

Seattle Housing Authority - 2019 RATES
Effective January 1 - December 31, 2019

| Benefit Plans Employee Group | Single Employee with or without Children | Employee with Spouse/Domestic Partner with or without Children |
|---|---|---|
| Aetna Traditional | \$1,279.79 | \$1,279.79 |
| SHA SHARE | \$1,279.79 | \$1,247.45 |
| Employee Deduction | \$0.00 | \$32.34 |
| Kaiser Permanente Standard Plan | \$1,161.69 | \$1,161.69 |
| SHA SHARE | \$1,113.29 | \$1,061.79 |
| Employee Deduction | \$48.40 | \$99.90 |
| Kaiser Permanente Deductible | \$1,070.61 | \$1,070.61 |
| SHA SHARE | \$1,045.61 | \$1,013.69 |
| Employee Deduction | \$25.00 | \$56.92 |
| Aetna Preventive | \$1,412.87 | \$1,412.87 |
| SHA SHARE | \$1,364.75 | \$1,314.37 |
| Employee Deduction | \$48.12 | \$98.50 |
| Delta Dental of WA | \$107.62 | \$107.62 |
| SHA SHARE | \$107.62 | \$107.62 |
| Employee Deduction | \$0.00 | \$0.00 |
| Dental Health Services | \$150.46 | \$150.46 |
| SHA SHARE | \$150.46 | \$150.46 |
| Employee Deduction | \$0.00 | \$0.00 |
| Vision Service Plan | \$9.47 | \$9.47 |
| SHA SHARE | \$9.47 | \$9.47 |
| Employee Deduction | \$0.00 | \$0.00 |
| Vision Service Plan Buy Up | \$19.85 | \$19.85 |
| SHA SHARE | \$9.47 | \$9.47 |
| Employee Deduction | \$10.38 | \$10.38 |

2019 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 |
|------------|----------------|------------|
| 0 - 29 | \$0.026 | 50 - 54 |
| 30 - 34 | \$0.039 | 55 - 59 |
| 35 - 39 | \$0.052 | 60 - 64 |
| 40 - 44 | \$0.073 | 65+ |
| 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

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 |