

**CITY OF SPOKANE 2009 INSURANCE RATES
LOCAL 270
and
REGIONAL COUNCIL 270**

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III \$100/\$300 deductible \$725 indiv/\$2175 fam out of pocket	Employee Only	C301	\$479.11	\$0.00	\$479.11	\$5,749.32
	Employee & Spouse	C302	\$802.74	\$107.88	\$910.62	\$10,927.44
	Employee, Spouse & Child(ren)	C303	\$1,042.46	\$187.79	\$1,230.25	\$14,763.00
	Employee & Child(ren)	C305	\$718.83	\$79.91	\$798.74	\$9,584.88
Group Health	Employee Only	GH01	\$501.00	\$0.00	\$501.00	\$6,012.00
	Employee & Spouse	GH02	\$815.30	\$134.70	\$950.00	\$11,400.00
	Employee, Spouse & Child(ren)	GH03	\$1,025.30	\$224.70	\$1,250.00	\$15,000.00
	Employee & 1 Child	GH04	\$734.80	\$100.20	\$835.00	\$10,020.00
	Employee & Children	GH05	\$769.80	\$115.20	\$885.00	\$10,620.00
Employee Life Insurance: 1.5x base annual pay to \$100K max			\$16.28	\$0.00	\$16.28	\$195.36
Dependent Life Insurance: \$5,000/\$2,000			\$1.04	\$0.00	\$1.04	\$12.48
Dental Insurance			\$99.00	\$0.00	\$99.00	\$1,188.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Voluntary Long Term Care Insurance
- Voluntary Life Insurance
- Voluntary AFLAC Policies

**CITY OF SPOKANE 2009 INSURANCE RATES
LIBRARY 270**

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III \$100/\$300 deductible \$725 indiv/\$2175 fam out of pocket	Employee Only	C301	\$474.32	\$4.79	\$479.11	\$5,749.32
	Employee & Spouse	C302	\$841.10	\$69.52	\$910.62	\$10,927.44
	Employee, Spouse & Child(ren)	C303	\$1,112.79	\$117.46	\$1,230.25	\$14,763.00
	Employee & Child(ren)	C305	\$746.01	\$52.73	\$798.74	\$9,584.88

Group Health	Employee Only	GH01	\$495.99	\$5.01	\$501.00	\$6,012.00
	Employee & Spouse	GH02	\$855.19	\$94.81	\$950.00	\$11,400.00
	Employee, Spouse & Child(ren)	GH03	\$1,095.19	\$154.81	\$1,250.00	\$15,000.00
	Employee & 1 Child	GH04	\$763.19	\$71.81	\$835.00	\$10,020.00
	Employee & Children	GH05	\$803.19	\$81.81	\$885.00	\$10,620.00

Employee Life Insurance: \$20,000	\$6.00	\$0.00	\$6.00	\$72.00
Dependent Life Insurance: \$5,000/\$2,000	\$1.04	\$0.00	\$1.04	\$12.48
Dental Insurance	\$99.00	\$0.00	\$99.00	\$1,188.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Voluntary Long Term Care Insurance
- Voluntary Life Insurance
- Voluntary AFLAC Policies

CITY OF SPOKANE 2009 INSURANCE RATES LIBRARY MANAGERIAL

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III \$100/\$300 deductible \$725 indiv/\$2175 fam out of pocket	Employee Only	C301	\$440.43	\$11.29	\$451.72	\$5,420.64
	Employee & Spouse	C302	\$765.90	\$92.66	\$858.56	\$10,302.72
	Employee, Spouse & Child(ren)	C303	\$1,006.99	\$152.93	\$1,159.92	\$13,919.04
	Employee & Child(ren)	C305	\$681.52	\$71.56	\$753.08	\$9,036.96

Group Health	Employee Only	GH01	\$468.97	\$12.03	\$481.00	\$5,772.00
	Employee & Spouse	GH02	\$814.57	\$98.43	\$913.00	\$10,956.00
	Employee, Spouse & Child(ren)	GH03	\$1,044.97	\$156.03	\$1,201.00	\$14,412.00
	Employee & 1 Child	GH04	\$725.77	\$76.23	\$802.00	\$9,624.00
	Employee & Children	GH05	\$764.97	\$86.03	\$851.00	\$10,212.00

