

AETNA PREVENTIVE PLAN - 2026 RATES

Effective January 1 - December 31, 2026

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 & RSR Contribution Employee Deduction	\$2,329.36 \$2,281.24 \$48.12	\$2,329.36 \$2,230.86 \$98.50	\$2,375.95 \$0.00 \$2,375.95
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$2,329.36 \$2,329.36 \$0.00	\$2,329.36 \$2,278.98 \$50.38	\$2,375.95 \$0.00 \$2,375.95
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$2,329.36 \$2,281.24 \$48.12	\$2,329.36 \$2,230.86 \$98.50	\$2,375.95 \$0.00 \$2,375.95
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$2,329.36 \$2,329.36 \$0.00	\$2,329.36 \$2,278.98 \$50.38	\$2,375.95 \$0.00 \$2,375.95
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$2,329.36 \$2,281.24 \$48.12	\$2,329.36 \$2,230.86 \$98.50	\$2,375.95 \$0.00 \$2,375.95
SPMA Buy up to SPOG Plan (LEOFF II) City Share & RSR Contribution Employee Deduction	\$2,907.20 \$2,281.24 \$625.96	\$2,907.20 \$2,230.86 \$676.34	\$2,965.34 \$0.00 \$2,965.34
Local 77 City Share Employee Deduction	\$2,920.60 \$2,628.54 \$292.06	\$2,920.60 \$2,628.54 \$292.06	\$2,979.01 \$0.00 \$2,979.01
Local 77 - Most Plan Design City Share Employee Deduction	\$2,329.87 \$2,281.75 \$48.12	\$2,329.87 \$2,231.37 \$98.50	\$2,376.47 \$0.00 \$2,376.47
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$2,329.37 \$2,289.15 \$40.22	\$2,329.37 \$2,264.45 \$64.92	\$2,375.96 \$0.00 \$2,375.96
SPOG (LEOFF II) City Share Employee Deduction	\$2,907.20 \$2,761.84 \$145.36	\$2,907.20 \$2,761.84 \$145.36	\$2,965.34 \$0.00 \$2,965.34
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$2,329.36 \$2,096.42 \$232.94	\$2,329.36 \$2,096.42 \$232.94	\$2,375.95 \$0.00 \$2,375.95

AETNA TRADITIONAL PLAN - 2026 RATES

Effective January 1 - December 31, 2026

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 & RSR Contribution Employee Deduction	\$2,097.88 \$2,097.88 \$0.00	\$2,097.88 \$2,065.54 \$32.34	\$2,139.84 \$0.00 \$2,139.84
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$1,704.63 \$1,704.63 \$0.00	\$1,704.63 \$1,672.29 \$32.34	\$1,738.72 \$0.00 \$1,738.72
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$2,097.88 \$2,097.88 \$0.00	\$2,097.88 \$2,065.54 \$32.34	\$2,139.84 \$0.00 \$2,139.84
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$1,704.63 \$1,704.63 \$0.00	\$1,704.63 \$1,672.29 \$32.34	\$1,738.72 \$0.00 \$1,738.72
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$2,097.88 \$2,097.88 \$0.00	\$2,097.88 \$2,065.54 \$32.34	\$2,139.84 \$0.00 \$2,139.84
SPMA Buy Up to SPOG Plan (LEOFF II) City Share & RSR Contribution Employee Deduction	\$2,592.01 \$2,097.87 \$494.14	\$2,592.01 \$2,065.53 \$526.48	\$2,643.85 \$0.00 \$2,643.85
Local 77 City Share Employee Deduction	\$2,973.96 \$2,676.56 \$297.40	\$2,973.96 \$2,676.56 \$297.40	\$3,033.44 \$0.00 \$3,033.44
Local 77 - Most Plan Design City Share Employee Deduction	\$2,348.86 \$2,348.86 \$0.00	\$2,348.86 \$2,316.52 \$32.34	\$2,395.84 \$0.00 \$2,395.84
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$2,097.88 \$2,078.80 \$19.08	\$2,097.88 \$2,066.62 \$31.26	\$2,139.84 \$0.00 \$2,139.84
SPOG (LEOFF II) City Share Employee Deduction	\$2,592.01 \$2,462.41 \$129.60	\$2,592.01 \$2,462.41 \$129.60	\$2,643.85 \$0.00 \$2,643.85
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$2,097.88 \$2,097.88 \$0.00	\$2,097.88 \$1,888.10 \$209.78	\$2,139.84 \$0.00 \$2,139.84

