

CITY OF SPOKANE 2021 INSURANCE RATES

ELECTED OFFICIALS

MAYOR/COUNCIL/JUDGES

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Bi-monthly City Premium	Bi-monthly Employee Premium
Premiera Plan 7	Employee Only	C17-1	\$702.28	\$28.10	\$730.38	\$351.14	\$14.05
\$150/\$450 deductible	Employee & Spouse	C17-2	\$1,127.94	\$260.26	\$1,388.20	\$563.97	\$130.13
\$2,000 indiv/\$4,000 fam	Employee, Spouse & Child(ren)	C17-3	\$1,274.66	\$600.84	\$1,875.50	\$637.33	\$300.42
out of pocket maximum	Employee & Child(ren)	C17-5	\$1,127.94	\$89.74	\$1,217.68	\$563.97	\$44.87

Kaiser Perm 5	Employee Only	G10-1	\$702.28	\$0.00	\$702.28	\$351.14	\$0.00
\$150/\$450 deductible	Employee & Spouse	G10-2	\$1,127.94	\$203.06	\$1,331.00	\$563.97	\$101.53
\$2,000 indiv/\$4,000 fam	Employee, Spouse & Child(ren)	G10-3	\$1,274.66	\$479.84	\$1,754.50	\$637.33	\$239.92
out of pocket maximum	Employee & 1 Child	G10-4	\$1,127.94	\$43.42	\$1,171.36	\$563.97	\$21.71
	Employee & Children	G10-5	\$1,127.94	\$114.90	\$1,242.84	\$563.97	\$57.45

Employee Life Insurance: 1.5X base annual to \$150,000 max	\$37.50	\$0.00	\$37.50	\$18.75	
Dependent Life Insurance: \$7,500/\$3,000	\$1.50	\$0.00	\$1.50	\$0.75	
Dental Insurance	\$98.00	\$5.00	\$103.00	\$49.00	\$2.50
Admin Fee w/out completion of Health Risk Assessment	\$0.00	\$30.00	\$30.00	\$0.00	\$15.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Voluntary Life Insurance
- Voluntary AFLAC Policies