

AETNA TRADITIONAL PLAN - 2025 RATES

Effective January 1 - December 31, 2025

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$1,928.38	\$1,928.38	\$1,966.95
City Share & RSR Contribution	\$1,928.38	\$1,896.04	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,966.95
LEOFF I (Non-Represented)	\$1,566.90	\$1,566.90	\$1,598.24
City Share & RSR Contribution	\$1,566.90	\$1,534.56	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,598.24
LEOFF II (Non-Represented)	\$1,928.38	\$1,928.38	\$1,966.95
City Share & RSR Contribution	\$1,928.38	\$1,896.04	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,966.95
SPMA (LEOFF I)	\$1,566.90	\$1,566.90	\$1,598.24
City Share & RSR Contribution	\$1,566.90	\$1,534.56	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,598.24
SPMA (LEOFF II)	\$1,928.38	\$1,928.38	\$1,966.95
City Share & RSR Contribution	\$1,928.38	\$1,896.04	\$0.00
Employee Deduction	\$0.00	\$32.34	\$1,966.95
SPMA Buy Up to SPOG Plan (LEOFF II)	\$2,382.58	\$2,382.58	\$2,430.23
City Share & RSR Contribution	\$1,928.38	\$1,896.04	\$0.00
Employee Deduction	\$454.20	\$486.54	\$2,430.23
Local 77	\$2,733.67	\$2,733.67	\$2,788.34
City Share	\$2,460.29	\$2,460.29	\$0.00
Employee Deduction	\$273.38	\$273.38	\$2,788.34
Local 77 - Most Plan Design	\$2,159.08	\$2,159.08	\$2,202.26
City Share	\$2,159.08	\$2,126.74	\$0.00
Employee Deduction	\$0.00	\$32.34	\$2,202.26
CMEO / Material Controllers (080 & 079)	\$1,928.38	\$1,928.38	\$1,966.95
City Share	\$1,912.04	\$1,897.70	\$0.00
Employee Deduction	\$16.34	\$30.68	\$1,966.95
SPOG (LEOFF II)	\$2,382.58	\$2,382.58	\$2,430.23
City Share	\$2,263.44	\$2,263.44	\$0.00
Employee Deduction	\$119.14	\$119.14	\$2,430.23
Fire Chiefs (LEOFF II)	\$1,928.38	\$1,928.38	\$1,966.95
City Share	\$1,928.38	\$1,735.54	\$0.00
Employee Deduction	\$0.00	\$192.84	\$1,966.95

KAISER PERMANENTE STANDARD - 2025 RATES

Effective January 1 - December 31, 2025

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$1,572.69	\$1,572.69	\$1,604.14
City Share & RSR Contribution	\$1,524.29	\$1,472.79	\$0.00
Employee Deduction	\$48.40	\$99.90	\$1,604.14
LEOFF I (Non Represented)	\$1,572.69	\$1,572.69	\$1,604.14
City Share & RSR Contribution	\$1,572.69	\$1,521.19	\$0.00
Employee Deduction	\$0.00	\$51.50	\$1,604.14
LEOFF II (Non Represented)	\$1,572.69	\$1,572.69	\$1,604.14
City Share & RSR Contribution	\$1,524.29	\$1,472.79	\$0.00
Employee Deduction	\$48.40	\$99.90	\$1,604.14
SPMA (LEOFF I)	\$1,572.69	\$1,572.69	\$1,604.14
City Share & RSR Contribution	\$1,572.69	\$1,521.19	\$0.00
Employee Deduction	\$0.00	\$51.50	\$1,604.14
SPMA (LEOFF II)	\$1,572.69	\$1,572.69	\$1,604.14
City Share & RSR Contribution	\$1,524.29	\$1,472.79	\$0.00
Employee Deduction	\$48.40	\$99.90	\$1,604.14
SPMA Buy up to SPOG Plan (LEOFF II)	\$1,934.46	\$1,934.46	\$1,973.15
City Share & RSR Contribution	\$1,448.35	\$1,472.78	\$0.00
Employee Deduction	\$410.18	\$461.68	\$1,973.15
Local 77	\$1,786.05	\$1,786.05	\$1,821.77
City Share	\$1,607.43	\$1,607.43	\$0.00
Employee Deduction	\$178.62	\$178.62	\$1,821.77
Local 77 - Most Plan Design	\$1,578.50	\$1,578.50	\$1,610.07
City Share	\$1,530.10	\$1,478.60	\$0.00
Employee Deduction	\$48.40	\$99.90	\$1,610.07
CMEO / Material Controllers (080 & 079)	\$1,572.69	\$1,572.69	\$1,604.14
City Share	\$1,536.23	\$1,506.37	\$0.00
Employee Deduction	\$36.46	\$66.32	\$1,604.14
SPOG (LEOFF II)	\$1,934.46	\$1,934.46	\$1,973.15
City Share	\$1,837.74	\$1,837.74	\$0.00
Employee Deduction	\$96.72	\$96.72	\$1,973.15
Fire Chiefs (LEOFF II)	\$1,572.69	\$1,572.69	\$1,604.14
City Share	\$1,415.41	\$1,415.41	\$0.00
Employee Deduction	\$157.28	\$157.28	\$1,604.14