Employee Life Insurance: 1.5X base annual to \$100,000 max	\$25.00	\$0.00	\$25.00	\$300.00
Dependent Life Insurance: \$6,000/\$2,000	\$1.16	\$0.00	\$1.16	\$13.92
Long Term Disability, average cost	\$13.73	\$0.00	\$13.73	\$164.76
Dental Insurance	\$98.00	\$5.00	\$103.00	\$1,236.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Voluntary Long Term Care Insurance
- Voluntary Life Insurance
- Voluntary AFLAC Policies

**CITY OF SPOKANE 2009 INSURANCE RATES
MANAGERIAL/EXEMPT
EXEMPT CONFIDENTIAL
SPOKANE REG TRANSP COUNCIL/MGR**

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III	Employee Only	C301	\$451.72	\$0.00	\$451.72	\$5,420.64
\$100/\$300 deductible	Employee & Spouse	C302	\$756.85	\$101.71	\$858.56	\$10,302.72
\$725 indiv/\$2175 fam	Employee, Spouse & Child(ren)	C303	\$982.87	\$177.05	\$1,159.92	\$13,919.04
out of pocket	Employee & Child(ren)	C305	\$677.74	\$75.34	\$753.08	\$9,036.96

Group Health	Employee Only	GH01	\$481.00	\$0.00	\$481.00	\$5,772.00
	Employee & Spouse	GH02	\$805.00	\$108.00	\$913.00	\$10,956.00
	Employee, Spouse & Child(ren)	GH03	\$1,021.00	\$180.00	\$1,201.00	\$14,412.00
	Employee & 1 Child	GH04	\$721.75	\$80.25	\$802.00	\$9,624.00
	Employee & Children	GH05	\$758.50	\$92.50	\$851.00	\$10,212.00

Employee Life Insurance: 1.5X base annual to \$100,000 max	\$25.00	\$0.00	\$25.00	\$300.00
Dependent Life Insurance: \$6,000/\$2,000	\$1.16	\$0.00	\$1.16	\$13.92
Long Term Disability, average cost	\$14.54	\$0.00	\$14.54	\$174.48
Dental Insurance	\$98.00	\$5.00	\$103.00	\$1,236.00
Long Term Care	\$3.52	\$0.00	\$3.52	\$42.24
HRA	\$10.50	\$0.00	\$10.50	\$126.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Long Term Care Insurance
- Voluntary Life Insurance
- Voluntary AFLAC Policies

CITY OF SPOKANE 2009 INSURANCE RATES MAYOR/COUNCIL

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III \$100/\$300 deductible \$725 indiv/\$2175 fam out of pocket	Employee Only	C301	\$451.72	\$0.00	\$451.72	\$5,420.64
	Employee & Spouse	C302	\$756.85	\$101.71	\$858.56	\$10,302.72
	Employee, Spouse & Child(ren)	C303	\$982.87	\$177.05	\$1,159.92	\$13,919.04
	Employee & Child(ren)	C305	\$677.74	\$75.34	\$753.08	\$9,036.96
Group Health	Employee Only	GH01	\$481.00	\$0.00	\$481.00	\$5,772.00
	Employee & Spouse	GH02	\$805.00	\$108.00	\$913.00	\$10,956.00
	Employee, Spouse & Child(ren)	GH03	\$1,021.00	\$180.00	\$1,201.00	\$14,412.00
	Employee & 1 Child	GH04	\$721.75	\$80.25	\$802.00	\$9,624.00
	Employee & Children	GH05	\$758.50	\$92.50	\$851.00	\$10,212.00
Employee Life Insurance: 1.5X base annual to \$60,000 max			.30/\$K	\$0.00		Variable
Dependent Life Insurance: \$6,000/\$2,000			\$1.16	\$0.00	\$1.16	\$13.92
Dental Insurance			\$104.00	\$5.00	\$109.00	\$1,308.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Voluntary Long Term Care Insurance
- Voluntary Life Insurance
- Voluntary AFLAC Policies

CITY OF SPOKANE 2009 INSURANCE RATES SPOKANE CITY PROSECUTORS ASSOCIATION

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III \$100/\$300 deductible \$725 indiv/\$2175 fam out of pocket	Employee Only	C301	\$431.20	\$47.91	\$479.11	\$5,749.32
	Employee & Spouse	C302	\$819.56	\$91.06	\$910.62	\$10,927.44
	Employee, Spouse & Child(ren)	C303	\$1,107.22	\$123.03	\$1,230.25	\$14,763.00
	Employee & Child(ren)	C305	\$718.87	\$79.87	\$798.74	\$9,584.88

