AETNA TRADITIONAL PLAN - 2024RATES Effective January 1 - December 31, 2024				
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	\$1,747.52	\$1,747.52	\$1,747.52	\$1,782.47
City Share & RSR Contribution	\$1,747.52	\$1,715.18	\$0.00	\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$32.34</b>	<b>\$1,747.52</b>	<b>\$1,782.47</b>
LEOFF I (Non-Represented)	\$1,419.95	\$1,419.95	N/A	\$1,448.35
City Share & RSR Contribution	\$1,419.95	\$1,387.61		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$32.34</b>		<b>\$1,448.35</b>
LEOFF II (Non-Represented)	\$1,747.52	\$1,747.52	N/A	\$1,782.47
City Share & RSR Contribution	\$1,747.52	\$1,715.18		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$32.34</b>		<b>\$1,782.47</b>
SPMA (LEOFF I)	\$1,419.95	\$1,419.95	N/A	\$1,448.35
City Share & RSR Contribution	\$1,419.95	\$1,387.61		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$32.34</b>		<b>\$1,448.35</b>
SPMA (LEOFF II)	\$1,747.52	\$1,747.52	N/A	\$1,782.47
City Share & RSR Contribution	\$1,747.52	\$1,715.18		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$32.34</b>		<b>\$1,782.47</b>
SPMA Buy Up to SPOG Plan (LEOFF II)	\$2,171.62	\$2,171.62	N/A	\$2,215.05
City Share & RSR Contribution	\$1,747.52	\$1,715.18		\$0.00
Employee Deduction	<b>\$424.10</b>	<b>\$456.44</b>		<b>\$2,215.05</b>
<b>Local 77</b>	\$2,477.29	\$2,477.29	N/A	\$2,526.84
City Share	\$2,229.55	\$2,229.55		\$0.00
Employee Deduction	<b>\$247.74</b>	<b>\$247.74</b>		<b>\$2,526.84</b>
<b>Local 77 - Most Plan Design</b>	\$1,956.59	\$1,956.59	N/A	\$1,995.72
City Share	\$1,956.59	\$1,924.25		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$32.34</b>		<b>\$1,995.72</b>
<b>CMEO / Material Controllers (080 &amp; 079)</b>	\$1,747.52	\$1,747.52	N/A	\$1,782.47
City Share	\$1,738.62	\$1,721.76		\$0.00
Employee Deduction	<b>\$8.90</b>	<b>\$25.76</b>		<b>\$1,782.47</b>
SPOG (LEOFF II)	\$2,171.62	\$2,171.62	N/A	\$2,215.05
City Share	\$2,063.04	\$2,063.04		\$0.00
Employee Deduction	<b>\$108.58</b>	<b>\$108.58</b>		<b>\$2,215.05</b>
Fire Chiefs (LEOFF II)	\$1,747.52	\$1,747.52	N/A	\$1,782.47
City Share	\$1,747.52	\$1,572.76		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$174.76</b>		<b>\$1,782.47</b>