KAISER PERMANENTE DEDUCTIBLE - 2025 RATES

Effective January 1 - December 31, 2025

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$1,449.40	\$1,449.40	\$1,478.39
City Share & RSR Contribution	\$1,424.40	\$1,392.48	\$0.00
Employee Deduction	\$25.00	\$56.92	\$1,478.39
LEOFF I (Non-Represented)	\$1,449.40	\$1,449.40	\$1,478.39
City Share & RSR Contribution	\$1,449.40	\$1,417.48	\$0.00
Employee Deduction	\$0.00	\$31.92	\$1,478.39
LEOFF II (Non-Represented)	\$1,449.40	\$1,449.40	\$1,478.39
City Share & RSR Contribution	\$1,424.40	\$1,392.48	\$0.00
Employee Deduction	\$25.00	\$56.92	\$1,478.39
SPMA (LEOFF I)	\$1,449.40	\$1,449.40	\$1,478.39
City Share & RSR Contribution	\$1,449.40	\$1,417.48	\$0.00
Employee Deduction	\$0	\$31.92	\$1,478.39
SPMA (LEOFF II)	\$1,449.40	\$1,449.40	\$1,478.39
City Share & RSR Contribution	\$1,424.40	\$1,392.48	\$0.00
Employee Deduction	\$25.00	\$56.92	\$1,478.39
SPMA Buy up to SPOG Plan (LEOFF II)	\$1,433.95	\$1,433.95	\$1,462.63
City Share & RSR Contribution	\$1,424.39	\$1,392.47	\$0.00
Employee Deduction	\$9.56	\$41.48	\$1,462.63
Local 77	N/A	N/A	N/A
CMEO / Material Controllers (080 & 079)	\$1,449.40	\$1,449.40	\$1,478.39
City Share	\$1,427.14	\$1,408.64	\$0.00
Employee Deduction	\$22.26	\$40.76	\$1,478.39
SPOG (LEOFF II)	\$1,433.95	\$1,433.95	\$1,462.63
City Share	\$1,362.25	\$1,362.25	\$0.00
Employee Deduction	\$71.70	\$71.70	\$1,462.63
Fire Chiefs (LEOFF II)	\$1,449.40	\$1,449.40	\$1,478.39
City Share	\$1,304.46	\$1,304.46	\$0.00
Employee Deduction	\$144.94	\$144.94	\$1,478.39

