

2023 COBRA INSURANCE RATES LOCAL 270-PA

PLAN	COVERAGE	PREMIUM*	2% ADMIN FEE	TOTAL PREMIUM	MEDICAL & CITY DENTAL PREMIUM
CITY DENTAL PLAN					
(PPO Plan with \$1,250 max)	EMPLOYEE ONLY	55.73	1.11	56.84	
	EMPLOYEE & SPOUSE	100.53	2.01	102.54	
	EMPLOYEE, SPOUSE AND CHILD(REN)	151.44	3.03	154.47	
	EMPLOYEE & CHILD(REN)	106.64	2.13	108.77	
	SPOUSE	59.80	1.20	61.00	
	SPOUSE & CHILD(REN)	110.71	2.21	112.92	
	CHILD	65.91	1.32	67.23	
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PREMERA 3					
(Rx \$10/\$20)	EMPLOYEE ONLY	889.90	17.80	907.70	964.54
	EMPLOYEE & SPOUSE	1,677.90	33.56	1,711.46	1,814.00
	EMPLOYEE, SPOUSE AND CHILD(REN)	2,261.60	45.23	2,306.83	2,461.30
	EMPLOYEE & CHILD(REN)	1,473.58	29.47	1,503.05	1,611.82
	SPOUSE	803.00	16.06	819.06	880.06
	SPOUSE & CHILD(REN)	1,386.70	27.73	1,414.43	1,527.36
	CHILD	598.70	11.97	610.67	677.90
	ADULT CHILD (age 26)	889.90	17.80	907.70	974.93
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PREMERA 4					
(Rx \$10/\$30)	EMPLOYEE ONLY	859.96	17.20	877.16	934.00
	EMPLOYEE & SPOUSE	1,620.98	32.42	1,653.40	1,755.94
	EMPLOYEE, SPOUSE AND CHILD(REN)	2,184.76	43.70	2,228.46	2,382.92
	EMPLOYEE & CHILD(REN)	1,423.70	28.47	1,452.17	1,560.95
	SPOUSE	776.02	15.52	791.54	852.54
	SPOUSE & CHILD(REN)	1,339.80	26.80	1,366.60	1,479.52
	CHILD	578.78	11.58	590.36	657.58
	ADULT CHILD (age 26)	859.96	17.20	877.16	944.39
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KAISER PERMANENTE 1					
(Rx \$10/\$30, Vision \$200)	EMPLOYEE ONLY	733.90	14.68	748.58	805.42
	EMPLOYEE & SPOUSE	1,379.68	27.59	1,407.27	1,509.81
	EMPLOYEE, SPOUSE AND CHILD(REN)	1,810.98	36.22	1,847.20	2,001.67
	EMPLOYEE & ONE CHILD	1,214.06	24.28	1,238.34	1,347.11
	EMPLOYEE & CHILDREN	1,287.20	25.74	1,312.94	1,421.72
	SPOUSE	660.78	13.22	674.00	734.99
	SPOUSE & ONE CHILD	1,140.94	22.82	1,163.76	1,276.68
	SPOUSE & CHILDREN	1,214.08	24.28	1,238.36	1,351.29
	CHILD	495.16	9.90	505.06	572.29
	CHILDREN	568.30	11.37	579.67	646.89
	ADULT CHILD (age 26)	733.90	14.68	748.58	815.81
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KAISER PERMANENTE 2					
(Rx \$10/\$30, Vision \$50)	EMPLOYEE ONLY	678.50	13.57	692.07	748.91
	EMPLOYEE & SPOUSE	1,269.94	25.40	1,295.34	1,397.88
	EMPLOYEE, SPOUSE AND CHILD(REN)	1,666.20	33.32	1,699.52	1,853.99
	EMPLOYEE & ONE CHILD	1,118.32	22.37	1,140.69	1,249.46
	EMPLOYEE & CHILDREN	1,184.18	23.68	1,207.86	1,316.64
	SPOUSE	606.44	12.13	618.57	679.56
	SPOUSE & ONE CHILD	1,046.26	20.93	1,067.19	1,180.11
	SPOUSE & CHILDREN	1,112.12	22.24	1,134.36	1,247.29
	CHILD	454.82	9.10	463.92	531.14
	CHILDREN	520.68	10.41	531.09	598.32
	ADULT CHILD (age 26)	678.50	13.57	692.07	759.30

