## 2025 Insurance Rates

**City of Spokane** 

## **Library Managerial**

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Bi-monthly City Premium	Bi-monthly Employee Premium
Premera Plan 5	Employee Only	C15-1	\$811.02	\$42.70	\$853.72	\$405.51	\$21.35
\$200/\$600 deductible	Employee & Spouse	C15-2	\$1,349.26	\$273.34	\$1,622.60	\$674.63	\$136.67
\$1000 indiv/\$3000 fam	Employee, Spouse & Child(ren)	C15-3	\$1,747.90	\$444.20	\$2,192.10	\$873.95	\$222.10
out of pocket maximum	Employee & Child(ren)	C15-5	\$1,209.70	\$213.54	\$1,423.24	\$604.85	\$106.77
Premera Plan 6	Employee Only	C16-1	\$764.90	\$12.44	\$777.34	\$382.45	\$6.22
\$750/\$2250 deductible	Employee & Spouse	C16-2	\$1,290.04	\$187.50	\$1,477.54	\$645.02	\$93.75
\$1500 indiv/\$4500 fam	Employee, Spouse & Child(ren)	C16-3	\$1,679.04	\$317.14	\$1,996.18	\$839.52	\$158.57
out of pocket maximum	Employee & Child(ren)	C16-5	\$1,153.90	\$142.10	\$1,296.00	\$576.95	\$71.05
Kaiser Perm 3	Employee Only	G08-1	\$641.02	\$33.74	\$674.76	\$320.51	\$16.87
\$200/\$400 deductible	Employee & Spouse	G08-2	\$1,063.22	\$214.68	\$1,277.90	\$531.61	\$107.34
\$2000 indiv/\$4000 fam	Employee, Spouse & Child(ren)	G08-3	\$1,345.46	\$335.64	\$1,681.10	\$672.73	\$167.82
out of pocket maximum	Employee & 1 Child	G08-4	\$954.80	\$168.20	\$1,123.00	\$477.40	\$84.10
	Employee & Children	G08-5	\$1,001.74	\$188.34	\$1,190.08	\$500.87	\$94.17
	Employee Only	G09-1	\$597.16	\$0.00	\$597.16	\$298.58	\$0.00
Kaiser Perm 4					+		
\$500/\$1500 deductible	Employee & Spouse	G09-2	\$996.34	\$133.06	\$1,129.40	\$498.17	\$66.53
				\$133.06 \$222.24		\$498.17 \$631.93	
\$500/\$1500 deductible	Employee & Spouse	G09-2	\$996.34		\$1,129.40	+	\$66.53
\$500/\$1500 deductible \$1500 indiv/\$4500 fam	Employee & Spouse Employee, Spouse & Child(ren)	G09-2 G09-3	\$996.34 \$1,263.86	\$222.24	\$1,129.40 \$1,486.10	\$631.93	\$66.53 \$111.12
\$500/\$1500 deductible \$1500 indiv/\$4500 fam	Employee & Spouse Employee, Spouse & Child(ren) Employee & 1 Child	G09-2 G09-3 G09-4	\$996.34 \$1,263.86 \$894.02	\$222.24 \$98.96	\$1,129.40 \$1,486.10 \$992.98	\$631.93 \$447.01	\$66.53 \$111.12 \$49.48

Employee Life insurance. 1.5X base annual to \$100,000 max	0.244/\$K	<b>Ф</b> 0.00	<b>Ф</b> 0.00	0.122/JR	
Dependent Life Insurance: \$6,000/\$2,000	\$1.16	\$0.00	\$1.16	\$0.58	
Long Term Disability, average cost	\$13.73	\$0.00	\$13.73	\$6.87	
Dental Insurance	\$98.00	\$5.00	\$103.00	\$49.00	\$2.50

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

Revised 10/10/2024