

2020 Cost of Coverage

Council Members

Medical/ Dental/ Vision	Total Plan Cost Per Month	City of Kent Monthly Cost	Council Member Monthly Cost	Council Member Cost Per Pay Period (24 pay periods)
Premera – 80/20				
Council Member	\$810.00	\$761.00	\$49.00	\$24.50
Council Member + Spouse	\$1,650.00	\$761.00	\$889.00	\$444.50
Council Member + Child(ren)	\$1,559.00	\$761.00	\$798.00	\$399.00
Council Member + Family	\$2,387.00	\$761.00	\$1,626.00	\$813.00
Kaiser Permanente (HMO)				
Council Member Only	\$807.72	\$759.72	\$48.00	\$24.00
Council Member + Spouse	\$1,791.62	\$759.62	\$1,032.00	\$516.00
Council Member + Child(ren)	\$1,620.59	\$759.59	\$861.00	\$430.50
Council Member + Family	\$2,568.74	\$759.74	\$1,809.00	\$904.50
Premera \$15 Copay - Plan Closed Available only to Council Members currently enrolled in the plan.				
Council Member Only	\$915.00	\$860.00	\$55.00	\$27.50
Council Member + Spouse	\$1,859.00	\$860.00	\$999.00	\$499.50
Council Member + Child(ren)	\$1,756.00	\$860.00	\$896.00	\$448.00
Council Member + Family	\$2,687.00	\$860.00	\$1,827.00	\$913.50