

# 2020 Cost of Coverage

## Police Assistant Chiefs and Commanders

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	\$807.72	\$0.00	\$0.00
Employee + Spouse	\$1,791.62	\$1,643.62	\$148.00	\$74.00
Employee + Child(ren)	\$1,620.59	\$1,498.59	\$122.00	\$61.00
Employee + Family	\$2,568.74	\$2,366.74	\$202.00	\$101.00
<b>Premera \$15 Copay - Plan Closed</b> Available only to new KPOA hires and employees currently enrolled in the plan.				
Employee Only	\$915.00	\$915.00	\$0.00	\$0.00
Employee + Spouse	\$1,859.00	\$1,717.00	\$142.00	\$71.00
Employee + Child(ren)	\$1,756.00	\$1,630.00	\$126.00	\$63.00
Employee + Family	\$2,687.00	\$2,485.00	\$202.00	\$101.00