

City of Bellevue MONTHLY Medical, Dental & Vision Rates Effective January 1, 2024

Non-Represented Employees				
Plan	Coverage Level	Total Premium	City Contribution	Employee Contribution
Kaiser Medical <i>Available to all employees</i>	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 <i>Available to all employees</i>	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 <i>Available to employees hired by 11-30-18</i>	Employee Only	\$ 884.27	\$ 815.83	\$ 68.44
	Employee + Spouse/Domestic Ptnr	\$ 1,856.97	\$ 1,561.50	\$ 295.47
	Employee + Child(ren)	\$ 1,591.69	\$ 1,385.73	\$ 205.96
	Employee + Family	\$ 2,829.67	\$ 2,346.08	\$ 483.59
Delta Dental	Employee Only	\$ 63.53	\$ 55.91	\$ 7.62
	Employee + Spouse/Domestic Ptnr	\$ 117.84	\$ 98.27	\$ 19.57
	Employee + Child(ren)	\$ 145.04	\$ 119.48	\$ 25.56
	Employee + Family	\$ 199.39	\$ 161.88	\$ 37.51
Willamette Dental	Employee Only	\$ 72.75	\$ 63.52	\$ 9.23
	Employee + Spouse/Domestic Ptnr	\$ 132.50	\$ 110.14	\$ 22.36
	Employee + Child(ren)	\$ 163.30	\$ 134.15	\$ 29.15
	Employee + Family	\$ 216.85	\$ 175.92	\$ 40.93
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	\$ 0.72	\$ 13.89
	Employee + Spouse/Domestic Ptnr	\$ 22.90	\$ 1.29	\$ 21.61
	Employee + Child(ren)	\$ 23.37	\$ 1.30	\$ 22.07
	Employee + Family	\$ 37.61	\$ 2.18	\$ 35.43

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