KAISER PERMANENTE STANDARD - 2026 RATES

Effective January 1 - December 31, 2026

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 & RSR Contribution Employee Deduction	\$1,748.23 \$1,699.83 \$48.40	\$1,748.23 \$1,648.33 \$99.90	\$1,783.19 \$0.00 \$1,783.19
LEOFF I (Non Represented) City Share & RSR Contribution Employee Deduction	\$1,748.23 \$1,748.23 \$0.00	\$1,748.23 \$1,696.73 \$51.50	\$1,783.19 \$0.00 \$1,783.19
LEOFF II (Non Represented) City Share & RSR Contribution Employee Deduction	\$1,748.23 \$1,699.83 \$48.40	\$1,748.23 \$1,648.33 \$99.90	\$1,783.19 \$0.00 \$1,783.19
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$1,748.23 \$1,748.23 \$0.00	\$1,748.23 \$1,696.73 \$51.50	\$1,783.19 \$0.00 \$1,783.19
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$1,748.23 \$1,699.83 \$48.40	\$1,748.23 \$1,648.33 \$99.90	\$1,783.19 \$0.00 \$1,783.19
SPMA Buy up to SPOG Plan (LEOFF II) City Share & RSR Contribution Employee Deduction	\$2,150.38 \$1,699.82 \$450.56	\$2,150.38 \$1,648.32 \$502.06	\$2,193.39 \$0.00 \$2,193.39
Local 77 City Share Employee Deduction	\$1,985.40 \$1,786.86 \$198.54	\$1,985.40 \$1,786.86 \$198.54	\$2,025.11 \$0.00 \$2,025.11
Local 77 - Most Plan Design City Share Employee Deduction	\$1,754.69 \$1,706.29 \$48.40	\$1,754.69 \$1,654.79 \$99.90	\$1,789.78 \$0.00 \$1,789.78
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$1,748.23 \$1,708.07 \$40.16	\$1,748.23 \$1,682.01 \$66.22	\$1,783.19 \$0.00 \$1,783.19
SPOG (LEOFF II) City Share Employee Deduction	\$2,150.38 \$2,042.86 \$107.52	\$2,150.38 \$2,042.86 \$107.52	\$2,193.39 \$0.00 \$2,193.39
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$1,748.23 \$1,573.41 \$174.82	\$1,748.23 \$1,573.41 \$174.82	\$1,783.19 \$0.00 \$1,783.19

KAISER PERMANENTE DEDUCTIBLE - 2026 RATES

Effective January 1 - December 31, 2026

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 & RSR Contribution Employee Deduction	\$1,611.18 \$1,586.18 \$25.00	\$1,611.18 \$1,554.26 \$56.92	\$1,643.40 \$0.00 \$1,643.40
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$1,611.18 \$1,611.18 \$0.00	\$1,611.18 \$1,579.26 \$31.92	\$1,643.40 \$0.00 \$1,643.40
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$1,611.18 \$1,586.18 \$25.00	\$1,611.18 \$1,554.26 \$56.92	\$1,643.40 \$0.00 \$1,643.40
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$1,611.18 \$1,611.18 \$0	\$1,611.18 \$1,579.26 \$31.92	\$1,643.40 \$0.00 \$1,643.40
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$1,611.18 \$1,586.18 \$25.00	\$1,611.18 \$1,554.26 \$56.92	\$1,643.40 \$0.00 \$1,643.40
SPMA Buy up to SPOG Plan (LEOFF II) City Share & RSR Contribution Employee Deduction	\$1,594.00 \$1,586.18 \$7.82	\$1,594.00 \$1,554.26 \$39.74	\$1,625.88 \$0.00 \$1,625.88
Local 77	N/A	N/A	N/A
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$1,611.18 \$1,584.06 \$27.12	\$1,611.18 \$1,567.92 \$43.26	\$1,643.40 \$0.00 \$1,643.40
SPOG (LEOFF II) City Share Employee Deduction	\$1,594.00 \$1,514.30 \$79.70	\$1,594.00 \$1,514.30 \$79.70	\$1,625.88 \$0.00 \$1,625.88
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$1,611.18 \$1,450.06 \$161.12	\$1,611.18 \$1,450.06 \$161.12	\$1,643.40 \$0.00 \$1,643.40