AETNA PREVENTIVE PLAN - 2025 RATES
Effective January 1 - December 31, 2025

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$2,141.15	\$2,141.15	\$2,183.97
City Share & RSR Contribution	\$2,093.03	\$2,042.65	\$0.00
Employee Deduction	\$48.12	\$98.50	\$2,183.97
LEOFF I (Non-Represented)	\$2,141.15	\$2,141.15	\$2,183.97
City Share & RSR Contribution	\$2,141.15	\$2,090.77	\$0.00
Employee Deduction	\$0.00	\$50.38	\$2,183.97
LEOFF II (Non-Represented)	\$2,141.15	\$2,141.15	\$2,183.97
City Share & RSR Contribution	\$2,093.03	\$2,042.65	\$0.00
Employee Deduction	\$48.12	\$98.50	\$2,183.97
SPMA (LEOFF I)	\$2,141.15	\$2,141.15	\$2,183.97
City Share & RSR Contribution	\$2,141.15	\$2,090.77	\$0.00
Employee Deduction	\$0.00	\$50.38	\$2,183.97
SPMA (LEOFF II)	\$2,141.15	\$2,141.15	\$2,183.97
City Share & RSR Contribution	\$2,093.03	\$2,042.65	\$0.00
Employee Deduction	\$48.12	\$98.50	\$2,183.97
SPMA Buy up to SPOG Plan (LEOFF II)	\$2,672.30	\$2,672.30	\$2,725.75
City Share & RSR Contribution	\$2,093.02	\$2,042.64	\$0.00
Employee Deduction	\$579.28	\$629.66	\$2,725.75
Local 77	\$2,684.62	\$2,684.62	\$2,738.31
City Share	\$2,416.16	\$2,416.16	\$0.00
Employee Deduction	\$268.46	\$268.46	\$2,738.31
Local 77 - Most Plan Design	\$2,141.62	\$2,141.62	\$2,184.45
City Share	\$2,093.50	\$2,043.12	\$0.00
Employee Deduction	\$48.12	\$98.50	\$2,184.45
CMEO / Material Controllers (080 & 079)	\$2,141.15	\$2,141.15	\$2,183.97
City Share	\$2,100.59	\$2,072.33	\$0.00
Employee Deduction	\$40.56	\$68.82	\$2,183.97
SPOG (LEOFF II)	\$2,672.30	\$2,672.30	\$2,725.75
City Share	\$2,538.68	\$2,538.68	\$0.00
Employee Deduction	\$133.62	\$133.62	\$2,725.75
Fire Chiefs (LEOFF II)	\$2,141.15	\$2,141.15	\$2,183.97
City Share	\$1,927.03	\$1,927.03	\$0.00
Employee Deduction	\$214.12	\$214.12	\$2,183.97

DELTA DENTAL OF WA 2025 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$121.85	\$121.85	\$124.29
City Share	\$121.85	\$121.85	\$0.00
Employee Deduction	\$0.00	\$0.00	\$124.29
LEOFF II (Non-Represented)	\$121.85	\$121.85	\$124.29
City Share	\$121.85	\$121.85	\$0.00
Employee Deduction	\$0.00	\$0.00	\$124.29
SPMA (LEOFF I & II)	\$121.85	\$121.85	\$124.29
City Share	\$121.85	\$121.85	\$0.00
Employee Deduction	\$0.00	\$0.00	\$124.29
SPMA Buy up to SPOG Plan (LEOFF II)	\$139.85	\$139.85	\$142.65
City Share & RSR Contribution	\$121.85	\$121.85	\$0.00
Employee Deduction	\$18.00	\$18.00	\$142.65
Local 77	\$126.12	\$126.12	\$128.64
City Share	\$126.12	\$126.12	\$0.00
Employee Deduction	\$0.00	\$0.00	\$128.64
CMEO / Material Controllers (080 & 079)	\$120.91	\$120.91	\$123.33
City Share	\$120.91	\$120.91	\$0.00
Employee Deduction	\$0.00	\$0.00	\$123.33
SPOG (LEOFF II)	\$139.85	\$139.85	\$142.65
City Share	\$139.85	\$139.85	\$0.00
Employee Deduction	\$0.00	\$0.00	\$142.65
Fire Chiefs (LEOFF II)	\$121.85	\$121.85	\$124.29
City Share	\$109.67	\$109.67	\$0.00
Employee Deduction	\$12.18	\$12.18	\$124.29

