

2025 City of Bellevue COBRA Rates

	Active Rate (for reference)	18/36 Month COBRA Rate (102%)
MEDICAL PLANS		
Kaiser Medical		
Employee	\$ 786.15	\$ 801.87
Spouse	\$ 786.15	\$ 801.87
Child	\$ 786.15	\$ 801.87
Children	\$ 1,395.97	\$ 1,423.89
Employee & Spouse	\$ 1,624.66	\$ 1,657.15
Employee & Child(ren)	\$ 1,395.97	\$ 1,423.89
Spouse & Child(ren) Only	\$ 1,395.97	\$ 1,423.89
Employee & Spouse & Child(ren)	\$ 2,463.17	\$ 2,512.43
Overage Dependent	\$ 786.15	\$ 801.87
Premera Choice Medical		
Employee	\$ 798.43	\$ 814.40
Spouse	\$ 798.43	\$ 814.40
Rate per Child	\$ 798.43	\$ 814.40
Employee & Spouse	\$ 1,650.05	\$ 1,683.05
Employee & Child(ren)	\$ 1,417.79	\$ 1,446.15
Spouse & Child(ren) Only	\$ 1,417.79	\$ 1,446.15
Employee & Spouse & Child(ren)	\$ 2,501.63	\$ 2,551.66
Overage Dependent	\$ 798.43	\$ 814.40
Premera Core Medical		
Employee	\$ 912.30	\$ 930.55
Spouse	\$ 912.30	\$ 930.55
Rate per Child	\$ 912.30	\$ 930.55
Employee & Spouse	\$ 1,915.84	\$ 1,954.16
Employee & Child(ren)	\$ 1,642.15	\$ 1,674.99
Spouse & Child(ren) Only	\$ 1,642.15	\$ 1,674.99
Employee & Spouse & Child(ren)	\$ 2,919.37	\$ 2,977.76
Overage Dependent	\$ 912.30	\$ 930.55

2025 City of Bellevue COBRA Rates

	Active Rate (for reference)	18/36 Month COBRA Rate (102%)
DENTAL PLANS		
Delta Dental		
Employee	\$ 63.53	\$ 64.80
Spouse	\$ 54.31	\$ 55.40
Divorced Spouse	\$ 63.53	\$ 64.80
Child	\$ 81.51	\$ 83.14
Children	\$ 81.51	\$ 83.14
Employee & Spouse	\$ 117.84	\$ 120.20
Employee & Child(ren)	\$ 145.04	\$ 147.94
Spouse & Child(ren) Only	\$ 135.86	\$ 138.58
Employee & Spouse & Child(ren)	\$ 199.39	\$ 203.38
Overage Dependent	\$ 63.53	\$ 64.80
Willamette Dental		
Employee	\$ 74.40	\$ 75.89
Spouse	\$ 74.40	\$ 75.89
Child	\$ 74.40	\$ 75.89
Children	\$ 166.95	\$ 170.29
Employee & Spouse	\$ 135.45	\$ 138.16
Employee & Child(ren)	\$ 166.95	\$ 170.29
Spouse & Child(ren) Only	\$ 166.95	\$ 170.29
Employee & Spouse & Child(ren)	\$ 221.70	\$ 226.13
Overage Dependent	\$ 74.40	\$ 75.89
VISION PLANS		
VSP Exam		
Employee	\$ 0.72	\$ 0.73
Spouse	\$ 0.72	\$ 0.73
Rate per Child	\$ 0.72	\$ 0.73
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	\$ 2.22
Overage Dependent	\$ 0.72	\$ 0.73
VSP Exam + Hardware		
Employee	\$ 14.61	\$ 14.90
Spouse	\$ 14.61	\$ 14.90
Rate per Child	\$ 14.61	\$ 14.90
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	\$ 38.36
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>