Group Health	Employee Only	GH01	\$450.90	\$50.10	\$501.00	\$6,012.00
	Employee & Spouse	GH02	\$855.00	\$95.00	\$950.00	\$11,400.00
	Employee, Spouse & Child(ren)	GH03	\$1,125.00	\$125.00	\$1,250.00	\$15,000.00
	Employee & 1 Child	GH04	\$751.50	\$83.50	\$835.00	\$10,020.00
	Employee & Children	GH05	\$796.50	\$88.50	\$885.00	\$10,620.00

Employee Life Insurance: 1.5X base annual to \$60,000 max	.30/\$K	\$0.00	\$0.00	Variable
Dependent Life Insurance: \$6,000/\$2,000	\$1.16	\$0.00	\$1.16	\$13.92
Long Term Disability, average cost	\$12.75	\$0.00	\$12.75	\$153.00
Dental Insurance	\$99.00	\$0.00	\$99.00	\$1,188.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Voluntary Long Term Care Insurance
- Voluntary Life Insurance
- Voluntary AFLAC Policies

**CITY OF SPOKANE 2009 INSURANCE RATES
POLICE GUILD/LEOFF I
POLICE BOMB-SWAT/LEOFF I
POLICE HOSTAGE-DOG/LEOFF I**

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III	Employee Only		\$0.00	\$0.00	\$0.00	\$0.00
\$100/\$300 deductible	Spouse Only	C306	\$366.16	\$40.68	\$406.84	\$4,882.08
\$725 indiv/\$2175 fam	Spouse & Child(ren)	C308	\$637.38	\$70.82	\$708.20	\$8,498.40
out of pocket	Child(ren)	C310	\$271.22	\$30.14	\$301.36	\$3,616.32

Group Health	Employee Only		\$0.00	\$0.00	\$0.00	\$0.00
	Spouse Only	GH06	\$386.10	\$42.90	\$429.00	\$5,148.00
	Spouse & 1 Child	GH07	\$673.20	\$74.80	\$748.00	\$8,976.00
	Spouse & Children	GH08	\$715.50	\$79.50	\$795.00	\$9,540.00
	1 Child Only	GH09	\$287.10	\$31.90	\$319.00	\$3,828.00
	Children Only	GH10	\$329.40	\$36.60	\$366.00	\$4,392.00

Employee Life Insurance: \$10,000	\$3.00	\$0.00	\$3.00	\$36.00
Employee Life Insurance: Bomb-Swat: 1.5 x to \$60,000 max	0.30/\$K	\$0.00	VARIABLE	VARIABLE
Employee Life Insurance: Hostage-Dog: \$50,000	\$15.00	\$0.00	\$15.00	\$180.00
Dependent Life Insurance: \$1,000/\$1,000	\$0.00	\$0.52	\$0.52	\$6.24
Dental Insurance - PPO provider	\$99.00	\$0.00	\$99.00	\$1,188.00
Dental Insurance	\$109.00	\$0.00	\$109.00	\$1,308.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Voluntary Long Term Care Insurance
- Voluntary Life Insurance
- Voluntary AFLAC Policies

**CITY OF SPOKANE 2009 INSURANCE RATES
POLICE GUILD/LEOFF II
POLICE BOMB-SWAT/LEOFF II
POLICE HOSTAGE-DOG/LEOFF II**

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III \$100/\$300 deductible \$725 indiv/\$2175 fam out of pocket	Employee Only	C301	\$936.06	\$59.75	\$995.81	\$11,949.72
	Employee & Spouse	C302	\$936.06	\$59.75	\$995.81	\$11,949.72
	Employee, Spouse & Child(ren)	C303	\$936.06	\$59.75	\$995.81	\$11,949.72
	Employee & Child(ren)	C305	\$936.06	\$59.75	\$995.81	\$11,949.72

Group Health	Employee Only	GH01	\$998.28	\$63.72	\$1,062.00	\$12,744.00
	Employee & Spouse	GH02	\$998.28	\$63.72	\$1,062.00	\$12,744.00
	Employee, Spouse & Child(ren)	GH03	\$998.28	\$63.72	\$1,062.00	\$12,744.00
	Employee & 1 Child	GH04	\$998.28	\$63.72	\$1,062.00	\$12,744.00
	Employee & Children	GH05	\$998.28	\$63.72	\$1,062.00	\$12,744.00