DENTAL HEALTH SERVICES 2025 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)	\$155.50	\$155.50	\$158.61
City Share & RSR Contribution	\$142.65	\$142.65	\$0.00
Employee Deduction	\$12.85	\$12.85	\$158.61
Local 77	\$155.50	\$155.50	\$158.61
City Share	\$155.50	\$155.50	\$0.00
Employee Deduction	\$0.00	\$0.00	\$158.61
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)	\$155.50	\$155.50	\$158.61
City Share	\$155.50	\$155.50	\$0.00
Employee Deduction	\$0.00	\$0.00	\$158.61
Fire Chiefs (LEOFF II)	\$142.65	\$142.65	\$145.50
City Share	\$128.37	\$128.37	\$0.00
Employee Deduction	\$14.26	\$14.26	\$145.50

VISION SERVICE BASIC PLAN 2025 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 2025 RATES

Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	COBRA Rate
Most Employee, Library, & SHA	\$20.39	\$20.39	\$20.80
City Share	\$9.47	\$9.47	\$0.00
Employee Deduction	\$10.92	\$10.92	\$20.80
LEOFF II (Non-Represented)	\$20.39	\$20.39	\$20.80
City Share	\$9.47	\$9.47	\$0.00
Employee Deduction	\$10.92	\$10.92	\$20.80
SPMA (LEOFF I & II)	\$20.39	\$20.39	\$20.80
City Share	\$9.47	\$9.47	\$0.00
Employee Deduction	\$10.92	\$10.92	\$20.80
Local 77	N/A	N/A	N/A
City Share			
Employee Deduction			
CMEO / Material Controllers (080 & 079)	\$20.39	\$20.39	\$20.80
City Share	\$9.47	\$9.47	\$0.00
Employee Deduction	\$10.92	\$10.92	\$20.80
SPOG (LEOFF II)	N/A	N/A	N/A
City Share			
Employee Deduction			
Fire Chiefs (LEOFF II)	\$20.39	\$20.39	\$20.80
City Share	\$9.47	\$9.47	\$0.00
Employee Deduction	\$10.92	\$10.92	\$20.80

**DOMESTIC PARTNER HEALTH INSURANCE
2025 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	\$1,022.60	\$57.77	\$4.49	\$9.67	\$1,084.86	\$1,090.04
Traditional - Domestic Partner	\$934.02	\$57.77	\$4.49	\$9.67	\$996.28	\$1,001.46
Kaiser Permanente Standard - Domestic Partner	\$736.61	\$57.77	\$4.49	\$9.67	\$798.87	\$804.05
Kaiser Permanente Deductible - Domestic Partner	\$694.41	\$57.77	\$4.49	\$9.67	\$756.67	\$761.85
Preventive - Child	\$858.38	\$40.44	\$3.14	\$6.77	\$901.96	\$905.59
Traditional - Child	\$773.08	\$40.44	\$3.14	\$6.77	\$816.66	\$820.29
Kaiser Permanente Standard - Child	\$630.49	\$40.44	\$3.14	\$6.77	\$674.07	\$677.70
Kaiser Permanente Deductible - Child	\$581.06	\$40.44	\$3.14	\$6.77	\$624.64	\$628.27
Most City Employees	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$1,022.60	\$67.63	\$4.49	\$9.67	\$1,094.72	\$1,099.90
Traditional - Domestic Partner	\$934.02	\$67.63	\$4.49	\$9.67	\$1,006.14	\$1,011.32
Kaiser Permanente Standard - Domestic Partner	\$736.61	\$67.63	\$4.49	\$9.67	\$808.73	\$813.91
Kaiser Permanente Deductible - Domestic Partner	\$694.41	\$67.63	\$4.49	\$9.67	\$766.53	\$771.71
Preventive - Child	\$858.38	\$47.34	\$3.14	\$6.77	\$908.86	\$912.49
Traditional - Child	\$773.08	\$47.34	\$3.14	\$6.77	\$823.56	\$827.19
Kaiser Permanente Standard - Child	\$630.49	\$47.34	\$3.14	\$6.77	\$680.97	\$684.60
Kaiser Permanente Deductible - Child	\$581.06	\$47.34	\$3.14	\$6.77	\$631.54	\$635.17