DELTA DENTAL OF WA 2026 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	\$125.52 \$125.52 \$0.00	\$125.52 \$125.52 \$0.00	\$128.03 \$0.00 \$128.03
LEOFF II (Non-Represented) City Share Employee Deduction	\$125.52 \$125.52 \$0.00	\$125.52 \$125.52 \$0.00	\$128.03 \$0.00 \$128.03
SPMA (LEOFF I & II) City Share Employee Deduction	\$125.52 \$125.52 \$0.00	\$125.52 \$125.52 \$0.00	\$128.03 \$0.00 \$128.03
SPMA Buy up to SPOG Plan (LEOFF II) City Share & RSR Contribution Employee Deduction	\$144.06 \$125.52 \$18.54	\$144.06 \$125.52 \$18.54	\$146.94 \$0.00 \$146.94
Local 77 City Share Employee Deduction	\$129.92 \$129.92 \$0.00	\$129.92 \$129.92 \$0.00	\$132.52 \$0.00 \$132.52
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$124.55 \$124.55 \$0.00	\$124.55 \$124.55 \$0.00	\$127.04 \$0.00 \$127.04
SPOG (LEOFF II) City Share Employee Deduction	\$144.06 \$144.06 \$0.00	\$144.06 \$144.06 \$0.00	\$146.94 \$0.00 \$146.94
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$125.52 \$112.96 \$12.56	\$125.52 \$112.96 \$12.56	\$128.03 \$0.00 \$128.03

DENTAL HEALTH SERVICES 2026 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	\$142.65 \$142.65 \$0.00	\$142.65 \$142.65 \$0.00	\$145.50 \$0.00 \$145.50
LEOFF II (Non-Represented) City Share Employee Deduction	\$142.65 \$142.65 \$0.00	\$142.65 \$142.65 \$0.00	\$145.50 \$0.00 \$145.50
SPMA (LEOFF I & II) City Share Employee Deduction	\$142.65 \$142.65 \$0.00	\$142.65 \$142.65 \$0.00	\$145.50 \$0.00 \$145.50
SPMA Buy up to SPOG Plan (LEOFF II) City Share & RSR Contribution Employee Deduction	\$155.50 \$142.65 \$12.85	\$155.50 \$142.65 \$12.85	\$158.61 \$0.00 \$158.61
Local 77 City Share Employee Deduction	\$155.50 \$155.50 \$0.00	\$155.50 \$155.50 \$0.00	\$158.61 \$0.00 \$158.61
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$142.65 \$142.65 \$0.00	\$142.65 \$142.65 \$0.00	\$145.50 \$0.00 \$145.50
SPOG (LEOFF II) City Share Employee Deduction	\$155.50 \$155.50 \$0.00	\$155.50 \$155.50 \$0.00	\$158.61 \$0.00 \$158.61
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$142.65 \$128.39 \$14.26	\$142.65 \$128.39 \$14.26	\$145.50 \$0.00 \$145.50

VISION SERVICE BASIC PLAN 2026 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	\$9.53 \$9.53 \$0.00	\$9.53 \$9.53 \$0.00	\$9.72 \$0.00 \$9.72
LEOFF II (Non-Represented) City Share Employee Deduction	\$9.53 \$9.53 \$0.00	\$9.53 \$9.53 \$0.00	\$9.72 \$0.00 \$9.72
SPMA (LEOFF I & II) City Share Employee Deduction	\$9.53 \$9.53 \$0.00	\$9.53 \$9.53 \$0.00	\$9.72 \$0.00 \$9.72
SPMA Buy up to SPOG Plan City Share & RSR Contribution Employee Deduction	\$28.90 \$9.54 \$19.36	\$28.90 \$9.54 \$19.36	\$29.48 \$0.00 \$29.48
Local 77 City Share Employee Deduction	\$13.19 \$13.19 \$0.00	\$13.19 \$13.19 \$0.00	\$13.45 \$0.00 \$13.45
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$9.53 \$9.53 \$0.00	\$9.53 \$9.53 \$0.00	\$9.72 \$0.00 \$9.72
SPOG (LEOFF II) City Share Employee Deduction	\$28.90 \$28.90 \$0.00	\$28.90 \$28.90 \$0.00	\$29.48 \$0.00 \$29.48
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$9.53 \$8.57 \$0.96	\$9.53 \$8.57 \$0.96	\$9.72 \$0.00 \$9.72

