

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

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

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	\$125.52	\$125.52	\$128.03
City Share	\$125.52	\$125.52	\$0.00
Employee Deduction	\$0.00	\$0.00	\$128.03
LEOFF II (Non-Represented)	\$125.52	\$125.52	\$128.03
City Share	\$125.52	\$125.52	\$0.00
Employee Deduction	\$0.00	\$0.00	\$128.03
SPMA (LEOFF I & II)	\$125.52	\$125.52	\$128.03
City Share	\$125.52	\$125.52	\$0.00
Employee Deduction	\$0.00	\$0.00	\$128.03
SPMA Buy up to SPOG Plan (LEOFF II)	\$144.06	\$144.06	\$146.94
City Share & RSR Contribution	\$125.52	\$125.52	\$0.00
Employee Deduction	\$18.54	\$18.54	\$146.94
Local 77	\$129.92	\$129.92	\$132.52
City Share	\$129.92	\$129.92	\$0.00
Employee Deduction	\$0.00	\$0.00	\$132.52
CMEO / Material Controllers (080 & 079)	\$124.55	\$124.55	\$127.04
City Share	\$124.55	\$124.55	\$0.00
Employee Deduction	\$0.00	\$0.00	\$127.04
SPOG (LEOFF II)	\$144.06	\$144.06	\$146.94
City Share	\$144.06	\$144.06	\$0.00
Employee Deduction	\$0.00	\$0.00	\$146.94
Fire Chiefs (LEOFF II)	\$125.52	\$125.52	\$128.03
City Share	\$112.96	\$112.96	\$0.00
Employee Deduction	\$12.56	\$12.56	\$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	\$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	\$128.39	\$128.39	\$0.00
Employee Deduction	\$14.26	\$14.26	\$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	\$9.53	\$9.53	\$9.72
City Share	\$9.53	\$9.53	\$0.00
Employee Deduction	\$0.00	\$0.00	\$9.72
LEOFF II (Non-Represented)	\$9.53	\$9.53	\$9.72
City Share	\$9.53	\$9.53	\$0.00
Employee Deduction	\$0.00	\$0.00	\$9.72
SPMA (LEOFF I & II)	\$9.53	\$9.53	\$9.72
City Share	\$9.53	\$9.53	\$0.00
Employee Deduction	\$0.00	\$0.00	\$9.72
SPMA Buy up to SPOG Plan	\$28.90	\$28.90	\$29.48
City Share & RSR Contribution	\$9.54	\$9.54	\$0.00
Employee Deduction	\$19.36	\$19.36	\$29.48
Local 77	\$13.19	\$13.19	\$13.45
City Share	\$13.19	\$13.19	\$0.00
Employee Deduction	\$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)	\$28.90	\$28.90	\$29.48
City Share	\$28.90	\$28.90	\$0.00
Employee Deduction	\$0.00	\$0.00	\$29.48
Fire Chiefs (LEOFF II)	\$9.53	\$9.53	\$9.72
City Share	\$8.57	\$8.57	\$0.00
Employee Deduction	\$0.96	\$0.96	\$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	\$21.58	\$21.58	\$22.01
City Share	\$9.54	\$9.54	\$0.00
Employee Deduction	\$12.04	\$12.04	\$22.01
LEOFF II (Non-Represented)	\$21.58	\$21.58	\$22.01
City Share	\$9.54	\$9.54	\$0.00
Employee Deduction	\$12.04	\$12.04	\$22.01
SPMA (LEOFF I & II)	\$21.58	\$21.58	\$22.01
City Share	\$9.54	\$9.54	\$0.00
Employee Deduction	\$12.04	\$12.04	\$22.01
Local 77	N/A	N/A	N/A
City Share			
Employee Deduction			
CMEO / Material Controllers (080 & 079)	\$21.58	\$21.58	\$22.01
City Share	\$9.54	\$9.54	\$0.00
Employee Deduction	\$12.04	\$12.04	\$22.01
SPOG (LEOFF II)	N/A	N/A	N/A
City Share			
Employee Deduction			
Fire Chiefs (LEOFF II)	\$21.58	\$21.58	\$22.01
City Share	\$9.54	\$9.54	\$0.00
Employee Deduction	\$12.04	\$12.04	\$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	\$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**

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:	\$0.046
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
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