

# 2024 Cost of Coverage

## Teamsters

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