*premium includes a \$15.00 admin fee

2023 COBRA INSURANCE RATES LOCAL 270 and Library 270

PLAN	COVERAGE	PREMIUM*	2% ADMIN FEE	TOTAL PREMIUM	MEDICAL & CITY DENTAL PREMIUM
CITY DENTAL PLAN					
(PPO Plan with \$1,250 Max)					
	EMPLOYEE ONLY	55.73	1.11	56.84	
	EMPLOYEE & SPOUSE	100.53	2.01	102.54	
	EMPLOYEE, SPOUSE AND CHILD(REN)	151.44	3.03	154.47	
	EMPLOYEE & CHILD(REN)	106.64	2.13	108.77	
	SPOUSE	59.80	1.20	61.00	
	SPOUSE & CHILD(REN)	110.71	2.21	112.92	
	CHILD	65.91	1.32	67.23	
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PREMERA 5					
	EMPLOYEE ONLY	868.72	17.37	886.09	942.94
	EMPLOYEE & SPOUSE	1,637.60	32.75	1,670.35	1,772.89
	EMPLOYEE, SPOUSE AND CHILD(REN)	2,207.10	44.14	2,251.24	2,405.71
	EMPLOYEE & CHILD(REN)	1,438.24	28.76	1,467.00	1,575.78
	SPOUSE	783.88	15.68	799.56	860.55
	SPOUSE & CHILD(REN)	1,353.38	27.07	1,380.45	1,493.37
	CHILD	584.50	11.69	596.19	663.42
	ADULT CHILD (age 26)	868.72	17.37	886.09	953.32
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PREMERA 6					
	EMPLOYEE ONLY	792.34	15.85	808.19	865.03
	EMPLOYEE & SPOUSE	1,492.54	29.85	1,522.39	1,624.93
	EMPLOYEE, SPOUSE AND CHILD(REN)	2,011.18	40.22	2,051.40	2,205.87
	EMPLOYEE & CHILD(REN)	1,311.00	26.22	1,337.22	1,445.99
	SPOUSE	715.20	14.30	729.50	790.50
	SPOUSE & CHILD(REN)	1,233.84	24.68	1,258.52	1,371.44
	CHILD	533.64	10.67	544.31	611.54
	ADULT CHILD (age 26)	792.34	15.85	808.19	875.42
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KAISER PERMANENTE 3					
	EMPLOYEE ONLY	689.76	13.80	703.56	760.40
	EMPLOYEE & SPOUSE	1,292.90	25.86	1,318.76	1,421.30
	EMPLOYEE, SPOUSE AND CHILD(REN)	1,696.10	33.92	1,730.02	1,884.49
	EMPLOYEE & ONE CHILD	1,138.00	22.76	1,160.76	1,269.53
	EMPLOYEE & CHILDREN	1,205.08	24.10	1,229.18	1,337.95
	SPOUSE	618.14	12.36	630.50	691.50
	SPOUSE & ONE CHILD	1,066.38	21.33	1,087.71	1,200.63
	SPOUSE & CHILDREN	1,133.46	22.67	1,156.13	1,269.05
	CHILD	463.24	9.26	472.50	539.73
	CHILDREN	530.32	10.61	540.93	608.15
	ADULT CHILD (age 26)	689.76	13.80	703.56	770.78
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KAISER PERMANENTE 4					
	EMPLOYEE ONLY	612.16	12.24	624.40	681.25
	EMPLOYEE & SPOUSE	1,144.40	22.89	1,167.29	1,269.83
	EMPLOYEE, SPOUSE AND CHILD(REN)	1,501.10	30.02	1,531.12	1,685.59
	EMPLOYEE & ONE CHILD	1,007.98	20.16	1,028.14	1,136.91
	EMPLOYEE & CHILDREN	1,067.18	21.34	1,088.52	1,197.30
	SPOUSE	547.24	10.94	558.18	619.18
	SPOUSE & ONE CHILD	943.06	18.86	961.92	1,074.85
	SPOUSE & CHILDREN	1,002.26	20.05	1,022.31	1,135.23
	CHILD	410.82	8.22	419.04	486.26
	CHILDREN	470.02	9.40	479.42	546.65
	ADULT CHILD (age 26)	612.16	12.24	624.40	691.63

