

**CITY OF SPOKANE 2023 INSURANCE RATES
POLICE LTS, CAPTS/LEOFF II
and
POLICE MANAGERIAL/LEOFF II**

		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	C06-1	\$1,793.72	\$135.00	\$1,928.72	\$896.86	\$67.50
	Employee & Spouse	C06-2	\$1,793.72	\$135.00	\$1,928.72	\$896.86	\$67.50
	Employee, Spouse & Child(ren)	C06-3	\$1,793.72	\$135.00	\$1,928.72	\$896.86	\$67.50
	Employee & Child(ren)	C06-5	\$1,793.72	\$135.00	\$1,928.72	\$896.86	\$67.50
Premera Plan 4 \$500/\$1,500 deductible \$1,000 indiv/\$3,000 fam out of pocket maximum	Employee Only	C02-1	\$1,757.68	\$105.00	\$1,862.68	\$878.84	\$52.50
	Employee & Spouse	C02-2	\$1,757.68	\$105.00	\$1,862.68	\$878.84	\$52.50
	Employee, Spouse & Child(ren)	C02-3	\$1,757.68	\$105.00	\$1,862.68	\$878.84	\$52.50
	Employee & Child(ren)	C02-5	\$1,757.68	\$105.00	\$1,862.68	\$878.84	\$52.50
Kaiser Perm 1 \$0/\$0 deductible \$2,000 indiv/\$4,000 fam out of pocket maximum	Employee Only	G05-1	\$1,453.08	\$135.00	\$1,588.08	\$726.54	\$67.50
	Employee & Spouse	G05-2	\$1,453.08	\$135.00	\$1,588.08	\$726.54	\$67.50
	Employee, Spouse & Child(ren)	G05-3	\$1,453.08	\$135.00	\$1,588.08	\$726.54	\$67.50
	Employee & 1 Child	G05-4	\$1,453.08	\$135.00	\$1,588.08	\$726.54	\$67.50
	Employee & Children	G05-5	\$1,453.08	\$135.00	\$1,588.08	\$726.54	\$67.50
Kaiser Perm 2 \$100/\$300 deductible \$1,000 indiv/\$3,000 fam out of pocket maximum	Employee Only	G02-1	\$1,367.86	\$105.00	\$1,472.86	\$683.93	\$52.50
	Employee & Spouse	G02-2	\$1,367.86	\$105.00	\$1,472.86	\$683.93	\$52.50
	Employee, Spouse & Child(ren)	G02-3	\$1,367.86	\$105.00	\$1,472.86	\$683.93	\$52.50
	Employee & 1 Child	G02-4	\$1,367.86	\$105.00	\$1,472.86	\$683.93	\$52.50
	Employee & Children	G02-5	\$1,367.86	\$105.00	\$1,472.86	\$683.93	\$52.50
Employee Life Insurance-Managerial 1.5 x to \$60,000 max			.25/\$K	\$0.00	\$0.00	.125/\$K	
Employee Life Insurance-Lts & Cpts \$50,000			\$12.50	\$0.00	\$12.50	\$6.25	
Dependent Life Insurance: \$6,000/\$2,000			\$1.16	\$0.00	\$1.16	\$0.58	
Long Term Disability			\$22.00	\$0.00	\$22.00	\$11.00	
Dental Insurance - PPO provider			\$99.00	\$0.00	\$99.00	\$49.50	

Additionally, the City provides:

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