

**Seattle Housing Authority - 2018 RATES**

<b>Employee Group</b>	<b>Single Employee with or without Children</b>	<b>Employee with Spouse/Domestic Partner with or without Children</b>
<b>Aetna Traditional</b>	\$1,109.70	\$1,109.70
SHA Contribution	\$1,109.70	\$1,077.36
Employee Deduction	<b>\$0.00</b>	<b>\$32.34</b>
<b>Aetna Preventive</b>	\$1,226.07	\$1,226.07
SHA Contribution	\$1,177.95	\$1,127.57
Employee Deduction	<b>\$48.12</b>	<b>\$98.50</b>
<b>Kaiser Standard Plan</b>	\$1,074.26	\$1,074.26
SHA Contribution	\$1,025.86	\$974.36
Employee Deduction	<b>\$48.40</b>	<b>\$99.90</b>
<b>Kaiser Deductible Plan</b>	\$989.38	\$989.38
SHA Contribution	\$964.38	\$932.46
Employee Deduction	<b>\$25.00</b>	<b>\$56.92</b>
<b>Delta Dental of WA</b>	\$111.02	\$111.02
SHA Contribution	\$111.02	\$111.02
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>
<b>Dental Health Services</b>	\$150.46	\$150.46
SHA Contribution	\$150.46	\$150.46
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>
<b>Basic Vision Service Plan</b>	\$9.46	\$9.46
SHA Contribution	\$9.46	\$9.46
Employee Deduction	<b>\$0.00</b>	<b>\$0.00</b>
<b>Vision Service Plan (Buy Up)</b>	\$19.82	\$19.82
City Share	\$9.46	\$9.46
Employee Deduction	<b>\$10.36</b>	<b>\$10.36</b>

**2018 RATES**

**ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**  
Hartford Insurance Company

**Monthly Premium: Fully paid by employee**

Employee Only Coverage: \$0.03 per \$1,000 of Benefit  
Employee & Family Coverage: \$0.04 per \$1,000 of Benefit

**GROUP TERM LIFE INSURANCE**  
Standard Insurance Company

**Basic Coverage: Monthly Premium: \$0.09 per \$1,000 of benefit**

SHA Share: \$.036  
Employee Deduction: \$0.054

**Supplemental Coverage: Monthly Premium per \$1,000 of coverage**

Age	Premium	Age	Premium
0 - 29	\$0.026	50 - 54	\$0.188
30 - 34	\$0.039	55 - 59	\$0.292
35 - 39	\$0.052	60 - 64	\$0.447
40 - 44	\$0.073	65+	\$0.778
45 - 49	\$0.123		

**Dependent Child Supplemental Life (one premium covers all children)**

Coverage Amount	Premium
\$2,000	\$0.36
\$5,000	\$0.90
\$10,000	\$1.80

**LONG TERM DISABILITY INSURANCE**  
Standard Insurance Company

**Non-Uniformed Employees Plan Monthly Premium:**

SHA-Paid Basic Coverage: .315% of first \$667 of insured earnings  
Employee-Paid Optional Coverage: .585% of next \$7,666 of insured earnings