## KAISER PERMANENTE STANDARD - 2024 RATES Effective January 1 - December 31, 2024

Effective January 1 - December 31, 2024					
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	\$1,395.08	\$1,395.08	\$1,395.08	\$1,422.98	
City Share & RSR Contribution	\$1,346.68	\$1,295.18	\$0.00	\$0.00	
Employee Deduction	<b>\$48.40</b>	<b>\$99.90</b>	<b>\$1,395.08</b>	<b>\$1,422.98</b>	
LEOFF I (Non Represented)	\$1,395.08	\$1,395.08	N/A	\$1,422.98	
City Share & RSR Contribution	\$1,395.08	\$1,343.58		\$0.00	
Employee Deduction	<b>\$0.00</b>	<b>\$51.50</b>		<b>\$1,422.98</b>	
LEOFF II (Non Represented)	\$1,395.08	\$1,395.08	N/A	\$1,422.98	
City Share & RSR Contribution	\$1,346.68	\$1,295.18		\$0.00	
Employee Deduction	<b>\$48.40</b>	<b>\$99.90</b>		<b>\$1,422.98</b>	
SPMA (LEOFF I)	\$1,395.08	\$1,395.08	N/A	\$1,422.98	
City Share & RSR Contribution	\$1,395.08	\$1,343.58		\$0.00	
Employee Deduction	<b>\$0.00</b>	<b>\$51.50</b>		<b>\$1,422.98</b>	
SPMA (LEOFF II)	\$1,395.08	\$1,395.08	N/A	\$1,422.98	
City Share & RSR Contribution	\$1,346.68	\$1,295.18		\$0.00	
Employee Deduction	<b>\$48.40</b>	<b>\$99.90</b>		<b>\$1,422.98</b>	
SPMA Buy up to SPOG Plan (LEOFF II)	\$1,723.35	\$1,723.35	N/A	\$1,757.82	
City Share & RSR Contribution	\$1,346.67	\$1,295.17		\$0.00	
Employee Deduction	<b>\$376.68</b>	<b>\$428.18</b>		<b>\$1,757.82</b>	
<b>Local 77</b>	\$1,584.34	\$1,584.34	N/A	\$1,616.03	
City Share	\$1,425.90	\$1,425.90		\$0.00	
Employee Deduction	<b>\$158.44</b>	<b>\$158.44</b>		<b>\$1,616.03</b>	
<b>Local 77 - Most Plan Design</b>	\$1,400.23	\$1,400.23	N/A	\$1,428.23	
City Share	\$1,351.83	\$1,300.33		\$0.00	
Employee Deduction	<b>\$48.40</b>	<b>\$99.90</b>		<b>\$1,428.23</b>	
<b>CMEO / Material Controllers (080 &amp; 079)</b>	\$1,395.08	\$1,395.08		\$1,422.98	
City Share	\$1,364.98	\$1,330.76		\$0.00	
Employee Deduction	<b>\$30.10</b>	<b>\$64.32</b>		<b>\$1,422.98</b>	
<b>SPOG (LEOFF II)</b>	\$1,723.35	\$1,723.35	N/A	\$1,757.82	
City Share	\$1,637.17	\$1,637.17		\$0.00	
Employee Deduction	<b>\$86.18</b>	<b>\$86.18</b>		<b>\$1,757.82</b>	
Fire Chiefs (LEOFF II)	\$1,395.08	\$1,395.08	N/A	\$1,422.98	
City Share	\$1,255.56	\$1,255.56		\$0.00	
Employee Deduction	<b>\$139.52</b>	<b>\$139.52</b>		<b>\$1,422.98</b>	

FINAL	2024	RATES
		101160

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	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$1,285.71	\$1,285.71	\$1,285.71	\$1,311.42
City Share & RSR Contribution	\$1,260.71	\$1,228.79	\$0.00	\$0.00
Employee Deduction	<b>\$25.00</b>	<b>\$56.92</b>	<b>\$1,285.71</b>	<b>\$1,311.42</b>
LEOFF I (Non-Represented)	\$1,285.71	\$1,285.71	N/A	\$1,311.42
City Share & RSR Contribution	\$1,285.71	\$1,253.79		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$31.92</b>		<b>\$1,311.42</b>
LEOFF II (Non-Represented)	\$1,285.71	\$1,285.71	N/A	\$1,311.42
City Share & RSR Contribution	\$1,260.71	\$1,228.79		\$0.00
Employee Deduction	<b>\$25.00</b>	<b>\$56.92</b>		<b>\$1,311.42</b>
SPMA (LEOFF I)	\$1,285.71	\$1,285.71	N/A	\$1,311.42
City Share & RSR Contribution	\$1,285.71	\$1,253.79		\$0.00
Employee Deduction	<b>\$0</b>	<b>\$31.92</b>		<b>\$1,311.42</b>
SPMA (LEOFF II)	\$1,285.71	\$1,285.71	N/A	\$1,311.42
City Share & RSR Contribution	\$1,260.71	\$1,228.79		\$0.00
Employee Deduction	<b>\$25.00</b>	<b>\$56.92</b>		<b>\$1,311.42</b>
SPMA Buy up to SPOG Plan (LEOFF II)	\$1,277.46	\$1,277.46	N/A	\$1,303.01
City Share & RSR Contribution	\$1,260.70	\$1,228.78		\$0.00
Employee Deduction	<b>\$16.76</b>	<b>\$48.68</b>		<b>\$1,303.01</b>
Local 77	N/A	N/A	N/A	N/A
<b>CMEO / Material Controllers (080 &amp; 079)</b>	\$1,285.71	\$1,285.71		\$1,311.42
City Share	\$1,270.97	\$1,249.77		\$0.00
Employee Deduction	<b>\$14.74</b>	<b>\$35.94</b>		<b>\$1,311.42</b>
SPOG (LEOFF II)	\$1,277.46	\$1,277.46	N/A	\$1,303.01
City Share	\$1,213.58	\$1,213.58		\$0.00
Employee Deduction	<b>\$63.88</b>	<b>\$63.88</b>		<b>\$1,303.01</b>
Fire Chiefs (LEOFF II)	\$1,285.71	\$1,285.71	N/A	\$1,311.42
City Share	\$1,157.13	\$1,157.13		\$0.00
Employee Deduction	<b>\$128.58</b>	<b>\$128.58</b>		<b>\$1,311.42</b>

