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	\$2,139.84
	\$2,097.88	\$2,065.54	\$0.00
	\$0.00	\$32.34	\$2,139.84
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$1,704.63	\$1,704.63	\$1,738.72
	\$1,704.63	\$1,672.29	\$0.00
	\$0.00	\$32.34	\$1,738.72
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$2,097.88	\$2,097.88	\$2,139.84
	\$2,097.88	\$2,065.54	\$0.00
	\$0.00	\$32.34	\$2,139.84
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$1,704.63	\$1,704.63	\$1,738.72
	\$1,704.63	\$1,672.29	\$0.00
	\$0.00	\$32.34	\$1,738.72
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$2,097.88	\$2,097.88	\$2,139.84
	\$2,097.88	\$2,065.54	\$0.00
	\$0.00	\$32.34	\$2,139.84
SPMA Buy Up to SPOG Plan (LEOFF II) City Share & RSR Contribution Employee Deduction	\$2,592.01	\$2,592.01	\$2,643.85
	\$2,097.87	\$2,065.53	\$0.00
	\$494.14	\$526.48	\$2,643.85
Local 77 City Share Employee Deduction	\$2,973.96	\$2,973.96	\$3,033.44
	\$2,676.56	\$2,676.56	\$0.00
	\$297.40	\$297.40	\$3,033.44
Local 77 - Most Plan Design	\$2,348.86	\$2,348.86	\$2,395.84
City Share	\$2,348.86	\$2,316.52	\$0.00
Employee Deduction	\$0.00	\$32.34	\$2,395.84
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$2,097.88	\$2,097.88	\$2,139.84
	\$2,078.80	\$2,066.62	\$0.00
	\$19.08	\$31.26	\$2,139.84
SPOG (LEOFF II) City Share Employee Deduction	\$2,592.01	\$2,592.01	\$2,643.85
	\$2,462.41	\$2,462.41	\$0.00
	\$129.60	\$129.60	\$2,643.85
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$2,097.88	\$2,097.88	\$2,139.84
	\$2,097.88	\$1,888.10	\$0.00
	\$0.00	\$209.78	\$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	\$1,748.23	\$1,783.19
	\$1,699.83	\$1,648.33	\$0.00
	\$48.40	\$99.90	\$1,783.19
LEOFF I (Non Represented) City Share & RSR Contribution Employee Deduction	\$1,748.23	\$1,748.23	\$1,783.19
	\$1,748.23	\$1,696.73	\$0.00
	\$0.00	\$51.50	\$1,783.19
LEOFF II (Non Represented) City Share & RSR Contribution Employee Deduction	\$1,748.23	\$1,748.23	\$1,783.19
	\$1,699.83	\$1,648.33	\$0.00
	\$48.40	\$99.90	\$1,783.19
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$1,748.23	\$1,748.23	\$1,783.19
	\$1,748.23	\$1,696.73	\$0.00
	\$0.00	\$51.50	\$1,783.19
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$1,748.23	\$1,748.23	\$1,783.19
	\$1,699.83	\$1,648.33	\$0.00
	\$48.40	\$99.90	\$1,783.19
SPMA Buy up to SPOG Plan (LEOFF II) City Share & RSR Contribution Employee Deduction	\$2,150.38	\$2,150.38	\$2,193.39
	\$1,699.82	\$1,648.32	\$0.00
	\$450.56	\$502.06	\$2,193.39
Local 77 City Share Employee Deduction	\$1,985.40	\$1,985.40	\$2,025.11
	\$1,786.86	\$1,786.86	\$0.00
	\$198.54	\$198.54	\$2,025.11
Local 77 - Most Plan Design	\$1,754.69	\$1,754.69	\$1,789.78
City Share	\$1,706.29	\$1,654.79	\$0.00
Employee Deduction	\$48.40	\$99.90	\$1,789.78
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$1,748.23	\$1,748.23	\$1,783.19
	\$1,708.07	\$1,682.01	\$0.00
	\$40.16	\$66.22	\$1,783.19
SPOG (LEOFF II) City Share Employee Deduction	\$2,150.38	\$2,150.38	\$2,193.39
	\$2,042.86	\$2,042.86	\$0.00
	\$107.52	\$107.52	\$2,193.39
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$1,748.23	\$1,748.23	\$1,783.19
	\$1,573.41	\$1,573.41	\$0.00
	\$174.82	\$174.82	\$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	\$1,611.18	\$1,643.40
	\$1,586.18	\$1,554.26	\$0.00
	\$25.00	\$56.92	\$1,643.40
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$1,611.18	\$1,611.18	\$1,643.40
	\$1,611.18	\$1,579.26	\$0.00
	\$0.00	\$31.92	\$1,643.40
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$1,611.18	\$1,611.18	\$1,643.40
	\$1,586.18	\$1,554.26	\$0.00
	\$25.00	\$56.92	\$1,643.40
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$1,611.18	\$1,611.18	\$1,643.40
	\$1,611.18	\$1,579.26	\$0.00
	\$0	\$31.92	\$1,643.40
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$1,611.18	\$1,611.18	\$1,643.40
	\$1,586.18	\$1,554.26	\$0.00
	\$25.00	\$56.92	\$1,643.40
SPMA Buy up to SPOG Plan (LEOFF II) City Share & RSR Contribution Employee Deduction	\$1,594.00	\$1,594.00	\$1,625.88
	\$1,586.18	\$1,554.26	\$0.00
	\$7.82	\$39.74	\$1,625.88
Local 77	N/A	N/A	N/A
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$1,611.18	\$1,611.18	\$1,643.40
	\$1,584.06	\$1,567.92	\$0.00
	\$27.12	\$43.26	\$1,643.40
SPOG (LEOFF II) City Share Employee Deduction	\$1,594.00	\$1,594.00	\$1,625.88
	\$1,514.30	\$1,514.30	\$0.00
	\$79.70	\$79.70	\$1,625.88
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$1,611.18	\$1,611.18	\$1,643.40
	\$1,450.06	\$1,450.06	\$0.00
	\$161.12	\$161.12	\$1,643.40

