

## 2024 City of Bellevue COBRA Rates

	Active Rate (for reference)	18/36 Month COBRA Rate (102%)
<b>MEDICAL PLANS</b>		
<b>Kaiser Medical</b>		
Employee	\$ 755.80	\$ 770.92
Spouse	\$ 755.80	\$ 770.92
Child	\$ 755.80	\$ 770.92
Children	\$ 1,342.08	\$ 1,368.93
Employee & Spouse	\$ 1,561.93	\$ 1,593.17
Employee & Child(ren)	\$ 1,342.08	\$ 1,368.93
Spouse & Child(ren) Only	\$ 1,342.08	\$ 1,368.93
Employee & Spouse & Child(ren)	\$ 2,368.04	\$ 2,415.41
Overage Dependent	\$ 755.80	\$ 770.92
<b>Premera Choice Medical</b>		
Employee	\$ 773.90	\$ 789.38
Spouse	\$ 773.90	\$ 789.38
Rate per Child	\$ 773.90	\$ 789.38
Employee & Spouse	\$ 1,599.35	\$ 1,631.34
Employee & Child(ren)	\$ 1,374.23	\$ 1,401.72
Spouse & Child(ren) Only	\$ 1,374.23	\$ 1,401.72
Employee & Spouse & Child(ren)	\$ 2,424.76	\$ 2,473.26
Overage Dependent	\$ 773.90	\$ 789.38
<b>Premera Core Medical</b>		
Employee	\$ 884.27	\$ 901.96
Spouse	\$ 884.27	\$ 901.96
Rate per Child	\$ 884.27	\$ 901.96
Employee & Spouse	\$ 1,856.97	\$ 1,894.11
Employee & Child(ren)	\$ 1,591.69	\$ 1,623.53
Spouse & Child(ren) Only	\$ 1,591.69	\$ 1,623.53
Employee & Spouse & Child(ren)	\$ 2,829.67	\$ 2,886.27
Overage Dependent	\$ 884.27	\$ 901.96

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<b>DENTAL PLANS</b>		
<b>Delta Dental</b>		
Employee	\$ 63.53	\$ 64.81
Spouse	\$ 54.31	\$ 55.40
Divorced Spouse	\$ 63.53	\$ 64.81
Child	\$ 81.51	\$ 83.15
Children	\$ 81.51	\$ 83.15
Employee & Spouse	\$ 117.84	\$ 120.20
Employee & Child(ren)	\$ 145.04	\$ 147.95
Spouse & Child(ren) Only	\$ 135.86	\$ 138.58
Employee & Spouse & Child(ren)	\$ 199.39	\$ 203.38
Overage Dependent	\$ 63.53	\$ 64.81
<b>Willamette Dental</b>		
Employee	\$ 72.75	\$ 74.21
Spouse	\$ 72.75	\$ 74.21
Child	\$ 72.75	\$ 74.21
Children	\$ 163.30	\$ 166.57
Employee & Spouse	\$ 132.50	\$ 135.15
Employee & Child(ren)	\$ 163.30	\$ 166.57
Spouse & Child(ren) Only	\$ 163.30	\$ 166.57
Employee & Spouse & Child(ren)	\$ 216.85	\$ 221.19
Overage Dependent	\$ 72.75	\$ 74.21
<b>VISION PLANS</b>		
<b>VSP Exam</b>		
Employee	\$ 0.72	\$ 0.74
Spouse	\$ 0.72	\$ 0.74
Rate per Child	\$ 0.72	\$ 0.74
Employee & Spouse	\$ 1.29	\$ 1.32
Employee & Child(ren)	\$ 1.30	\$ 1.33
Spouse & Child(ren) Only	\$ 1.30	\$ 1.33
Employee & Spouse & Child(ren)	\$ 2.18	\$ 2.23
Overage Dependent	\$ 0.72	\$ 0.73
<b>VSP Exam + Hardware</b>		
Employee	\$ 14.61	\$ 14.91
Spouse	\$ 14.61	\$ 14.91
Rate per Child	\$ 14.61	\$ 14.91
Employee & Spouse	\$ 22.90	\$ 23.36
Employee & Child(ren)	\$ 23.37	\$ 23.84
Spouse & Child(ren) Only	\$ 23.37	\$ 23.84
Employee & Spouse & Child(ren)	\$ 37.61	\$ 38.37
Overage Dependent	\$ 14.61	\$ 14.90

Visit the United States Department of Labor website to read more about COBRA:

<https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/cobra-continuation-health-coverage-consumer.pdf>