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	TES Employee	COBRA Rate
Most Employee, Library, & SHA	\$1,929.24	\$1,929.24	\$1,929.24	\$1,967.82
City Share & RSR Contribution	\$1,881.12	\$1,830.74	\$0.00	\$0.00
Employee Deduction	<b>\$48.12</b>	<b>\$98.50</b>	<b>\$1,929.24</b>	<b>\$1,967.82</b>
LEOFF I (Non-Represented)	\$1,929.24	\$1,929.24	N/A	\$1,967.82
City Share & RSR Contribution	\$1,929.24	\$1,878.86		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$50.38</b>		<b>\$1,967.82</b>
LEOFF II (Non-Represented)	\$1,929.24	\$1,929.24	N/A	\$1,967.82
City Share & RSR Contribution	\$1,881.12	\$1,830.74		\$0.00
Employee Deduction	<b>\$48.12</b>	<b>\$98.50</b>		<b>\$1,967.82</b>
SPMA (LEOFF I)	\$1,929.24	\$1,929.24	N/A	\$1,967.82
City Share & RSR Contribution	\$1,929.24	\$1,878.86		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$50.38</b>		<b>\$1,967.82</b>
SPMA (LEOFF II)	\$1,929.24	\$1,929.24	N/A	\$1,967.82
City Share & RSR Contribution	\$1,881.12	\$1,830.74		\$0.00
Employee Deduction	<b>\$48.12</b>	<b>\$98.50</b>		<b>\$1,967.82</b>
SPMA Buy up to SPOG Plan (LEOFF II)	\$2,435.69	\$2,435.69	N/A	\$2,484.40
City Share & RSR Contribution	\$1,881.11	\$1,830.75		\$0.00
Employee Deduction	<b>\$554.58</b>	<b>\$604.94</b>		<b>\$2,484.40</b>
Local 77 City Share Employee Deduction	\$2,418.92 \$2,177.02 <b>\$241.90</b>	\$2,418.92 \$2,177.02 <b>\$241.90</b>	N/A	\$2,467.30 \$0.00
Local 77 - Most Plan Design City Share Employee Deduction	\$241.90 \$1,929.66 \$1,881.54 <b>\$48.12</b>	\$241.90 \$1,929.66 \$1,831.16 <b>\$98.50</b>	N/A	\$2,467.30 \$1,968.25 \$0.00 \$1,968.25
<b>CMEO / Material Controllers (080 &amp; 079)</b>	\$1,929.24	\$1,929.24	N/A	\$1,967.82
City Share	\$1,895.10	\$1,861.60		\$0.00
Employee Deduction	<b>\$34.14</b>	<b>\$67.64</b>		<b>\$1,967.82</b>
SPOG (LEOFF II)	\$2,435.69	\$2,435.69	N/A	\$2,484.40
City Share	\$2,313.91	\$2,313.91		\$0.00
Employee Deduction	<b>\$121.78</b>	<b>\$121.78</b>		<b>\$2,484.40</b>
Fire Chiefs (LEOFF II)	\$1,929.24	\$1,929.24	N/A	\$1,967.82
City Share	\$1,736.32	\$1,736.32		\$0.00
Employee Deduction	<b>\$192.92</b>	<b>\$192.92</b>		<b>\$1,967.82</b>