AETNA PREVENTIVE PLAN - 2026 RATES Effective January 1 - December 31, 2026

Ептес	tive January 1 - December 31, 2		
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	\$2,329.36	\$2,375.95
	\$2,281.24	\$2,230.86	\$0.00
	\$48.12	\$98.50	\$2,375.95
LEOFF I (Non-Represented) City Share & RSR Contribution Employee Deduction	\$2,329.36	\$2,329.36	\$2,375.95
	\$2,329.36	\$2,278.98	\$0.00
	\$0.00	\$50.38	\$2,375.95
LEOFF II (Non-Represented) City Share & RSR Contribution Employee Deduction	\$2,329.36	\$2,329.36	\$2,375.95
	\$2,281.24	\$2,230.86	\$0.00
	\$48.12	\$98.50	\$2,375.95
SPMA (LEOFF I) City Share & RSR Contribution Employee Deduction	\$2,329.36	\$2,329.36	\$2,375.95
	\$2,329.36	\$2,278.98	\$0.00
	\$0.00	\$50.38	\$2,375.95
SPMA (LEOFF II) City Share & RSR Contribution Employee Deduction	\$2,329.36	\$2,329.36	\$2,375.95
	\$2,281.24	\$2,230.86	\$0.00
	\$48.12	\$98.50	\$2,375.95
SPMA Buy up to SPOG Plan (LEOFF II) City Share & RSR Contribution Employee Deduction	\$2,907.20	\$2,907.20	\$2,965.34
	\$2,281.24	\$2,230.86	\$0.00
	\$625.96	\$676.34	\$2,965.34
Local 77 City Share Employee Deduction	\$2,920.60	\$2,920.60	\$2,979.01
	\$2,628.54	\$2,628.54	\$0.00
	\$292.06	\$292.06	\$2,979.01
Local 77 - Most Plan Design City Share Employee Deduction	\$2,329.87	\$2,329.87	\$2,376.47
	\$2,281.75	\$2,231.37	\$0.00
	\$48.12	\$98.50	\$2,376.47
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$2,329.37	\$2,329.37	\$2,375.96
	\$2,289.15	\$2,264.45	\$0.00
	\$40.22	\$64.92	\$2,375.96
SPOG (LEOFF II) City Share Employee Deduction	\$2,907.20	\$2,907.20	\$2,965.34
	\$2,761.84	\$2,761.84	\$0.00
	\$145.36	\$145.36	\$2,965.34
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$2,329.36	\$2,329.36	\$2,375.95
	\$2,096.42	\$2,096.42	\$0.00
	\$232.94	\$232.94	\$2,375.95