**DOMESTIC PARTNER HEALTH INSURANCE
2025 MONTHLY TAXABLE VALUES**

Seattle Police Officers' Guild - LEOFF 2	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,205.53	\$66.30	\$13.68	NA	\$1,285.51	
Traditional - Domestic Partner	\$1,074.83	\$66.30	\$13.68	NA	\$1,154.81	
Kaiser Permanente Standard - Domestic Partner	\$872.68	\$66.30	\$13.68	NA	\$952.66	
Kaiser Permanente Deductible - Domestic Partner	\$646.89	\$66.30	\$13.68	NA	\$726.87	
Preventive - Child	\$1,071.32	\$46.41	\$9.57	NA	\$1,127.30	
Traditional - Child	\$955.17	\$46.41	\$9.57	NA	\$1,011.15	
Kaiser Permanente Standard - Child	\$775.52	\$46.41	\$9.57	NA	\$831.50	
Kaiser Permanente Deductible - Child	\$574.87	\$46.41	\$9.57	NA	\$630.85	
Seattle Police Officers' Guild - LEOFF 2	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,205.53	\$73.72	\$13.68	NA	\$1,292.93	
Traditional - Domestic Partner	\$1,074.83	\$73.72	\$13.68	NA	\$1,162.23	
Kaiser Permanente Standard - Domestic Partner	\$872.68	\$73.72	\$13.68	NA	\$960.08	
Kaiser Permanente Deductible - Domestic Partner	\$646.89	\$73.72	\$13.68	NA	\$734.29	
Preventive - Child	\$1,071.32	\$51.61	\$9.57	NA	\$1,132.50	
Traditional - Child	\$955.17	\$51.61	\$9.57	NA	\$1,016.35	
Kaiser Permanente Standard - Child	\$775.52	\$51.61	\$9.57	NA	\$836.70	
Kaiser Permanente Deductible - Child	\$574.87	\$51.61	\$9.57	NA	\$636.05	

**DOMESTIC PARTNER HEALTH INSURANCE
2025 MONTHLY TAXABLE VALUES**

Local 77 - Core	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,076.86	\$59.79	\$5.63	NA	\$1,142.28	
Traditional - Domestic Partner	\$1,096.52	\$59.79	\$5.63	NA	\$1,161.94	
Kaiser Permanente Standard - Domestic Partner	\$716.41	\$59.79	\$5.63	NA	\$781.83	
Preventive - Child	\$1,076.26	\$41.86	\$3.94	NA	\$1,122.06	
Traditional - Child	\$1,095.92	\$41.86	\$3.94	NA	\$1,141.72	
Kaiser Permanente Standard - Child	\$716.02	\$41.86	\$3.94	NA	\$761.82	
Local 77 - Core	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,076.86	\$73.72	\$5.63	NA	\$1,156.21	
Traditional - Domestic Partner	\$1,096.52	\$73.72	\$5.63	NA	\$1,175.87	
Kaiser Permanente Standard - Domestic Partner	\$716.41	\$73.72	\$5.63	NA	\$795.76	
Preventive - Child	\$1,076.26	\$51.61	\$3.94	NA	\$1,131.81	
Traditional - Child	\$1,095.92	\$51.61	\$3.94	NA	\$1,151.47	
Kaiser Permanente Standard - Child	\$716.02	\$51.61	\$3.94	NA	\$771.57	