Employee Life Insurance: \$10,000	\$5.17	\$0.00	\$5.17	\$62.04
Employee Life Insurance: Bomb-Swat: 1.5 x to \$60,000 Max	0.30/\$K	\$0.00	\$0.00	VARIABLE
Employee Life Insurance: Hostage-Dog: \$50,000	\$15.00	\$0.00	\$15.00	\$180.00
Dependent Life Insurance: \$1,000/\$1,000	\$0.00	\$0.52	\$0.52	\$6.24
Dental Insurance - PPO provider	\$99.00	\$0.00	\$99.00	\$1,188.00
Dental Insurance	\$109.00	\$0.00	\$109.00	\$1,308.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Voluntary Long Term Care Insurance
- Voluntary Life Insurance
- Voluntary AFLAC Policies

**CITY OF SPOKANE 2009 INSURANCE RATES
POLICE LTS, CAPTS/LEOFF
and
POLICE MANAGERIAL/LEOFF I**

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III	Employee Only		\$0.00	\$0.00	\$0.00	\$0.00
\$100/\$300 deductible	Spouse	C306	\$388.36	\$43.15	\$431.51	\$5,178.12
\$725 indiv/\$2175 fam	Spouse & Child(ren)	C308	\$676.03	\$75.11	\$751.14	\$9,013.68
out of pocket	Child(ren)	C310	\$287.67	\$31.96	\$319.63	\$3,835.56

Group Health	Employee Only		\$0.00	\$0.00	\$0.00	\$0.00
	Spouse Only	GH06	\$404.10	\$44.90	\$449.00	\$5,388.00
	Spouse & 1 Child	GH07	\$704.70	\$78.30	\$783.00	\$9,396.00
	Spouse & Children	GH08	\$749.70	\$83.30	\$833.00	\$9,996.00
	1 Child Only	GH09	\$300.60	\$33.40	\$334.00	\$4,008.00
	Children Only	GH10	\$345.60	\$38.40	\$384.00	\$4,608.00

Employee Life Insurance/Managerial: 1.5 x to \$60,000 max	.30/\$K	\$0.00		Variable
Employee Life Insurance/Lts & Capts: \$50,000	\$15.00	\$0.00	\$15.00	\$180.00
Dependent Life Insurance: \$6,000/\$2,000	\$1.16	\$0.00	\$1.16	\$13.92
Dental Insurance - PPO provider	\$99.00	\$0.00	\$99.00	\$1,188.00
Dental Insurance	\$109.00	\$0.00	\$109.00	\$1,308.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Voluntary Long Term Care Insurance
- Voluntary Life Insurance
- Voluntary AFLAC Policies

**CITY OF SPOKANE 2009 INSURANCE RATES
POLICE LTS, CAPTS/LEOFF II
and
POLICE MANAGERIAL/LEOFF II**

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III	Employee Only	C301	\$936.06	\$59.75	\$995.81	\$11,949.72
\$100/\$300 deductible	Employee & Spouse	C302	\$936.06	\$59.75	\$995.81	\$11,949.72
\$725 indiv/\$2175 fam	Employee, Spouse & Child(ren)	C303	\$936.06	\$59.75	\$995.81	\$11,949.72
out of pocket	Employee & Child(ren)	C305	\$936.06	\$59.75	\$995.81	\$11,949.72

Group Health	Employee Only	GH01	\$998.28	\$63.72	\$1,062.00	\$12,744.00
	Employee & Spouse	GH02	\$998.28	\$63.72	\$1,062.00	\$12,744.00
	Employee, Spouse & Child(ren)	GH03	\$998.28	\$63.72	\$1,062.00	\$12,744.00
	Employee & 1 Child	GH04	\$998.28	\$63.72	\$1,062.00	\$12,744.00
	Employee & Children	GH05	\$998.28	\$63.72	\$1,062.00	\$12,744.00

Employee Life Insurance-Managerial 1.5 x to \$60,000 max	.30/\$K	\$0.00	\$0.00	Variable
Employee Life Insurance-Lts & Cpts \$50,000	\$15.00	\$0.00	\$15.00	\$180.00
Dependent Life Insurance: \$6,000/\$2,000	\$1.16	\$0.00	\$1.16	\$13.92
Long Term Disability	\$22.24	\$0.00	\$22.24	\$266.88
Dental Insurance - PPO provider	\$99.00	\$0.00	\$99.00	\$1,188.00
Dental Insurance	\$109.00	\$0.00	\$109.00	\$1,308.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Voluntary Long Term Care Insurance
- Voluntary Life Insurance
- Voluntary AFLAC Policies