*premium includes a \$15.00 admin fee

Revised 09/28/22

2023 COBRA INSURANCE RATES LIBRARY MANAGERS

PLAN	COVERAGE	PREMIUM*	2% ADMIN FEE	TOTAL PREMIUM	MEDICAL & CITY DENTAL PREMIUM
CITY DENTAL PLAN					
(PPO Plan with \$1,500 Max)					
	EMPLOYEE ONLY	57.37	1.15	58.52	
	EMPLOYEE & SPOUSE	103.98	2.08	106.06	
	EMPLOYEE, SPOUSE AND CHILD(REN)	156.94	3.14	160.08	
	EMPLOYEE & CHILD(REN)	110.33	2.21	112.54	
	SPOUSE	61.61	1.23	62.84	
	SPOUSE & CHILD(REN)	114.57	2.29	116.86	
	CHILD	67.96	1.36	69.32	
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PREMERA 5					
	EMPLOYEE ONLY	868.72	17.37	886.09	944.61
	EMPLOYEE & SPOUSE	1,637.60	32.75	1,670.35	1,776.41
	EMPLOYEE, SPOUSE AND CHILD(REN)	2,207.10	44.14	2,251.24	2,411.32
	EMPLOYEE & CHILD(REN)	1,438.24	28.76	1,467.00	1,579.54
	SPOUSE	783.88	15.68	799.56	862.40
	SPOUSE & CHILD(REN)	1,353.38	27.07	1,380.45	1,497.31
	CHILD	584.50	11.69	596.19	665.51
	ADULT CHILD (age 26)	868.72	17.37	886.09	955.41
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PREMERA 6					
	EMPLOYEE ONLY	792.34	15.85	808.19	866.70
	EMPLOYEE & SPOUSE	1,492.54	29.85	1,522.39	1,628.45
	EMPLOYEE, SPOUSE AND CHILD(REN)	2,011.18	40.22	2,051.40	2,211.48
	EMPLOYEE & CHILD(REN)	1,311.00	26.22	1,337.22	1,449.76
	SPOUSE	715.20	14.30	729.50	792.35
	SPOUSE & CHILD(REN)	1,233.84	24.68	1,258.52	1,375.38
	CHILD	533.64	10.67	544.31	613.63
	ADULT CHILD (age 26)	792.34	15.85	808.19	877.51
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KAISER PERMANENTE 3					
	EMPLOYEE ONLY	689.76	13.80	703.56	762.07
	EMPLOYEE & SPOUSE	1,292.90	25.86	1,318.76	1,424.82
	EMPLOYEE, SPOUSE AND CHILD(REN)	1,696.10	33.92	1,730.02	1,890.10
	EMPLOYEE & ONE CHILD	1,138.00	22.76	1,160.76	1,273.30
	EMPLOYEE & CHILDREN	1,205.08	24.10	1,229.18	1,341.72
	SPOUSE	618.14	12.36	630.50	693.35
	SPOUSE & ONE CHILD	1,066.38	21.33	1,087.71	1,204.57
	SPOUSE & CHILDREN	1,133.46	22.67	1,156.13	1,272.99
	CHILD	463.24	9.26	472.50	541.82
	CHILDREN	530.32	10.61	540.93	610.25
	ADULT CHILD (age 26)	689.76	13.80	703.56	772.87
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KAISER PERMANENTE 4					
	EMPLOYEE ONLY	612.16	12.24	624.40	682.92
	EMPLOYEE & SPOUSE	1,144.40	22.89	1,167.29	1,273.35
	EMPLOYEE, SPOUSE AND CHILD(REN)	1,501.10	30.02	1,531.12	1,691.20
	EMPLOYEE & ONE CHILD	1,007.98	20.16	1,028.14	1,140.68
	EMPLOYEE & CHILDREN	1,067.18	21.34	1,088.52	1,201.06
	SPOUSE	547.24	10.94	558.18	621.03
	SPOUSE & ONE CHILD	943.06	18.86	961.92	1,078.78
	SPOUSE & CHILDREN	1,002.26	20.05	1,022.31	1,139.17
	CHILD	410.82	8.22	419.04	488.36
	CHILDREN	470.02	9.40	479.42	548.74
	ADULT CHILD (age 26)	612.16	12.24	624.40	693.72