Local 77 - Most Plan Design	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,022.83	\$59.79	\$5.63	NA	\$1,088.25	
Traditional - Domestic Partner	\$1,049.62	\$59.79	\$5.63	NA	\$1,115.04	
Kaiser Permanente Standard - Domestic Partner	\$739.52	\$59.79	\$5.63	NA	\$804.94	
Preventive - Child	\$858.57	\$41.86	\$3.94	NA	\$904.37	
Traditional - Child	\$865.57	\$41.86	\$3.94	NA	\$911.37	
Kaiser Permanente Standard - Child	\$632.82	\$41.86	\$3.94	NA	\$678.62	
Local 77 - Most Plan Design	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,022.83	\$73.72	\$5.63	NA	\$1,102.18	
Traditional - Domestic Partner	\$1,049.62	\$73.72	\$5.63	NA	\$1,128.97	
Kaiser Permanente Standard - Domestic Partner	\$739.52	\$73.72	\$5.63	NA	\$818.87	
Preventive - Child	\$858.57	\$51.61	\$3.94	NA	\$914.12	
Traditional - Child	\$865.57	\$51.61	\$3.94	NA	\$921.12	
Kaiser Permanente Standard - Child	\$632.82	\$51.61	\$3.94	NA	\$688.37	

DOMESTIC PARTNER HEALTH INSURANCE 2025 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	\$1,072.98	\$57.77	\$4.49	\$9.67	\$1,135.24	\$1,140.42
Traditional - Domestic Partner	\$773.52	\$57.77	\$4.50	\$9.67	\$835.79	\$840.96
Kaiser Permanente Standard - Domestic Partner	\$788.11	\$57.77	\$4.50	\$9.67	\$850.38	\$855.55
Kaiser Permanente Deductible - Domestic Partner	\$726.33	\$57.77	\$4.50	\$9.67	\$788.60	\$793.77
Preventive - Child	\$858.38	\$40.44	\$3.14	\$6.77	\$901.96	\$905.59
Traditional - Child	\$773.08	\$40.44	\$3.14	\$6.77	\$816.66	\$820.29
Kaiser Permanente Standard - Child	\$630.49	\$40.44	\$3.14	\$6.77	\$674.07	\$677.70
Kaiser Permanente Deductible - Child	\$581.06	\$40.44	\$3.14	\$6.77	\$624.64	\$628.27
Fire Chiefs (LEOFF 2)	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up
Preventive - Domestic Partner	\$1,072.98	\$67.63	\$4.49	\$9.67	\$1,145.10	\$1,150.28
Traditional - Domestic Partner	\$773.52	\$67.63	\$4.49	\$9.67	\$845.64	\$850.82
Kaiser Permanente Standard - Domestic Partner	\$788.11	\$67.63	\$4.49	\$9.67	\$860.23	\$865.41
Kaiser Permanente Deductible - Domestic Partner	\$726.33	\$67.63	\$4.49	\$9.67	\$798.45	\$803.63
Preventive - Child	\$858.38	\$47.34	\$3.14	\$6.77	\$908.86	\$912.49
Traditional - Child	\$773.08	\$47.34	\$3.14	\$6.77	\$823.56	\$827.19
Kaiser Permanente Standard - Child	\$630.49	\$47.34	\$3.14	\$6.77	\$680.97	\$684.60
Kaiser Permanente Deductible - Child	\$581.06	\$47.34	\$3.14	\$6.77	\$631.54	\$635.17
DOMESTIC PARTNER HEALTH INSURANCE 2025 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	\$1,044.72	\$57.77	\$4.49	\$9.67	\$1,106.98	\$1,112.16
Traditional - Domestic Partner	\$952.02	\$57.77	\$4.49	\$9.67	\$1,014.28	\$1,019.46
Kaiser Permanente Standard - Domestic Partner	\$758.25	\$57.77	\$4.49	\$9.67	\$820.51	\$825.69
Kaiser Permanente Deductible - Domestic Partner	\$707.83	\$57.77	\$4.49	\$9.67	\$770.09	\$775.27
Preventive - Child	\$858.38	\$40.44	\$3.14	\$6.77	\$901.96	\$905.59
Traditional - Child	\$773.08	\$40.44	\$3.14	\$6.77	\$816.66	\$820.29
Kaiser Permanente Standard - Child	\$630.49	\$40.44	\$3.14	\$6.77	\$674.07	\$677.70
Kaiser Permanente Deductible - Child	\$581.06	\$40.44	\$3.14	\$6.77	\$624.64	\$628.27
CMEO Local 77	Medical	DHS	Vision Basic	Vision Buy-Up	Total with Vision Basic	Total with Vision Buy-Up

