

Seattle Housing Authority - 2020 RATES
Effective January 1 - December 31, 2020

Benefit Plans Employee Group	Single Employee with or without Children	Employee with Spouse/Domestic Partner with or without Children
Aetna Traditional	\$1,409.38	\$1,409.38
SHA SHARE	\$1,409.38	\$1,377.04
Employee Deduction	\$0.00	\$32.34
Aetna Preventive	\$1,555.93	\$1,555.93
SHA SHARE	\$1,507.81	\$1,457.43
Employee Deduction	\$48.12	\$98.50
Kaiser Permanente Standard Plan	\$1,234.80	\$1,234.80
SHA SHARE	\$1,186.40	\$1,134.90
Employee Deduction	\$48.40	\$99.90
Kaiser Permanente Deductible	\$1,137.99	\$1,137.99
SHA SHARE	\$1,112.99	\$1,081.07
Employee Deduction	\$25.00	\$56.92
Delta Dental of WA	\$113.46	\$113.46
SHA SHARE	\$113.46	\$113.46
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: \$0.08 per \$1,000 of benefit

SHA Share:	\$0.036
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