

2025 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)
Premera – CCP linked with HSA				
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
Premera – 80/20				
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
Kaiser Permanente (HMO)				
Employee Only	\$1,020.64	\$959.64	\$61.00	\$30.50
Employee + Spouse	\$2,080.88	\$1,871.88	\$209.00	\$104.50
Employee + Child(ren)	\$1,966.26	\$1,773.26	\$193.00	\$96.50
Employee + Family	\$3,009.95	\$2,669.95	\$340.00	\$170.00
Premera \$15 Copay - Plan Closed 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