

# 2024 Insurance Rates

## City of Spokane

### Managerial A and B - Exempt Confidential - Court Commissioners

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Bi-monthly City Premium	Bi-monthly Employee Premium
<b>Premera Plan 7</b> \$150/\$450 deductible \$2,000 indiv/\$4,000 fam out of pocket maximum	Employee Only	C17-1	\$753.18	\$52.00	\$805.18	\$376.59	\$26.00
	Employee & Spouse	C17-2	\$1,216.38	\$313.98	\$1,530.36	\$608.19	\$156.99
	Employee, Spouse & Child(ren)	C17-3	\$1,384.12	\$683.44	\$2,067.56	\$692.06	\$341.72
	Employee & Child(ren)	C17-5	\$1,211.06	\$131.32	\$1,342.38	\$605.53	\$65.66

<b>Kaiser Perm 5</b> \$150/\$450 deductible \$2,000 indiv/\$4,000 fam out of pocket maximum	Employee Only	G10-1	\$730.38	\$0.00	\$730.38	\$365.19	\$0.00
	Employee & Spouse	G10-2	\$1,173.08	\$211.16	\$1,384.24	\$586.54	\$105.58
	Employee, Spouse & Child(ren)	G10-3	\$1,325.60	\$499.08	\$1,824.68	\$662.80	\$249.54
	Employee & 1 Child	G10-4	\$1,173.08	\$45.12	\$1,218.20	\$586.54	\$22.56
	Employee & Children	G10-5	\$1,173.08	\$119.48	\$1,292.56	\$586.54	\$59.74

<b>Employee Life Insurance: 1.5X base annual to \$150,000 max</b>	\$37.50	\$0.00	\$37.50	\$18.75	
<b>Dependent Life Insurance: \$7,500/\$3,000</b>	\$1.50	\$0.00	\$1.50	\$0.75	
<b>Long Term Disability (average cost)</b>	\$14.54	\$0.00	\$14.54	\$7.27	
<b>Dental Insurance</b>	\$98.00	\$5.00	\$103.00	\$49.00	\$2.50
<b>Admin Fee w/out completion of Health Risk Assessment</b>	\$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 11/6/2023