VISION SERVICE BUY UP PLAN 2026 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	\$21.58 \$9.54 \$12.04	\$21.58 \$9.54 \$12.04	\$22.01 \$0.00 \$22.01
LEOFF II (Non-Represented) City Share Employee Deduction	\$21.58 \$9.54 \$12.04	\$21.58 \$9.54 \$12.04	\$22.01 \$0.00 \$22.01
SPMA (LEOFF I & II) City Share Employee Deduction	\$21.58 \$9.54 \$12.04	\$21.58 \$9.54 \$12.04	\$22.01 \$0.00 \$22.01
Local 77 City Share Employee Deduction	N/A	N/A	N/A
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$21.58 \$9.54 \$12.04	\$21.58 \$9.54 \$12.04	\$22.01 \$0.00 \$22.01
SPOG (LEOFF II) City Share Employee Deduction	N/A	N/A	N/A
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$21.58 \$9.54 \$12.04	\$21.58 \$9.54 \$12.04	\$22.01 \$0.00 \$22.01

**DOMESTIC PARTNER HEALTH INSURANCE
2026 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	\$1,119.45	\$59.62	\$4.53	\$10.25	\$1,183.60	\$1,189.32
Traditional - Domestic Partner	\$1,021.24	\$59.62	\$4.53	\$10.25	\$1,085.39	\$1,091.11
Kaiser Permanente Standard - Domestic Partner	\$826.48	\$59.62	\$4.53	\$10.25	\$890.63	\$896.35
Kaiser Permanente Deductible - Domestic Partner	\$777.24	\$59.62	\$4.53	\$10.25	\$841.39	\$847.11
Preventive - Child	\$935.87	\$41.74	\$3.17	\$7.18	\$980.78	\$984.79
Traditional - Child	\$842.87	\$41.74	\$3.17	\$7.18	\$887.78	\$891.79
Kaiser Permanente Standard - Child	\$702.39	\$41.74	\$3.17	\$7.18	\$747.30	\$751.31
Kaiser Permanente Deductible - Child	\$647.32	\$41.74	\$3.17	\$7.18	\$692.23	\$696.24
Most City Employees	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$1,119.45	\$67.76	\$4.53	\$10.25	\$1,191.74	\$1,197.46
Traditional - Domestic Partner	\$1,021.24	\$67.76	\$4.53	\$10.25	\$1,093.53	\$1,099.25
Kaiser Permanente Standard - Domestic Partner	\$826.48	\$67.76	\$4.53	\$10.25	\$898.77	\$904.49
Kaiser Permanente Deductible - Domestic Partner	\$777.24	\$67.76	\$4.53	\$10.25	\$849.53	\$855.25
Preventive - Child	\$935.87	\$47.43	\$3.17	\$7.18	\$908.86	\$912.49
Traditional - Child	\$842.87	\$47.43	\$3.17	\$7.18	\$823.56	\$827.19
Kaiser Permanente Standard - Child	\$702.39	\$47.43	\$3.17	\$7.18	\$680.97	\$684.60
Kaiser Permanente Deductible - Child	\$647.32	\$47.43	\$3.17	\$7.18	\$631.54	\$635.17

