

# 2024 Cost of Coverage

## Non Represented

| Medical/ Dental/ Vision   | Total Plan Cost Per Month | City of Kent Monthly Cost | Employee Monthly Cost | Employee Cost Per Pay Period (24 pay periods) |
|---|---------------------------|---------------------------|-----------------------|---|
| <b>Premera – CCP linked with HSA</b>  |                           |                           |                       |   |
| Employee Only   | \$751.00                  | \$751.00                  | \$0.00                | \$0.00  |
| Employee + Spouse   | \$1,502.00                | \$1,502.00                | \$0.00                | \$0.00  |
| Employee + Child(ren)   | \$1,427.00                | \$1,427.00                | \$0.00                | \$0.00  |
| Employee + Family   | \$2,180.00                | \$2,180.00                | \$0.00                | \$0.00  |
| <b>Premera – 80/20</b>  |                           |                           |                       |   |
| Employee Only   | \$838.00                  | \$838.00                  | \$0.00                | \$0.00  |
| Employee + Spouse   | \$1,708.00                | \$1,691.00                | \$17.00               | \$8.50  |
| Employee + Child(ren)   | \$1,614.00                | \$1,598.00                | \$16.00               | \$8.00  |
| Employee + Family   | \$2,471.00                | \$2,438.00                | \$33.00               | \$16.50                                       |
| <b>Kaiser Permanente (HMO)</b>  |                           |                           |                       |   |
| Employee Only   | \$923.95                  | \$868.95                  | \$55.00               | \$27.50                                       |
| Employee + Spouse   | \$1,883.50                | \$1,694.50                | \$189.00              | \$94.50                                       |
| Employee + Child(ren)   | \$1,779.75                | \$1,604.75                | \$175.00              | \$87.50                                       |
| Employee + Family   | \$2,724.62                | \$2,417.62                | \$307.00              | \$153.50                                      |
| <b>Premera \$15 Copay - Plan Closed</b> Available only to employees currently enrolled in the plan. |                           |                           |                       |   |
| Employee Only   | \$947.00                  | \$890.00                  | \$57.00               | \$28.50                                       |
| Employee + Spouse   | \$1,925.00                | \$1,731.00                | \$194.00              | \$97.00                                       |
| Employee + Child(ren)   | \$1,818.00                | \$1,639.00                | \$179.00              | \$89.50                                       |
| Employee + Family   | \$2,782.00                | \$2,468.00                | \$314.00              | \$157.00                                      |