## 2025 Insurance Rates

## City of Spokane

## LEOFF II - Police Lieutenants, Police Captains, & Police Managerial

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Bi-monthly City Premium	Bi-monthly Employee Premium
Premera Plan 3	Employee Only	C06-1	\$1,793.72	\$135.00	\$1,928.72	\$896.86	\$67.50
\$100/\$300 deductible	Employee & Spouse	C06-2	\$1,793.72	\$135.00	\$1,928.72	\$896.86	\$67.50
\$625 indiv/\$1875 fam	Employee, Spouse & Child(ren)	C06-3	\$1,793.72	\$135.00	\$1,928.72	\$896.86	\$67.50
out of pocket maximum	Employee & Child(ren)	C06-5	\$1,793.72	\$135.00	\$1,928.72	\$896.86	\$67.50
Premera Plan 4	Employee Only	C02-1	\$1,757.68	\$105.00	\$1,862.68	\$878.84	\$52.50
\$500/\$1,500 deductible	Employee & Spouse	C02-2	\$1,757.68	\$105.00	\$1,862.68	\$878.84	\$52.50
\$1,000 indiv/\$3,000 fam	Employee, Spouse & Child(ren)	C02-3	\$1,757.68	\$105.00	\$1,862.68	\$878.84	\$52.50
out of pocket maximum	Employee & Child(ren)	C02-5	\$1,757.68	\$105.00	\$1,862.68	\$878.84	\$52.50
Kaiser Perm 1	Employee Only	G05-1	\$1,453.08	\$135.00	\$1,588.08	\$726.54	\$67.50
\$0/\$0 deductible	Employee & Spouse	G05-2	\$1,453.08	\$135.00	\$1,588.08	\$726.54	\$67.50
\$2,000 indiv/\$4,000 fam	Employee, Spouse & Child(ren)	G05-3	\$1,453.08	\$135.00	\$1,588.08	\$726.54	\$67.50
out of pocket maximum	Employee & 1 Child	G05-4	\$1,453.08	\$135.00	\$1,588.08	\$726.54	\$67.50
	Employee & Children	G05-5	\$1,453.08	\$135.00	\$1,588.08	\$726.54	\$67.50
Kaiser Perm 2	Employee Only	G02-1	\$1,367.86		\$1,472.86	\$683.93	\$52.50
\$100/\$300 deductible	Employee & Spouse	G02-2	\$1,367.86	\$105.00	\$1,472.86	\$683.93	\$52.50
\$1,000 indiv/\$3,000 fam	Employee, Spouse & Child(ren)	G02-3	\$1,367.86	\$105.00	\$1,472.86	\$683.93	\$52.50
out of pocket maximum	Employee & 1 Child	G02-4	\$1,367.86	\$105.00	\$1,472.86	\$683.93	\$52.50
	Employee & Children	G02-5	\$1,367.86	\$105.00	\$1,472.86	\$683.93	\$52.50
Employee Life Insurance-Managerial 1.5 x to \$60,000 max			0.244/\$K	\$0.00	\$0.00	0.122/\$K	

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Employee Life Insurance-Lts & Cpts \$100,000	\$24.40	\$0.00	\$24.40	\$12.20	
Dependent Life Insurance: \$6,000/\$2,000	\$1.16	\$0.00	\$1.16	\$0.58	
Long Term Disability	\$22.00	\$0.00	\$22.00	\$11.00	
Dental Insurance - PPO provider	\$99.00	\$0.00	\$99.00	\$49.50	

Employees' medical and dental contribution is pre-taxed dollars as allowed by Section 125.

Revised 10/10/2024