**CITY OF SPOKANE 2009 INSURANCE RATES
FIRE LOCAL 29/LEOFF I
FIRE HAZMAT/LEOFF I**

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III	Employee Only		\$0.00	\$0.00	\$0.00	\$0.00
\$100/\$300 deductible	Spouse Only	C306	\$318.73	\$88.11	\$406.84	\$4,882.08
\$725 indiv/\$2175 fam out of pocket	Spouse & Child(ren)	C308	\$554.80	\$153.40	\$708.20	\$8,498.40
	Child(ren)	C310	\$236.38	\$64.98	\$301.36	\$3,616.32

Group Health	Employee Only		\$0.00	\$0.00	\$0.00	\$0.00
	Spouse Only	GH06	\$321.77	\$107.23	\$429.00	\$5,148.00
	Spouse & 1 Child	GH07	\$560.96	\$187.04	\$748.00	\$8,976.00
	Spouse & Children	GH08	\$583.04	\$211.96	\$795.00	\$9,540.00
	1 Child Only	GH09	\$236.20	\$82.80	\$319.00	\$3,828.00
	Children Only	GH10	\$261.00	\$105.00	\$366.00	\$4,392.00

Fire Trust	Employee Only		\$0.00	\$0.00	\$0.00	\$0.00
	Spouse Only	LH06	\$483.48	\$146.07	\$629.55	\$7,554.60
	Spouse & 1 Child	LH07	\$746.19	\$230.07	\$976.26	\$11,715.12
	Spouse & Children	LH08	\$885.92	\$272.82	\$1,158.74	\$13,904.88
	1 Child Only	LH09	\$262.70	\$84.01	\$346.71	\$4,160.52
	Children Only	LH10	\$402.44	\$126.75	\$529.19	\$6,350.28

Employee Life Insurance: \$10,000	\$4.54	\$0.00	\$4.54	\$54.48
Employee Life Insurance: Hazmat: \$50,000	\$15.00	\$0.00	\$15.00	\$180.00
Dependent Life Insurance: \$1,000/\$1,000	\$0.00	\$0.52	\$0.52	\$6.24
Dental Insurance	\$99.00	\$0.00	\$99.00	\$1,188.00
VEBA	\$100.00	\$0.00	\$100.00	\$1,200.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Voluntary Long Term Care Insurance
- Voluntary Life Insurance
- Voluntary AFLAC Policies

**CITY OF SPOKANE 2009 INSURANCE RATES
FIRE LOCAL 29/LEOFF II
FIRE HAZMAT/LEOFF II
LOCAL 29/CIVILIAN DISPATCHERS**

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III \$100/\$300 deductible \$725 indiv/\$2175 fam out of pocket	Employee Only	C301	\$451.72	\$0.00	\$451.72	\$5,420.64
	Employee & Spouse	C302	\$770.46	\$88.10	\$858.56	\$10,302.72
	Employee, Spouse & Child(ren)	C303	\$1,006.52	\$153.40	\$1,159.92	\$13,919.04
	Employee & Child(ren)	C305	\$687.82	\$65.26	\$753.08	\$9,036.96

Group Health	Employee Only	GH01	\$477.00	\$0.00	\$477.00	\$5,724.00
	Employee & Spouse	GH02	\$781.70	\$124.30	\$906.00	\$10,872.00
	Employee, Spouse & Child(ren)	GH03	\$994.29	\$197.71	\$1,192.00	\$14,304.00
	Employee & 1 Child	GH04	\$699.22	\$96.78	\$796.00	\$9,552.00
	Employee & Children	GH05	\$734.11	\$108.89	\$843.00	\$10,116.00

Fire Trust	Employee Only	LH01	\$556.55	\$0.00	\$556.55	\$5,397.96
	Employee & Spouse	LH02	\$1,040.03	\$146.07	\$1,186.10	\$14,233.20
	Employee, Spouse & Children	LH03	\$1,442.47	\$272.82	\$1,715.29	\$20,583.48
	Employee & 1 Child	LH04	\$819.25	\$84.01	\$903.26	\$10,839.12
	Employee & Children	LH05	\$958.99	\$126.75	\$1,085.74	\$13,028.88
	Employee & Spouse & 1 Child	LH11	\$1,302.74	\$230.07	\$1,532.81	\$18,393.72

