

# 2020 Cost of Coverage

## AFSCME

Medical/ Dental/ Vision	Total Plan Cost Per Month	City of Kent Monthly Cost	Employee Monthly Cost	Employee Cost Per Pay Period (24 pay periods)
<b>Premera – CCP linked with HSA</b>				
Employee Only	\$726.00	\$726.00	\$0.00	\$0.00
Employee + Spouse	\$1,452.00	\$1,452.00	\$0.00	\$0.00
Employee + Child(ren)	\$1,379.00	\$1,379.00	\$0.00	\$0.00
Employee + Family	\$2,107.00	\$2,107.00	\$0.00	\$0.00
<b>Premera – 80/20</b>				
Employee Only	\$810.00	\$810.00	\$0.00	\$0.00
Employee + Spouse	\$1,650.00	\$1,633.00	\$17.00	\$8.50
Employee + Child(ren)	\$1,559.00	\$1,544.00	\$15.00	\$7.50
Employee + Family	\$2,387.00	\$2,355.00	\$32.00	\$16.00
<b>Kaiser Permanente (HMO)</b>				
Employee Only	\$807.72	\$759.72	\$48.00	\$24.00
Employee + Spouse	\$1,791.62	\$1,605.62	\$186.00	\$93.00
Employee + Child(ren)	\$1,620.59	\$1,458.59	\$162.00	\$81.00
Employee + Family	\$2,568.74	\$2,273.74	\$295.00	\$147.50
<b>Premera \$15 Copay - Plan Closed</b> Available only to employees currently enrolled in the plan.				
Employee Only	\$915.00	\$860.00	\$55.00	\$27.50
Employee + Spouse	\$1,859.00	\$1,672.00	\$187.00	\$93.50
Employee + Child(ren)	\$1,756.00	\$1,583.00	\$173.00	\$86.50
Employee + Family	\$2,687.00	\$2,384.00	\$303.00	\$151.50