DELTA DENTAL OF WA 2024 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	\$120.66	\$120.66	\$120.66	\$123.07
City Share	\$120.66	\$120.66	\$0.00	\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$120.66</b>	<b>\$123.07</b>
<b>LEOFF II (Non-Represented)</b>	\$120.66	\$120.66	N/A	\$123.07
City Share	\$120.66	\$120.66		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$123.07</b>
SPMA (LEOFF I & II)	\$120.66	\$120.66	N/A	\$123.07
City Share	\$120.66	\$120.66		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$123.07</b>
SPMA Buy up to SPOG Plan (LEOFF II)	\$138.87	\$138.87	N/A	\$141.65
City Share & RSR Contribution	\$120.65	\$120.65		\$0.00
Employee Deduction	<b>\$18.22</b>	<b>\$18.22</b>		<b>\$141.65</b>
Local 77	\$124.88	\$124.88	N/A	\$127.38
City Share	\$124.88	\$124.88		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$127.38</b>
<b>CMEO / Material Controllers (080 &amp; 079)</b>	\$119.72	\$119.72	N/A	\$122.11
City Share	\$119.72	\$119.72		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$122.11</b>
<b>SPOG (LEOFF II)</b>	\$138.87	\$138.87	N/A	\$141.65
City Share	\$138.87	\$138.87		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$141.65</b>
Fire Chiefs (LEOFF II)	\$120.66	\$120.66	N/A	\$123.07
City Share	\$105.21	\$105.21		\$0.00
Employee Deduction	<b>\$12.06</b>	<b>\$12.06</b>		<b>\$123.07</b>

DENTAL HEALTH SERVICES 2024 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	\$142.65	\$142.65	\$142.66	\$145.50	
City Share	\$142.65	\$142.65	\$0.00	\$0.00	
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$142.66</b>	<b>\$145.50</b>	
<b>LEOFF II (Non-Represented)</b>	\$142.65	\$142.65	N/A	\$145.50	
City Share	\$142.65	\$142.65		\$0.00	
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$145.50</b>	
SPMA (LEOFF I & II)	\$142.65	\$142.65	N/A	\$145.50	
City Share	\$142.65	\$142.65		\$0.00	
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$145.50</b>	
SPMA Buy up to SPOG Plan (LEOFF II)	\$152.00	\$152.00	N/A	\$155.04	
City Share & RSR Contribution	\$142.64	\$142.64		\$0.00	
Employee Deduction	<b>\$9.36</b>	<b>\$9.36</b>		<b>\$155.04</b>	
Local 77	\$152.00	\$152.00	N/A	\$155.04	
City Share	\$152.00	\$152.00		\$0.00	
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$155.04</b>	
<b>CMEO / Material Controllers (080 &amp; 079)</b>	\$142.65	\$142.65	N/A	\$145.50	
City Share	\$142.65	\$142.65		\$0.00	
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$145.50</b>	
SPOG (LEOFF II)	\$152.00	\$152.00	N/A	\$155.04	
City Share	\$152.00	\$152.00		\$0.00	
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$155.04</b>	
Fire Chiefs (LEOFF II)	\$142.65	\$142.65	N/A	\$145.50	
City Share	\$128.39	\$128.39		\$0.00	
Employee Deduction	<b>\$14.26</b>	<b>\$14.26</b>		<b>\$145.50</b>	

VISION SERVICE BASIC PLAN 2024 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	\$9.48	\$9.66
City Share	\$9.47	\$9.47	\$0.00	\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$9.48</b>	<b>\$9.66</b>
<b>LEOFF II (Non-Represented)</b>	\$9.47	\$9.47	N/A	\$9.66
City Share	\$9.47	\$9.47		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$9.66</b>
SPMA (LEOFF I & II)	\$9.47	\$9.47	N/A	\$9.66
City Share	\$9.47	\$9.47		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$9.66</b>
SPMA Buy up to SPOG Plan	\$28.85	\$28.85	N/A	\$29.43
City Share & RSR Contribution	\$9.47	\$9.47		\$0.00
Employee Deduction	<b>\$19.38</b>	<b>\$19.38</b>		<b>\$29.43</b>
Local 77	\$11.87	\$11.87	N/A	\$12.11
City Share	\$11.87	\$11.87		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$12.11</b>
<b>CMEO / Material Controllers (080 &amp; 079)</b>	\$9.47	\$9.47	N/A	\$9.66
City Share	\$9.47	\$9.47		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$9.66</b>
<b>SPOG (LEOFF II)</b>	\$28.85	\$28.85	N/A	\$29.43
City Share	\$28.85	\$28.85		\$0.00
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$29.43</b>
Fire Chiefs (LEOFF II)	\$9.47	\$9.47	N/A	\$9.66
City Share	\$8.53	\$8.53		\$0.00
Employee Deduction	<b>\$0.94</b>	<b>\$0.94</b>		<b>\$9.66</b>

