2024 Insurance Rates

City of Spokane

Fire Managerial II

		Health Level	Monthly City Contribution	. ,	Monthly Total Premium
Premera Plan 7	Employee Only	C17-1	\$753.18	\$52.00	\$805.18
\$150/\$450 deductible	Employee & Spouse	C17-2	\$1,216.38	\$313.98	\$1,530.36
\$2,000 indiv/\$4,000 fam	Employee, Spouse & Child(ren)	C17-3	\$1,384.12	\$683.44	\$2,067.56
out of pocket maximum	Employee & Child(ren)	C17-5	\$1,211.06	\$131.32	\$1,342.38

Bi-monthly City Premium	Bi-monthly Employee Premium		
\$376.59	\$26.00		
\$608.19	\$156.99		
\$692.06	\$341.72		
\$605.53	\$65.66		

Kaiser Perm 5	Employee Only	G10-1	\$730.38	\$0.00	\$730.38
\$150/\$450 deductible	Employee & Spouse	G10-2	\$1,173.08	\$211.16	\$1,384.24
\$2,000 indiv/\$4,000 fam	Employee, Spouse & Child(ren)	G10-3	\$1,325.60	\$499.08	\$1,824.68
out of pocket maximum	Employee & 1 Child	G10-4	\$1,173.08	\$45.12	\$1,218.20
	Employee & Children	G10-5	\$1,173.08	\$119.48	\$1,292.56

\$365.19	\$0.00
\$586.54	\$105.58
\$662.80	\$249.54
\$586.54	\$22.56
\$586.54	\$59.74

Life Insurance: 1.5 X annual base pay to \$300,000	.25/\$K	\$0.00	\$0.00
Dependent Life Insurance: \$6,000/\$2,000	\$1.16	\$0.00	\$1.16
Dental Insurance	\$98.00	\$5.00	\$103.00
Admin Fee w/out completion of Health Risk Assessment	\$0.00	\$30.00	\$30.00

0.125/\$K	
\$0.58	
\$49.00	\$2.50
\$0.00	\$15.00

FIRE BATTALION CHIEF-

Basic EE & Dep. Life Insurance administered by COS at same coverage as Fire Mgr. If promoted from Local 29 offer Voluntary Life

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

Revised 11/6/2023