*premium includes a \$15.00 admin fee

Revised 09/28/22

**2023 COBRA INSURANCE RATES
MANAGERIAL A and B
EXEMPT CONFIDENTIAL
MAYOR/COUNCIL
FIRE MGRS**

PLAN	COVERAGE	PREMIUM*	2% ADMIN FEE	TOTAL PREMIUM	MEDICAL & CITY DENTAL PREMIUM
CITY DENTAL PLAN					
(PPO Plan with \$1,500 Max)					
	EMPLOYEE ONLY	57.37	1.15	58.52	
	EMPLOYEE & SPOUSE	103.98	2.08	106.06	
	EMPLOYEE, SPOUSE AND CHILD(REN)	156.94	3.14	160.08	
	EMPLOYEE & CHILD(REN)	110.33	2.21	112.54	
	SPOUSE	61.61	1.23	62.84	
	SPOUSE & CHILD(REN)	114.57	2.29	116.86	
	CHILD	67.96	1.36	69.32	
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PREMERA Plan 7					
	EMPLOYEE ONLY	774.60	15.49	790.09	848.61
	EMPLOYEE & SPOUSE	1,458.74	29.17	1,487.91	1,593.97
	EMPLOYEE, SPOUSE AND CHILD(REN)	1,965.52	39.31	2,004.83	2,164.91
	EMPLOYEE & CHILD(REN)	1,281.40	25.63	1,307.03	1,419.56
	SPOUSE	699.14	13.98	713.12	775.97
	SPOUSE & CHILD(REN)	1,205.92	24.12	1,230.04	1,346.90
	CHILD	521.78	10.44	532.22	601.53
	ADULT CHILD (age 26)	774.60	15.49	790.09	859.41
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KAISER PERMANENTE Plan 5					
	EMPLOYEE ONLY	745.38	14.91	760.29	818.81
	EMPLOYEE & SPOUSE	1,399.24	27.98	1,427.22	1,533.28
	EMPLOYEE, SPOUSE AND CHILD(REN)	1,839.68	36.79	1,876.47	2,036.55
	EMPLOYEE & ONE CHILD	1,233.20	24.66	1,257.86	1,370.40
	EMPLOYEE & CHILDREN	1,307.56	26.15	1,333.71	1,446.25
	SPOUSE	668.86	13.38	682.24	745.08
	SPOUSE & ONE CHILD	1,156.68	23.13	1,179.81	1,296.68
	SPOUSE & CHILDREN	1,231.04	24.62	1,255.66	1,372.52
	CHILD	502.82	10.06	512.88	582.20
	CHILDREN	577.18	11.54	588.72	658.04
	ADULT CHILD (age 26)	745.38	14.91	760.29	829.61