Employee Life Insurance: \$10,000	\$4.53	\$0.00	\$4.53	\$54.36
Employee Life Insurance: Hazmat: \$50,000	\$15.00	\$0.00	\$15.00	\$180.00
Dependent Life Insurance: \$1,000/\$1,000	\$0.00	\$0.52	\$0.52	\$6.24
Dental Insurance	\$99.00	\$0.00	\$99.00	\$1,188.00
VEBA	\$100.00	\$0.00	\$100.00	\$1,200.00

Additionally, the City provides:

- Employee Assistance Program (EAP)**
- Flexible Spending Accounts**
- COBRA Administration**
- Retiree Administration**
- Voluntary Long Term Care Insurance**
- Voluntary Life Insurance**
- Voluntary AFLAC Policies**

**CITY OF SPOKANE 2009 INSURANCE RATES
FIRE BATTALION CHIEF/LEOFF I
and
FIRE MANAGERIAL/LEOFF I**

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III	Employee Only		\$0.00	\$0.00	\$0.00	\$0.00
\$100/\$300 deductible	Spouse Only	C306	\$345.81	\$61.03	\$406.84	\$4,882.08
\$725 indiv/\$2175 fam out of pocket	Spouse & Child(ren)	C308	\$601.97	\$106.23	\$708.20	\$8,498.40
	Child(ren)	C310	\$256.16	\$45.20	\$301.36	\$3,616.32

Group Health	Employee Only		\$0.00	\$0.00	\$0.00	\$0.00
	Spouse Only	GH06	\$300.30	\$128.70	\$429.00	\$5,148.00
	Spouse & 1 Child	GH07	\$523.60	\$224.40	\$748.00	\$8,976.00
	Spouse & Children	GH08	\$556.50	\$238.50	\$795.00	\$9,540.00
	1 Child Only	GH09	\$223.30	\$95.70	\$319.00	\$3,828.00
	Children Only	GH10	\$256.20	\$109.80	\$366.00	\$4,392.00

Fire Bat Emp Life Insurance: 1.5 X annual base	.30/\$K	\$0.00	\$0.00	Variable
Dependent Life Insurance: \$6,000/\$2,000	\$1.16	\$0.00	\$1.16	\$13.92
Dental Insurance	\$99.00	\$0.00	\$99.00	\$1,188.00
VEBA	\$100.00	\$0.00	\$100.00	\$1,200.00

Additionally, the City provides:

- Employee Assistance Program (EAP)
- Flexible Spending Accounts
- COBRA Administration
- Retiree Administration
- Voluntary Long Term Care Insurance
- Voluntary Life Insurance
- Voluntary AFLAC Policies

**CITY OF SPOKANE 2009 INSURANCE RATES
FIRE BATTALION CHIEF/LEOFF II
and
FIRE MANAGERIAL/LEOFF II**

		Health Level	Monthly City Contribution	Monthly Employee Contribution	Monthly Total Premium	Annual Total Premium
City Plan III \$100/\$300 deductible \$725 indiv/\$2175 fam out of pocket	Employee Only	C301	\$383.96	\$67.76	\$451.72	\$5,420.64
	Employee & Spouse	C302	\$729.78	\$128.78	\$858.56	\$10,302.72
	Employee, Spouse & Child(ren)	C303	\$985.93	\$173.99	\$1,159.92	\$13,919.04
	Employee & Child(ren)	C305	\$640.12	\$112.96	\$753.08	\$9,036.96

Group Health	Employee Only	GH01	\$333.90	\$143.10	\$477.00	\$5,724.00
	Employee & Spouse	GH02	\$634.20	\$271.80	\$906.00	\$10,872.00
	Employee, Spouse & Child(ren)	GH03	\$834.40	\$357.60	\$1,192.00	\$14,304.00
	Employee & 1 Child	GH04	\$557.20	\$238.80	\$796.00	\$9,552.00
	Employee & Children	GH05	\$590.10	\$252.90	\$843.00	\$10,116.00

Life Insurance: 1.5 X annual base pay	.30/\$K	\$0.00	\$0.00	Variable
Dependent Life Insurance: \$6,000/\$2,000	\$1.16	\$0.00	\$1.16	\$13.92
Dental Insurance	\$99.00	\$0.00	\$99.00	\$1,188.00
VEBA	\$100.00	\$0.00	\$100.00	\$1,200.00

Additionally, the City provides:

- Employee Assistance Program (EAP)**
- Flexible Spending Accounts**
- COBRA Administration**
- Retiree Administration**
- Voluntary Long Term Care Insurance**
- Voluntary Life Insurance**
- Voluntary AFLAC Policies**