**DOMESTIC PARTNER HEALTH INSURANCE
2026 MONTHLY TAXABLE VALUES**

Seattle Police Officers' Guild - LEOFF 2	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,314.67	\$68.43	\$13.73	NA	\$1,396.83	
Traditional - Domestic Partner	\$1,172.14	\$68.43	\$13.73	NA	\$1,254.30	
Kaiser Permanente Standard - Domestic Partner	\$972.43	\$68.43	\$13.73	NA	\$1,054.59	
Kaiser Permanente Deductible - Domestic Partner	\$720.83	\$68.43	\$13.73	NA	\$802.99	
Preventive - Child	\$1,168.03	\$47.90	\$9.61	NA	\$1,225.54	
Traditional - Child	\$1,041.39	\$47.90	\$9.61	NA	\$1,098.90	
Kaiser Permanente Standard - Child	\$863.96	\$47.90	\$9.61	NA	\$921.47	
Kaiser Permanente Deductible - Child	\$640.42	\$47.90	\$9.61	NA	\$697.93	
Seattle Police Officers' Guild - LEOFF 2	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,314.67	\$73.87	\$13.73	NA	\$1,402.27	
Traditional - Domestic Partner	\$1,172.14	\$73.87	\$13.73	NA	\$1,259.74	
Kaiser Permanente Standard - Domestic Partner	\$972.43	\$73.87	\$13.73	NA	\$1,060.03	
Kaiser Permanente Deductible - Domestic Partner	\$720.83	\$73.87	\$13.73	NA	\$808.43	
Preventive - Child	\$1,168.03	\$51.71	\$9.61	NA	\$1,229.35	
Traditional - Child	\$1,041.39	\$51.71	\$9.61	NA	\$1,102.71	
Kaiser Permanente Standard - Child	\$863.96	\$51.71	\$9.61	NA	\$925.28	
Kaiser Permanente Deductible - Child	\$640.42	\$51.71	\$9.61	NA	\$701.74	

DOMESTIC PARTNER HEALTH INSURANCE
2026 MONTHLY TAXABLE VALUES

Local 77 - Core	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,174.70	\$61.71	\$6.27	NA	\$1,242.68	
Traditional - Domestic Partner	\$1,196.16	\$61.71	\$6.27	NA	\$1,264.14	
Kaiser Permanente Standard - Domestic Partner	\$798.55	\$61.71	\$6.27	NA	\$866.53	
Preventive - Child	\$1,173.41	\$43.20	\$4.39	NA	\$1,221.00	
Traditional - Child	\$1,194.85	\$43.20	\$4.39	NA	\$1,242.44	
Kaiser Permanente Standard - Child	\$797.67	\$43.20	\$4.39	NA	\$845.26	
Local 77 - Core	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,174.70	\$73.87	\$6.27	NA	\$1,254.84	
Traditional - Domestic Partner	\$1,196.16	\$73.87	\$6.27	NA	\$1,276.30	
Kaiser Permanente Standard - Domestic Partner	\$798.55	\$73.87	\$6.27	NA	\$878.69	
Preventive - Child	\$1,173.41	\$51.71	\$4.39	NA	\$1,229.51	
Traditional - Child	\$1,194.85	\$51.71	\$4.39	NA	\$1,250.95	
Kaiser Permanente Standard - Child	\$797.67	\$51.71	\$4.39	NA	\$853.77	
Local 77 - Most Plan Design	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,119.71	\$61.71	\$5.68	NA	\$1,187.10	
Traditional - Domestic Partner	\$1,147.29	\$61.71	\$5.68	NA	\$1,214.68	
Kaiser Permanente Standard - Domestic Partner	\$829.73	\$61.71	\$5.68	NA	\$897.12	
Preventive - Child	\$936.07	\$43.20	\$3.97	NA	\$983.24	
Traditional - Child	\$943.70	\$43.20	\$3.97	NA	\$990.87	
Kaiser Permanente Standard - Child	\$704.98	\$43.20	\$3.97	NA	\$752.15	
Local 77 - Most Plan Design	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,119.71	\$73.87	\$5.68	NA	\$1,199.26	
Traditional - Domestic Partner	\$1,147.29	\$73.87	\$5.68	NA	\$1,226.84	
Kaiser Permanente Standard - Domestic Partner	\$829.73	\$73.87	\$5.68	NA	\$909.28	
Preventive - Child	\$936.07	\$51.71	\$3.97	NA	\$991.75	
Traditional - Child	\$943.70	\$51.71	\$3.97	NA	\$999.38	
Kaiser Permanente Standard - Child	\$704.98	\$51.71	\$3.97	NA	\$760.66	