*premium includes a \$15.00 admin fee

2023 COBRA INSURANCE RATES POLICE GUILD and POLICE LTS/CAPTS

PLAN	COVERAGE	PREMIUM*	2% ADMIN FEE	TOTAL PREMIUM	MEDICAL & DENTAL PREMIUM
CITY DENTAL PLAN (PPO Plan with \$1,250 Max)	EMPLOYEE ONLY	55.73	1.11	56.84	
	EMPLOYEE & SPOUSE	100.53	2.01	102.54	
	EMPLOYEE, SPOUSE AND CHILD(REN)	151.44	3.03	154.47	
	EMPLOYEE & CHILD(REN)	106.64	2.13	108.77	
	SPOUSE	59.80	1.20	61.00	
	SPOUSE & CHILD(REN)	110.71	2.21	112.92	
	CHILD	65.91	1.32	67.23	
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PREMERA 3 (Rx \$10/\$20)	EMPLOYEE ONLY	1,943.72	38.87	1,982.59	2,039.44
	EMPLOYEE & SPOUSE	1,943.72	38.87	1,982.59	2,085.14
	EMPLOYEE, SPOUSE AND CHILD(REN)	1,943.72	38.87	1,982.59	2,137.06
	LEOFF II POLICE LEOFF II LTS AND CPTS EMPLOYEE & CHILD(REN)	1,943.72	38.87	1,982.59	2,091.37
	SPOUSE	1,943.72	38.87	1,982.59	2,043.59
	SPOUSE & CHILD(REN)	1,943.72	38.87	1,982.59	2,095.52
	CHILD	1,943.72	38.87	1,982.59	2,049.82
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PREMERA 4 (Rx \$10/\$30)	EMPLOYEE ONLY	1,877.68	37.55	1,915.23	1,972.08
	EMPLOYEE & SPOUSE	1,877.68	37.55	1,915.23	2,017.77
	EMPLOYEE, SPOUSE AND CHILD(REN)	1,877.68	37.55	1,915.23	2,069.70
	LEOFF II POLICE LEOFF II LTS AND CPTS EMPLOYEE & CHILD(REN)	1,877.68	37.55	1,915.23	2,024.01
	SPOUSE	1,877.68	37.55	1,915.23	1,976.23
	SPOUSE & CHILD(REN)	1,877.68	37.55	1,915.23	2,028.16
	CHILD	1,877.68	37.55	1,915.23	1,982.46
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KAISER PERMANENTE 1 (Rx \$10/\$30, Vision \$200/\$50)	EMPLOYEE ONLY	1,603.08	32.06	1,635.14	1,691.99
	EMPLOYEE & SPOUSE	1,603.08	32.06	1,635.14	1,737.68
	EMPLOYEE, SPOUSE AND CHILD(REN)	1,603.08	32.06	1,635.14	1,789.61
	EMPLOYEE & ONE CHILD	1,603.08	32.06	1,635.14	1,743.91
	LEOFF II POLICE LEOFF II LTS AND CPTS EMPLOYEE & CHILDREN	1,603.08	32.06	1,635.14	1,743.91
	SPOUSE	1,603.08	32.06	1,635.14	1,696.14
	SPOUSE & ONE CHILD	1,603.08	32.06	1,635.14	1,748.07
	SPOUSE & CHILDREN	1,603.08	32.06	1,635.14	1,748.07
	CHILD	1,603.08	32.06	1,635.14	1,702.37
	CHILDREN	1,603.08	32.06	1,635.14	1,702.37
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KAISER PERMANENTE 2 (Rx \$10/\$30, Vision \$50)	EMPLOYEE ONLY	1,487.86	29.76	1,517.62	1,574.46
	EMPLOYEE & SPOUSE	1,487.86	29.76	1,517.62	1,620.16
	EMPLOYEE, SPOUSE AND CHILD(REN)	1,487.86	29.76	1,517.62	1,672.09
	EMPLOYEE & ONE CHILD	1,487.86	29.76	1,517.62	1,626.39
	LEOFF II POLICE LEOFF II LTS AND CPTS EMPLOYEE & CHILDREN	1,487.86	29.76	1,517.62	1,626.39
	SPOUSE	1,487.86	29.76	1,517.62	1,578.61
	SPOUSE & ONE CHILD	1,487.86	29.76	1,517.62	1,630.54
	SPOUSE & CHILDREN	1,487.86	29.76	1,517.62	1,630.54
	CHILD	1,487.86	29.76	1,517.62	1,584.85
	CHILDREN	1,487.86	29.76	1,517.62	1,584.85

*premium includes a \$15.00 admin fee

Add medical premium and dental premium and THEN add 2% to combined premium to compute medical and dental premium