

# 2024 Cost of Coverage

## Council Members

Medical/ Dental/ Vision	Total Plan Cost Per Month	City of Kent Monthly Cost	Council Member Monthly Cost	Council Member Cost Per Pay Period (24 pay periods)
<b>Premera – 80/20</b>				
Council Member	\$838.00	\$788.00	\$50.00	\$25.00
Council Member + Spouse	\$1,708.00	\$788.00	\$920.00	\$460.00
Council Member + Child(ren)	\$1,614.00	\$788.00	\$826.00	\$413.00
Council Member + Family	\$2,471.00	\$788.00	\$1,683.00	\$841.50
<b>Kaiser Permanente (HMO)</b>				
Council Member Only	\$923.95	\$868.95	\$55.00	\$27.50
Council Member + Spouse	\$1,883.50	\$868.50	\$1,015.00	\$507.50
Council Member + Child(ren)	\$1,779.75	\$868.75	\$911.00	\$455.50
Council Member + Family	\$2,724.62	\$868.62	\$1,856.00	\$928.00
<b>Premera \$15 Copay - Plan Closed</b> Available only to Council Members currently enrolled in the plan.				
Council Member Only	\$947.00	\$890.00	\$57.00	\$28.50
Council Member + Spouse	\$1,925.00	\$890.00	\$1,035.00	\$517.50
Council Member + Child(ren)	\$1,818.00	\$890.00	\$928.00	\$464.00
Council Member + Family	\$2,782.00	\$890.00	\$1,892.00	\$946.00