**DOMESTIC PARTNER HEALTH INSURANCE
2026 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	\$1,169.83	\$59.62	\$4.53	\$10.25	\$1,233.98	\$1,239.70
Traditional - Domestic Partner	\$843.80	\$59.62	\$4.53	\$10.25	\$907.95	\$913.67
Kaiser Permanente Standard - Domestic Partner	\$877.98	\$59.62	\$4.53	\$10.25	\$942.13	\$947.85
Kaiser Permanente Deductible - Domestic Partner	\$809.16	\$59.62	\$4.53	\$10.25	\$873.31	\$879.03
Preventive - Child	\$935.87	\$41.74	\$3.17	\$7.18	\$980.78	\$984.79
Traditional - Child	\$842.87	\$41.74	\$3.17	\$7.18	\$887.78	\$891.79
Kaiser Permanente Standard - Child	\$702.39	\$41.74	\$3.17	\$7.18	\$747.30	\$751.31
Kaiser Permanente Deductible - Child	\$647.32	\$41.74	\$3.17	\$7.18	\$692.23	\$696.24
Fire Chiefs (LEOFF 2)	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$1,169.83	\$67.76	\$4.53	\$10.25	\$1,242.12	\$1,247.84
Traditional - Domestic Partner	\$843.80	\$67.76	\$4.49	\$10.25	\$916.05	\$921.81
Kaiser Permanente Standard - Domestic Partner	\$877.98	\$67.76	\$4.49	\$10.25	\$950.23	\$955.99
Kaiser Permanente Deductible - Domestic Partner	\$809.16	\$67.76	\$4.49	\$10.25	\$881.41	\$887.17
Preventive - Child	\$935.87	\$47.43	\$3.17	\$7.18	\$986.47	\$990.48
Traditional - Child	\$842.87	\$47.43	\$3.17	\$7.18	\$893.47	\$897.48
Kaiser Permanente Standard - Child	\$702.39	\$47.43	\$3.17	\$7.18	\$752.99	\$757.00
Kaiser Permanente Deductible - Child	\$647.32	\$47.43	\$3.17	\$7.18	\$697.92	\$701.93

**DOMESTIC PARTNER HEALTH INSURANCE
2026 MONTHLY TAXABLE VALUES**

CMEO Local 77	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$1,145.13	\$59.62	\$4.53	\$10.25	\$1,209.28	\$1,215.00
Traditional - Domestic Partner	\$1,041.40	\$59.62	\$4.53	\$10.25	\$1,105.55	\$1,111.27
Kaiser Permanente Standard - Domestic Partner	\$851.92	\$59.62	\$4.53	\$10.25	\$916.07	\$921.79
Kaiser Permanente Deductible - Domestic Partner	\$631.18	\$59.62	\$4.53	\$10.25	\$695.33	\$701.05
Preventive - Child	\$935.87	\$41.74	\$3.17	\$7.18	\$980.78	\$984.79
Traditional - Child	\$842.87	\$41.74	\$3.17	\$7.18	\$887.78	\$891.79
Kaiser Permanente Standard - Child	\$702.39	\$41.74	\$3.17	\$7.18	\$747.30	\$751.31
Kaiser Permanente Deductible - Child	\$647.32	\$41.74	\$3.17	\$7.18	\$692.23	\$696.24
CMEO Local 77	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$1,145.13	\$67.76	\$4.53	\$10.25	\$1,217.42	\$1,223.14
Traditional - Domestic Partner	\$1,041.40	\$67.76	\$4.53	\$10.25	\$1,113.69	\$1,119.41
Kaiser Permanente Standard - Domestic Partner	\$851.92	\$67.76	\$4.53	\$10.25	\$924.21	\$929.93
Kaiser Permanente Deductible - Domestic Partner	\$631.18	\$67.76	\$4.53	\$10.25	\$703.47	\$709.19
Preventive - Child	\$935.87	\$47.43	\$3.17	\$7.18	\$986.47	\$990.48
Traditional - Child	\$842.87	\$47.43	\$3.17	\$7.18	\$893.47	\$897.48
Kaiser Permanente Standard - Child	\$702.39	\$47.43	\$3.17	\$7.18	\$752.99	\$757.00
Kaiser Permanente Deductible - Child	\$647.32	\$47.43	\$3.17	\$7.18	\$697.92	\$701.93

