

City of Bellevue MONTHLY Medical, Dental & Vision Rates

Effective January 1, 2024

Battalion Chief				
Plan	Coverage Level	Total Premium	City Contribution	Employee Contribution
Kaiser Medical	Employee Only	\$ 755.80	\$ 755.80	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 1,561.93	\$ 1,481.32	\$ 80.61
	Employee + Child(ren)	\$ 1,342.08	\$ 1,283.45	\$ 58.63
	Employee + Family	\$ 2,368.04	\$ 2,206.82	\$ 161.22
Premera Choice Medical	Employee Only	\$ 773.90	\$ 773.90	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 1,599.35	\$ 1,516.80	\$ 82.55
	Employee + Child(ren)	\$ 1,374.23	\$ 1,314.20	\$ 60.03
	Employee + Family	\$ 2,424.76	\$ 2,259.67	\$ 165.09
Premera Core Medical	Employee Only	\$ 884.27	\$ 884.27	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 1,856.97	\$ 1,759.70	\$ 97.27
	Employee + Child(ren)	\$ 1,591.69	\$ 1,520.95	\$ 70.74
	Employee + Family	\$ 2,829.67	\$ 2,635.13	\$ 194.54
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	\$ 72.75	\$ 72.75	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 132.50	\$ 120.55	\$ 11.95
	Employee + Child(ren)	\$ 163.30	\$ 145.19	\$ 18.11
	Employee + Family	\$ 216.85	\$ 188.03	\$ 28.82
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)