DELTA DENTAL OF WA 2026 RATES

Employee Group Most Employee, Library, & SHA	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children \$125.52	COBRA Rate \$128.03
City Share	\$125.52	\$125.52	\$0.00
Employee Deduction	\$0.00	\$0.00	\$128.03
LEOFF II (Non-Represented) City Share Employee Deduction	\$125.52		\$128.03 \$0.00 \$128.03
SPMA (LEOFF I & II) City Share Employee Deduction	\$125.52	\$125.52	\$128.03
	\$125.52	\$125.52	\$0.00
	\$0.00	\$0.00	\$128.03
SPMA Buy up to SPOG Plan (LEOFF II) City Share & RSR Contribution Employee Deduction	\$144.06	\$144.06	\$146.94
	\$125.52	\$125.52	\$0.00
	\$18.54	\$18.54	\$146.94
Local 77 City Share Employee Deduction	\$129.92	\$129.92	\$132.52
	\$129.92	\$129.92	\$0.00
	\$0.00	\$0.00	\$132.52
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$124.55	\$124.55	\$127.04
	\$124.55	\$124.55	\$0.00
	\$0.00	\$0.00	\$127.04
SPOG (LEOFF II) City Share Employee Deduction	\$144.06	\$144.06	\$146.94
	\$144.06	\$144.06	\$0.00
	\$0.00	\$0.00	\$146.94
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$125.52	\$125.52	\$128.03
	\$112.96	\$112.96	\$0.00
	\$12.56	\$12.56	\$128.03

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DENT	AL HEALTH SERVICES 2026 RA	-		
Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children	\$145.50 \$0.00 \$145.50 \$145.50 \$0.00 \$145.50	
Most Employee, Library, & SHA City Share Employee Deduction	\$142.65 \$142.65 \$0.00	\$142.65 \$142.65 \$0.00		
LEOFF II (Non-Represented) City Share Employee Deduction	\$142.65 \$142.65 \$0.00	\$142.65 \$142.65 \$0.00		
SPMA (LEOFF I & II) City Share Employee Deduction	\$142.65	\$142.65	\$145.50	
	\$142.65	\$142.65	\$0.00	
	\$0.00	\$0.00	\$145.50	
SPMA Buy up to SPOG Plan (LEOFF II) City Share & RSR Contribution Employee Deduction	\$155.50	\$155.50	\$158.61	
	\$142.65	\$142.65	\$0.00	
	\$12.85	\$12.85	\$158.61	
Local 77 City Share Employee Deduction	\$155.50	\$155.50	\$158.61	
	\$155.50	\$155.50	\$0.00	
	\$0.00	\$0.00	\$158.61	
CMEO / Material Controllers (080 & 079) City Share Employee Deduction	\$142.65	\$142.65	\$145.50	
	\$142.65	\$142.65	\$0.00	
	\$0.00	\$0.00	\$145.50	
SPOG (LEOFF II) City Share Employee Deduction	\$155.50	\$155.50	\$158.61	
	\$155.50	\$155.50	\$0.00	
	\$0.00	\$0.00	\$158.61	
Fire Chiefs (LEOFF II) City Share Employee Deduction	\$142.65	\$142.65	\$145.50	
	\$128.39	\$128.39	\$0.00	
	\$14.26	\$14.26	\$145.50	

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

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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	\$21.58	\$22.01		
	\$9.54	\$9.54	\$0.00		
	\$12.04	\$12.04	\$22.01		
LEOFF II (Non-Represented) City Share Employee Deduction	\$21.58	\$21.58	\$22.01		
	\$9.54	\$9.54	\$0.00		
	\$12.04	\$12.04	\$22.01		
SPMA (LEOFF I & II) City Share Employee Deduction	\$21.58	\$21.58	\$22.01		
	\$9.54	\$9.54	\$0.00		
	\$12.04	\$12.04	\$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	\$21.58	\$22.01		
	\$9.54	\$9.54	\$0.00		
	\$12.04	\$12.04	\$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	\$21.58	\$22.01		
	\$9.54	\$9.54	\$0.00		
	\$12.04	\$12.04	\$22.01		

2026 Rates - (rev 12/10/2025) Page 8 of 16

	2026 WIONTHLY I	AXABLE VALUES				
Most City Employees	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Total with	Total with Vision Buy-Up
wost oity Employees	Medical	Delta Delitai oi WA	VISIOII DASIC			
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
					T . (.) 20.	T. () 1 (4)
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	\$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