DOMESTIC PARTNER HEALTH INSURANCE
2026 MONTHLY TAXABLE VALUES

SPMA Buy-up to SPOG	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,409.65	\$68.43	\$13.73	NA	\$1,491.81	
Traditional - Domestic Partner	\$1,269.40	\$68.43	\$13.73	NA	\$1,351.56	
Kaiser Permanente Standard - Domestic Partner	\$1,028.45	\$68.43	\$13.73	NA	\$1,110.61	
Kaiser Permanente Deductible - Domestic Partner	\$768.61	\$68.43	\$13.73	NA	\$850.77	
Preventive - Child	\$1,168.03	\$47.90	\$9.61	NA	\$1,225.54	
Traditional - Child	\$1,041.39	\$47.90	\$9.61	NA	\$1,098.90	
Kaiser Permanente Standard - Child	\$863.96	\$47.90	\$9.61	NA	\$921.47	
Kaiser Permanente Deductible - Child	\$640.42	\$47.90	\$9.61	NA	\$697.93	
SPMA Buy-up to SPOG	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,409.65	\$73.87	\$13.73	NA	\$1,497.25	
Traditional - Domestic Partner	\$1,269.40	\$73.87	\$13.73	NA	\$1,357.00	
Kaiser Permanente Standard - Domestic Partner	\$1,028.45	\$73.87	\$13.73	NA	\$1,116.05	
Kaiser Permanente Deductible - Domestic Partner	\$768.61	\$73.87	\$13.73	NA	\$856.21	
Preventive - Child	\$1,168.03	\$51.71	\$9.61	NA	\$1,229.35	
Traditional - Child	\$1,041.39	\$51.71	\$9.61	NA	\$1,102.71	
Kaiser Permanente Standard - Child	\$863.96	\$51.71	\$9.61	NA	\$925.28	
Kaiser Permanente Deductible - Child	\$640.42	\$51.71	\$9.61	NA	\$701.74	

DOMESTIC PARTNER HEALTH INSURANCE
2026 MONTHLY TAXABLE VALUES

SPMA LEOFF 1 City Employees	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$1,119.45	\$59.62	\$4.53	\$10.25	\$1,183.60	\$1,189.32
Traditional - Domestic Partner	\$1,021.24	\$59.62	\$4.53	\$10.25	\$1,085.39	\$1,091.11
Kaiser Permanente Standard - Domestic Partner	\$826.48	\$59.62	\$4.53	\$10.25	\$890.63	\$896.35
Kaiser Permanente Deductible - Domestic Partner	\$777.24	\$59.62	\$4.53	\$10.25	\$841.39	\$847.11
Preventive - Child	\$935.87	\$41.74	\$3.17	\$7.18	\$980.78	\$984.79
Traditional - Child	\$842.87	\$41.74	\$3.17	\$7.18	\$887.78	\$891.79
Kaiser Permanente Standard - Child	\$702.39	\$41.74	\$3.17	\$7.18	\$747.30	\$751.31
Kaiser Permanente Deductible - Child	\$647.32	\$41.74	\$3.17	\$7.18	\$692.23	\$696.24
SPMA LEOFF 1 City Employees	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$1,119.45	\$67.76	\$4.53	\$10.25	\$1,191.74	\$1,197.46
Traditional - Domestic Partner	\$1,021.24	\$67.76	\$4.53	\$10.25	\$1,093.53	\$1,099.25
Kaiser Permanente Standard - Domestic Partner	\$826.48	\$67.76	\$4.53	\$10.25	\$898.77	\$904.49
Kaiser Permanente Deductible - Domestic Partner	\$777.24	\$67.76	\$4.53	\$10.25	\$849.53	\$855.25
Preventive - Child	\$935.87	\$47.43	\$3.17	\$7.18	\$986.47	\$990.48
Traditional - Child	\$842.87	\$47.43	\$3.17	\$7.18	\$893.47	\$897.48
Kaiser Permanente Standard - Child	\$702.39	\$47.43	\$3.17	\$7.18	\$752.99	\$757.00
Kaiser Permanente Deductible - Child	\$647.32	\$47.43	\$3.17	\$7.18	\$697.92	\$701.93

2026 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: \$0.116 per \$1,000 of benefit**

City Share: \$.046
 Employee Deduction: \$0.070

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

Age	Premium	Age	Premium
Under 25	\$0.032		
25 - 29	\$0.032	50 - 54	\$0.227
30 - 34	\$0.047	55 - 59	\$0.354
35 - 39	\$0.063	60 - 64	\$0.541
40 - 44	\$0.088	65+	\$0.942
45 - 49	\$0.149		

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 \$9,333 of insured earnings

EMPLOYEE ASSISTANCE PROGRAM
ComPsych

2026 cost per budgeted position: **\$17.40**