

Medical Plans	2026 SHA Portion	2026 EE Portion
City of Seattle Traditional - EE (with or without children)	\$2,097.88	\$0.00
City of Seattle Traditional - FAM	\$2,065.54	\$32.34
City of Seattle Preventive - EE (with or without children)	\$2,281.24	\$48.12
City of Seattle Preventive - FAM	\$2,230.86	\$98.50
Kaiser Standard - EE (with or without children)	\$1,699.83	\$48.40
Kaiser Standard - FAM	\$1,648.33	\$99.90
Kaiser Deductible - EE (with or without children)	\$1,586.18	\$25.00
Kaiser Deductible - FAM	\$1,554.26	\$56.92
Medical Waive	\$1,586.18	
Dental Plans and Vision	SHA Portion	EE Portion
Delta Dental of WA (formerly WA Dental)	\$125.52	\$0.00
Dental Health Services	\$142.65	\$0.00
Vision Service Plan	\$9.53	\$0.00
Vision Service Plan - Buy up plan	\$9.53	\$12.04

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE
Securian Financial

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
Securian Financial

Basic Coverage: Monthly Premium: \$0.116 per \$1,000 of benefit

City Share: \$0.046
Employee Deduction: \$0.070

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

Age	Premium	Age	Premium
Under 25	\$0.032		
25 - 29	\$0.032	50 - 54	\$0.227
30 - 34	\$0.047	55 - 59	\$0.354
35 - 39	\$0.063	60 - 64	\$0.541
40 - 44	\$0.088	65+	\$0.942
45 - 49	\$0.149		

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
The Hartford

Non-Uniformed Employees Plan Monthly Premium:

City-Paid Basic Coverage: .142% of first \$667 of insured earn
Employee-Paid Optional Coverage: .384% of next \$9,333 of insured e