

City of Bellevue MONTHLY Medical, Dental & Vision Rates

Effective January 1, 2025

Battalion Chief				
Plan	Coverage Level	Total Premium	City Contribution	Employee Contribution
Kaiser Medical	Employee Only	\$ 786.15	\$ 786.15	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 1,624.66	\$ 1,540.81	\$ 83.85
	Employee + Child(ren)	\$ 1,395.97	\$ 1,334.99	\$ 60.98
	Employee + Family	\$ 2,463.17	\$ 2,295.47	\$ 167.70
Premera Choice Medical	Employee Only	\$ 798.43	\$ 798.43	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 1,650.05	\$ 1,564.89	\$ 85.16
	Employee + Child(ren)	\$ 1,417.79	\$ 1,355.85	\$ 61.94
	Employee + Family	\$ 2,501.63	\$ 2,331.31	\$ 170.32
Premera Core Medical	Employee Only	\$ 912.30	\$ 912.30	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 1,915.84	\$ 1,815.49	\$ 100.35
	Employee + Child(ren)	\$ 1,642.15	\$ 1,569.16	\$ 72.99
	Employee + Family	\$ 2,919.37	\$ 2,718.66	\$ 200.71
Delta Dental	Employee Only	\$ 63.53	\$ 63.53	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 117.84	\$ 106.98	\$ 10.86
	Employee + Child(ren)	\$ 145.04	\$ 128.74	\$ 16.30
	Employee + Family	\$ 199.39	\$ 172.22	\$ 27.17
Willamette Dental	Employee Only	\$ 74.40	\$ 74.40	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 135.45	\$ 123.24	\$ 12.21
	Employee + Child(ren)	\$ 166.95	\$ 148.44	\$ 18.51
	Employee + Family	\$ 221.70	\$ 192.24	\$ 29.46
VSP Exam	Employee Only	\$ 0.72	\$ 0.72	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 1.29	\$ 1.29	\$ -
	Employee + Child(ren)	\$ 1.30	\$ 1.30	\$ -
	Employee + Family	\$ 2.18	\$ 2.18	\$ -
VSP Exam + Hardware	Employee Only	\$ 14.61	\$ 2.92	\$ 11.69
	Employee + Spouse/Domestic Ptnr	\$ 22.90	\$ 4.58	\$ 18.32
	Employee + Child(ren)	\$ 23.37	\$ 4.67	\$ 18.70
	Employee + Family	\$ 37.61	\$ 7.52	\$ 30.09

Deductions are post-tax for non-IRS dependents, domestic partners and partner's child(ren)