic Partner	\$844.31	\$67.75	\$4.50	\$9.43	\$916.56	\$921.49
Kaiser Permanente Standard - Domestic Partner	\$648.34	\$67.75	\$4.50	\$9.43	\$720.59	\$725.52
Kaiser Permanente Deductible - Domestic Partner	\$613.06	\$67.75	\$4.50	\$9.43	\$685.31	\$690.24
Preventive - Child	\$774.24	\$47.42	\$3.15	\$6.60	\$824.81	\$828.26
Traditional - Child	\$701.32	\$47.42	\$3.15	\$6.60	\$751.89	\$755.34
Kaiser Permanente Standard - Child	\$559.87	\$47.42	\$3.15	\$6.60	\$610.44	\$613.89
Kaiser Permanente Deductible - Child	\$515.98	\$47.42	\$3.15	\$6.60	\$566.55	\$570.00

**DOMESTIC PARTNER HEALTH INSURANCE
2024 MONTHLY TAXABLE VALUES**

Seattle Police Officers' Guild - LEOFF 2	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,100.09	\$65.95	\$13.70	NA	\$1,179.74	
Traditional - Domestic Partner	\$980.82	\$65.95	\$13.70	NA	\$1,060.47	
Kaiser Permanente Standard - Domestic Partner	\$778.34	\$65.95	\$13.70	NA	\$857.99	
Kaiser Permanente Deductible - Domestic Partner	\$576.96	\$65.95	\$13.70	NA	\$656.61	
Preventive - Child	\$977.49	\$46.17	\$9.59	NA	\$1,033.25	
Traditional - Child	\$871.52	\$46.17	\$9.59	NA	\$927.28	
Kaiser Permanente Standard - Child	\$691.62	\$46.17	\$9.59	NA	\$747.38	
Kaiser Permanente Deductible - Child	\$512.67	\$46.17	\$9.59	NA	\$568.43	
Seattle Police Officers' Guild - LEOFF 2	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,100.09	\$72.19	\$13.70	NA	\$1,185.98	
Traditional - Domestic Partner	\$980.82	\$72.19	\$13.70	NA	\$1,066.71	
Kaiser Permanente Standard - Domestic Partner	\$778.34	\$72.19	\$13.70	NA	\$864.23	
Kaiser Permanente Deductible - Domestic Partner	\$576.96	\$72.19	\$13.70	NA	\$662.85	
Preventive - Child	\$977.49	\$50.53	\$9.59	NA	\$1,037.61	
Traditional - Child	\$871.52	\$50.53	\$9.59	NA	\$931.64	
Kaiser Permanente Standard - Child	\$691.62	\$50.53	\$9.59	NA	\$751.74	
Kaiser Permanente Deductible - Child	\$512.67	\$50.53	\$9.59	NA	\$572.79	

**DOMESTIC PARTNER HEALTH INSURANCE
2024 MONTHLY TAXABLE VALUES**

Local 77 - Core	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$971.55	\$59.31	\$5.64	NA	\$1,036.50	
Traditional - Domestic Partner	\$995.00	\$59.31	\$5.64	NA	\$1,059.95	
Kaiser Permanente Standard - Domestic Partner	\$636.35	\$59.31	\$5.64	NA	\$701.30	
Preventive - Child	\$970.76	\$41.52	\$3.95	NA	\$1,016.23	
Traditional - Child	\$994.19	\$41.52	\$3.95	NA	\$1,039.66	
Kaiser Permanente Standard - Child	\$635.83	\$41.52	\$3.95	NA	\$681.30	

Local 77 - Core	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$971.55	\$72.19	\$5.64	NA	\$1,049.38	
Traditional - Domestic Partner	\$995.00	\$72.19	\$5.64	NA	\$1,072.83	
Kaiser Permanente Standard - Domestic Partner	\$636.35	\$72.19	\$5.64	NA	\$714.18	
Preventive - Child	\$970.76	\$50.53	\$3.95	NA	\$1,025.24	
Traditional - Child	\$994.19	\$50.53	\$3.95	NA	\$1,048.67	
Kaiser Permanente Standard - Child	\$635.83	\$50.53	\$3.95	NA	\$690.31	

Local 77 - Most Plan Design	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$917.64	\$59.31	\$5.64	NA	\$982.59	
Traditional - Domestic Partner	\$949.19	\$59.31	\$5.64	NA	\$1,014.14	
Kaiser Permanente Standard - Domestic Partner	\$650.93	\$59.31	\$5.64	NA	\$715.88	
Preventive - Child	\$774.41	\$41.52	\$3.95	NA	\$819.88	
Traditional - Child	\$785.22	\$41.52	\$3.95	NA	\$830.69	
Kaiser Permanente Standard - Child	\$561.94	\$41.52	\$3.95	NA	\$607.41	

Local 77 - Most Plan Design	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$917.64	\$72.19	\$5.64	NA	\$995.47	
Traditional - Domestic Partner	\$949.19	\$72.19	\$5.64	NA	\$1,027.02	
Kaiser Permanente Standard - Domestic Partner	\$650.93	\$72.19	\$5.64	NA	\$728.76	
Preventive - Child	\$774.41	\$50.53	\$3.95	NA	\$828.89	
Traditional - Child	\$785.22	\$50.53	\$3.95	NA	\$839.70	
Kaiser Permanente Standard - Child	\$561.94	\$50.53	\$3.95	NA	\$616.42	

**DOMESTIC PARTNER HEALTH INSURANCE
2024 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	\$967.81	\$57.30	\$4.50	\$9.43	\$1,029.61	\$1,034.54
Traditional - Domestic Partner	\$701.89	\$57.30	\$4.50	\$9.43	\$763.69	\$768.62
Kaiser Permanente Standard - Domestic Partner	\$699.84	\$57.30	\$4.50	\$9.43	\$761.64	\$766.57
Kaiser Permanente Deductible - Domestic Partner	\$644.98	\$57.30	\$4.50	\$9.43	\$706.78	\$711.71
Preventive - Child	\$774.24	\$40.11	\$3.15	\$6.60	\$817.50	\$820.95
Traditional - Child	\$701.32	\$40.11	\$3.15	\$6.60	\$744.58	\$748.03
Kaiser Permanente Standard - Child	\$559.87	\$40.11	\$3.15	\$6.60	\$603.13	\$606.58
Kaiser Permanente Deductible - Child	\$515.98	\$40.11	\$3.15	\$6.60	\$559.24	\$562.69
Fire Chiefs (LEOFF 2)	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$967.81	\$67.75	\$4.50	\$9.43	\$1,040.06	\$1,044.99
Traditional - Domestic Partner	\$701.89	\$67.75	\$4.50	\$9.43	\$774.14	\$779.07
Kaiser Permanente Standard - Domestic Partner	\$699.84	\$67.75	\$4.50	\$9.43	\$772.09	\$777.02
Kaiser Permanente Deductible - Domestic Partner	\$644.98	\$67.75	\$4.50	\$9.43	\$717.23	\$722.16
Preventive - Child	\$774.24	\$47.42	\$3.15	\$6.60	\$824.81	\$828.26
Traditional - Child	\$701.32	\$47.42	\$3.15	\$6.60	\$751.89	\$755.34
Kaiser Permanente Standard - Child	\$559.87	\$47.42	\$3.15	\$6.60	\$610.44	\$613.89
Kaiser Permanente Deductible - Child	\$515.98	\$47.42	\$3.15	\$6.60	\$566.55	\$570.00

2024 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: \$.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
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

2024 cost per budgeted position: \$22.44