

2025 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)
Premera – 80/20				
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
Kaiser Permanente (HMO)				
Council Member Only	\$1,020.64	\$959.64	\$61.00	\$30.50
Council Member + Spouse	\$2,080.88	\$959.88	\$1,121.00	\$560.50
Council Member + Child(ren)	\$1,966.26	\$959.26	\$1,007.00	\$503.50
Council Member + Family	\$3,009.95	\$959.95	\$2,050.00	\$1,025.00
Premera \$15 Copay - Plan Closed 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