

City of Bellevue, Washington
COBRA Rates: Effective January 1, 2023

	Active Rate (for reference only)	18/36 Month COBRA Rate (102%)
MEDICAL PLANS		
Kaiser Medical		
Employee	\$ 760.87	\$ 776.09
Spouse	\$ 760.87	\$ 776.09
Child	\$ 760.87	\$ 776.09
Children	\$ 1,141.38	\$ 1,164.21
Employee & Spouse	\$ 1,597.82	\$ 1,629.78
Employee & Child(ren)	\$ 1,141.38	\$ 1,164.21
Spouse & Child(ren) Only	\$ 1,141.38	\$ 1,164.21
Employee & Spouse & Child(ren)	\$ 1,902.32	\$ 1,940.37
Overage Dependent	\$ 760.87	\$ 776.09
Premera Choice Medical		
Employee	\$ 717.80	\$ 732.16
Spouse	\$ 717.80	\$ 732.16
Rate per Child	\$ 717.80	\$ 732.16
Employee & Spouse	\$ 1,483.40	\$ 1,513.07
Employee & Child(ren)	\$ 1,274.60	\$ 1,300.09
Spouse & Child(ren) Only	\$ 1,274.60	\$ 1,300.09
Employee & Spouse & Child(ren)	\$ 2,248.98	\$ 2,293.96
Overage Dependent	\$ 717.80	\$ 732.16
Premera Core Medical		
Employee	\$ 820.17	\$ 836.57
Spouse	\$ 820.17	\$ 836.57
Rate per Child	\$ 820.17	\$ 836.57
Employee & Spouse	\$ 1,722.35	\$ 1,756.80
Employee & Child(ren)	\$ 1,476.30	\$ 1,505.83
Spouse & Child(ren) Only	\$ 1,476.30	\$ 1,505.83
Employee & Spouse & Child(ren)	\$ 2,624.53	\$ 2,677.02
Overage Dependent	\$ 820.17	\$ 836.57

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DENTAL PLANS		
Delta Dental		
Employee	\$ 60.78	\$ 62.00
Spouse	\$ 51.96	\$ 53.00
Divorced Spouse	\$ 60.78	\$ 62.00
Child	\$ 77.99	\$ 79.55
Children	\$ 77.99	\$ 79.55
Employee & Spouse	\$ 112.74	\$ 114.99
Employee & Child(ren)	\$ 138.77	\$ 141.55
Spouse & Child(ren) Only	\$ 129.98	\$ 132.58
Employee & Spouse & Child(ren)	\$ 190.76	\$ 194.58
Overage Dependent	\$ 60.78	\$ 62.00

Willamette Dental		
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

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

To read more about COBRA from the United States Department of Labor website, please visit:

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