

2024 Insurance Rates

City of Spokane

Local 270-PA

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Bi-monthly City Premium	Bi-monthly Employee Premium
Premera Plan 3 \$100/\$300 deductible \$625 indiv/\$1875 fam out of pocket maximum	Employee Only	C07-1	\$652.18	\$222.72	\$874.90	\$326.09	\$111.36
	Employee & Spouse	C07-2	\$1,239.56	\$423.34	\$1,662.90	\$619.78	\$211.67
	Employee, Spouse & Child(ren)	C07-3	\$1,674.66	\$571.94	\$2,246.60	\$837.33	\$285.97
	Employee & Child(ren)	C07-5	\$1,087.34	\$371.24	\$1,458.58	\$543.67	\$185.62
Premera Plan 4 \$500/\$1,500 deductible \$1,000 indiv/\$3,000 fam out of pocket maximum	Employee Only	C04-1	\$678.26	\$166.70	\$844.96	\$339.13	\$83.35
	Employee & Spouse	C04-2	\$1,289.16	\$316.82	\$1,605.98	\$644.58	\$158.41
	Employee, Spouse & Child(ren)	C04-3	\$1,741.60	\$428.16	\$2,169.76	\$870.80	\$214.08
	Employee & Child(ren)	C04-5	\$1,130.80	\$277.90	\$1,408.70	\$565.40	\$138.95
Kaiser Perm 1 \$0/\$0 deductible \$2,000 indiv/\$4,000 fam out of pocket maximum	Employee Only	G03-1	\$531.50	\$187.40	\$718.90	\$265.75	\$93.70
	Employee & Spouse	G03-2	\$1,010.30	\$354.38	\$1,364.68	\$505.15	\$177.19
	Employee, Spouse & Child(ren)	G03-3	\$1,329.16	\$466.82	\$1,795.98	\$664.58	\$233.41
	Employee & 1 Child	G03-4	\$887.70	\$311.36	\$1,199.06	\$443.85	\$155.68
	Employee & Children	G03-5	\$939.40	\$332.80	\$1,272.20	\$469.70	\$166.40
Kaiser Perm 2 \$100/\$300 deductible \$1,000 indiv/\$3,000 fam out of pocket maximum	Employee Only	G02-1	\$528.60	\$134.90	\$663.50	\$264.30	\$67.45
	Employee & Spouse	G02-2	\$1,004.80	\$250.14	\$1,254.94	\$502.40	\$125.07
	Employee, Spouse & Child(ren)	G02-3	\$1,322.00	\$329.20	\$1,651.20	\$661.00	\$164.60
	Employee & 1 Child	G02-4	\$882.92	\$220.40	\$1,103.32	\$441.46	\$110.20
	Employee & Children	G02-5	\$934.34	\$234.84	\$1,169.18	\$467.17	\$117.42
Employee Life Insurance: 1.5X base annual to \$100,000 max			.25/\$K	\$0.00	\$0.00	.125/\$K	
Dependent Life Insurance: \$6,000/\$2,000			\$1.16	\$0.00	\$1.16	\$0.58	
Long Term Disability, average cost			\$12.75	\$0.00	\$12.75	\$6.38	
Dental Insurance			\$99.00	\$0.00	\$99.00	\$49.50	
Admin Fee w/out completion of Health Risk Assessment			\$0.00	\$30.00	\$30.00	\$0.00	\$15.00

Employees' medical and dental contribution is pre-taxed dollars as allowed by Section 125.

Revised 10/3/2023