Preventive - Domestic Partner	\$1,044.72	\$67.63	\$4.49	\$9.67	\$1,116.84	\$1,122.02
Traditional - Domestic Partner	\$952.02	\$67.63	\$4.49	\$9.67	\$1,024.14	\$1,029.32
Kaiser Permanente Standard - Domestic Partner	\$758.25	\$67.63	\$4.49	\$9.67	\$830.37	\$835.55
Kaiser Permanente Deductible - Domestic Partner	\$707.83	\$67.63	\$4.49	\$9.67	\$779.95	\$785.13
Preventive - Child	\$858.38	\$47.34	\$3.14	\$6.77	\$908.86	\$912.49
Traditional - Child	\$773.08	\$47.34	\$3.14	\$6.77	\$823.56	\$827.19
Kaiser Permanente Standard - Child	\$630.49	\$47.34	\$3.14	\$6.77	\$680.97	\$684.60
Kaiser Permanente Deductible - Child	\$581.06	\$47.34	\$3.14	\$6.77	\$631.54	\$635.17
DOMESTIC PARTNER HEALTH INSURANCE 2025 MONTHLY TAXABLE VALUES						
SPMA Buy-up to SPOG	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,288.77	\$66.30	\$13.68	NA	\$1,368.75	
Traditional - Domestic Partner	\$1,161.63	\$66.30	\$13.68	NA	\$1,241.61	
Kaiser Permanente Standard - Domestic Partner	\$917.90	\$66.30	\$13.68	NA	\$997.88	
Kaiser Permanente Deductible - Domestic Partner	\$686.67	\$66.30	\$13.68	NA	\$766.65	
Preventive - Child	\$1,071.32	\$46.41	\$9.57	NA	\$1,127.30	
Traditional - Child	\$955.17	\$46.41	\$9.57	NA	\$1,011.15	
Kaiser Permanente Standard - Child	\$775.52	\$46.41	\$9.57	NA	\$831.50	
Kaiser Permanente Deductible - Child	\$574.87	\$46.41	\$9.57	NA	\$630.85	
SPMA Buy-up to SPOG	Medical	DHS	Vision Basic	Vision Buy-Up	Total	
Preventive - Domestic Partner	\$1,288.77	\$73.72	\$13.68	NA	\$1,376.17	
Traditional - Domestic Partner	\$1,161.63	\$73.72	\$13.68	NA	\$1,249.03	
Kaiser Permanente Standard - Domestic Partner	\$917.90	\$73.72	\$13.68	NA	\$1,005.30	
Kaiser Permanente Deductible - Domestic Partner	\$686.67	\$73.72	\$13.68	NA	\$774.07	
Preventive - Child	\$1,071.32	\$51.61	\$9.57	NA	\$1,132.50	
Traditional - Child	\$955.17	\$51.61	\$9.57	NA	\$1,016.35	
Kaiser Permanente Standard - Child	\$775.52	\$51.61	\$9.57	NA	\$836.70	
Kaiser Permanente Deductible - Child	\$574.87	\$51.61	\$9.57	NA	\$636.05	

2025 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 ComPsych	
2025 cost per budgeted position:	\$17.40