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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 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
Kaiser Permanente Deductible - Child Seattle Police Officers' Guild - LEOFF 2	\$640.42	\$47.90 DHS	\$9.61 Vision Basic	NA Vision Buy-Up	\$697.93 Total
	,				, , , , , ,
Seattle Police Officers' Guild - LEOFF 2 Preventive - Domestic Partner	Medical	DHS	Vision Basic	Vision Buy-Up	Total
Seattle Police Officers' Guild - LEOFF 2 Preventive - Domestic Partner Traditional - Domestic Partner	Medical \$1,314.67	DHS \$73.87	Vision Basic \$13.73	Vision Buy-Up NA	Total \$1,402.27
Seattle Police Officers' Guild - LEOFF 2 Preventive - Domestic Partner Traditional - Domestic Partner Kaiser Permanente Standard - Domestic Partner	Medical \$1,314.67 \$1,172.14	DHS \$73.87 \$73.87	Vision Basic \$13.73 \$13.73	Vision Buy-Up NA NA	Total \$1,402.27 \$1,259.74
Seattle Police Officers' Guild - LEOFF 2	Medical \$1,314.67 \$1,172.14 \$972.43	DHS \$73.87 \$73.87 \$73.87	\$13.73 \$13.73 \$13.73	Vision Buy-Up NA NA NA	Total \$1,402.27 \$1,259.74 \$1,060.03
Seattle Police Officers' Guild - LEOFF 2 Preventive - Domestic Partner Traditional - Domestic Partner Kaiser Permanente Standard - Domestic Partner Kaiser Permanente Deductible - Domestic Partner	\$1,314.67 \$1,172.14 \$972.43 \$720.83	\$73.87 \$73.87 \$73.87 \$73.87	\$13.73 \$13.73 \$13.73 \$13.73 \$13.73	Vision Buy-Up NA NA NA NA	Total \$1,402.27 \$1,259.74 \$1,060.03 \$808.43
Seattle Police Officers' Guild - LEOFF 2 Preventive - Domestic Partner Traditional - Domestic Partner Kaiser Permanente Standard - Domestic Partner Kaiser Permanente Deductible - Domestic Partner Preventive - Child	\$1,314.67 \$1,172.14 \$972.43 \$720.83 \$1,168.03	\$73.87 \$73.87 \$73.87 \$73.87 \$73.87	Vision Basic \$13.73 \$13.73 \$13.73 \$13.73 \$9.61	Vision Buy-Up NA NA NA NA NA	Total \$1,402.27 \$1,259.74 \$1,060.03 \$808.43 \$1,229.35

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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
	1				
Preventive - Domestic Partner	\$1,174.70	\$73.87	\$6.27	NA	\$1,254.84
Preventive - Domestic Partner Traditional - Domestic Partner	\$1,174.70 \$1,196.16	\$73.87 \$73.87	\$6.27 \$6.27	NA NA	\$1,254.84 \$1,276.30
	. ,	 			
Traditional - Domestic Partner	\$1,196.16	\$73.87	\$6.27	NA	\$1,276.30
Traditional - Domestic Partner Kaiser Permanente Standard - Domestic Partner	\$1,196.16 \$798.55	\$73.87 \$73.87	\$6.27 \$6.27	NA NA	\$1,276.30 \$878.69

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 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

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-U _l
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
					Total with	Total with
Fire Chiefs (LEOFF 2)	Medical	DHS	Vision Basic	Vision Buy-Up		Vision Buy-U
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

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2026 MONTHLY TAXABLE VALUES							
					Total with	Total with	
CMEO Local 77	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Vision Basic	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	
					Total with	Total with	
CMEO Local 77	Medical	DHS	Vision Basic	Vision Buy-Up	Vision Basic	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	* 000 00	
	фоэ г.92	Φ07.70	Ψ-1.00	Ψ10.20		\$929.93	
Kaiser Permanente Deductible - Domestic Partner	\$631.18	\$67.76	\$4.53	\$10.25	\$703.47	\$929.93 \$709.19	
Kaiser Permanente Deductible - Domestic Partner Preventive - Child	****	*	, , , , ,		\$703.47 \$986.47	*	
Preventive - Child	\$631.18	\$67.76	\$4.53	\$10.25	· ·	\$709.19	
	\$631.18 \$935.87	\$67.76 \$47.43	\$4.53 \$3.17	\$10.25 \$7.18	\$986.47	\$709.19 \$990.48	

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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	

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2026 MONTHLY TAXABLE VALUES							
					Total with	Total with	
SPMA LEOFF 1 City Employees	Medical	Delta Dental of WA	Vision Basic	Vision Buy-Up	Vision Basic	Vision Buy-U	
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	
					Total with	Total with	
SPMA LEOFF 1 City Employees	Medical	DHS	Vision Basic	Vision Buy-Up		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	

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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