VISION SERVICE BUY UP PLAN 2024 RATES					
Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	TES Employee	COBRA Rate	
Most Employee, Library, & SHA City Share Employee Deduction	\$19.85 \$9.47 <b>\$10.38</b>	\$19.85 \$9.47 <b>\$10.38</b>	\$19.86 <b>\$19.86</b>	\$20.25 \$0.00 <b>\$20.25</b>	
<b>LEOFF II (Non-Represented)</b> City Share Employee Deduction	\$19.85 \$9.47 <b>\$10.38</b>	\$19.85 \$9.47 <b>\$10.38</b>	N/A	\$20.25 \$0.00 <b>\$20.25</b>	
SPMA (LEOFF I & II) City Share Employee Deduction	\$19.85 \$9.47 <b>\$10.38</b>	\$19.85 \$9.47 <b>\$10.38</b>	N/A	\$20.25 \$0.00 <b>\$20.25</b>	
<b>Local 77</b> City Share Employee Deduction	N/A	N/A	N/A	N/A	
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$19.85 \$9.47 <b>\$10.38</b>	\$19.85 \$9.47 <b>\$10.38</b>	N/A	\$20.25 \$0.00 <b>\$20.25</b>	
SPOG (LEOFF II) City Share Employee Deduction	N/A	N/A	N/A	N/A	
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$19.85 \$9.47 <b>\$10.38</b>	\$19.85 \$9.47 <b>\$10.38</b>	N/A	\$20.25 \$0.00 <b>\$20.25</b>	

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	

		THLY TAXABLE VALUES		ſ		
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	
Preventive - Child Traditional - Child	\$774.41 \$785.22	\$50.53 \$50.53	\$3.95 \$3.95	NA NA	\$828.89 \$839.70	

\$50.53

\$561.94

\$3.95

NA

\$616.42

Kaiser Permanente Standard - Child

	DOMESTIC PARTNER					
					Total with	Total with
Fire Chiefs (LEOFF 2)	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Vision Basic	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
					Total with	Total with
Fire Chiefs (LEOFF 2 )	Medical	DHS	Vision Basic	Vision Buy-Up		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 RATE	ES		INAL 2024 RATE
ACC	IDENTAL DEATH & DISMEMI Securian Fina			
Monthly Premium: Fully paid by employee				
Employee Only Coverage: Employee & Family Coverage:		0.03 per \$1,000 of Benefit 0.04 per \$1,000 of Benefit		
	GROUP TERM LIFE II Securian Fina			
Basic Coverage: Monthly Premium: \$0.075 per \$1,000 c	of benefit			
	ity Share: \$.030 mployee Deduction: \$0.045	.5		
Supplemental Coverage: Monthly Premium per \$1,000 o	of coverage			
Age Under 25	Premium \$0.024	Age	Premium	
25 - 29	\$0.024	50 - 54	\$0.171	
30 - 34	\$0.035	55 - 59	\$0.266 \$0.407	
35 - 39 40 - 44	\$0.047 \$0.066	60 - 64 65+	\$0.407 \$0.708	
40 - 44 45 - 49	\$0.066 \$0.112	65+	\$0.708	
Dependent Child Supplemental Life (one premium covers				
	Coverage Amount	Premium		
	\$2,000 \$5,000	\$0.36 \$0.00		
	\$5,000 \$10,000	\$0.90 \$1.80		
	LONG-TERM DISABILIT The Hartfor			
Non-Uniformed Employees Plan Monthly Premium:				
City-Paid Basic Coverage: Employee-Paid Optional Coverage:	.142% of first \$667 of i .384% of next \$7,666 c			
	EMPLOYEE ASSISTANC Resources for I			
2024 cost per budgeted position:	\$22.44			