

# 2023 Benefit Costs

## Transit ATU 587: Part Time Partial Benefits



**King County**

Benefits, Payroll and  
Retirement Operations

Employees on the Part-time Partial Benefits plan contribute to medical, dental, and vision plan premiums. Costs for supplemental AD&D, supplemental Life, and supplemental Long-term Disability are paid by both Part-time Partial Benefits plan and Part-time Full Benefits plan employees.

Part Time Partial Benefit Employees (PTTO)		
Plan	2022 Monthly Rates	2023 Monthly Rates
<b>KingCare (Regence)</b>		
– Employee only	\$470.21	\$387.45
– Employee & Spouse	\$1,442.91	\$1,325.35
– Employee & Child(ren)	\$1,248.37	\$1,137.77
– Employee & Family	\$2,221.07	\$2,075.67
<b>KingCare Select (Regence)</b>		
– Employee only	\$408.45	\$329.34
– Employee & Spouse	\$1,319.39	\$1,209.13
– Employee & Child(ren)	\$1,137.20	\$1,033.17
– Employee & Family	\$2,048.14	\$1,912.96
<b>SmartCare (Kaiser)</b>		
– Employee only	\$125.62	\$137.61
– Employee & Spouse	\$753.73	\$825.67
– Employee & Child(ren)	\$628.11	\$688.06
– Employee & Family	\$1,256.22	\$1,376.12
<b>Delta Dental of Washington</b>		
– Employee only	\$34.98	\$35.77
– Employee & Spouse	\$104.94	\$107.32
– Employee & Child(ren)	\$90.95	\$93.01
– Employee & Family	\$160.91	\$164.56
<b>Cigna Dental HMO</b>		
– Employee only	N/A	\$0.00
– Employee & Spouse	N/A	\$18.70
– Employee & Child(ren)	N/A	\$22.00
– Employee & Family	N/A	\$46.50
<b>Vision Service Plan</b>		
– Employee only	\$5.97	\$5.33
– Employee & Spouse	\$17.91	\$16.00
– Employee & Child(ren)	\$15.52	\$13.87
– Employee & Family	\$27.46	\$24.54

**Supplemental Accidental Death & Dismemberment (AD&D): Part Time Partial Benefits and Part Time Full Benefits**

Amount	Employee	Spouse/partner 50% of employee coverage	Spouse/partner 100% of employee coverage	All Children 10% of employee coverage
\$50,000	\$0.85	\$0.43	\$0.85	\$0.25
\$100,000	\$1.70	\$0.85	\$1.70	\$0.50
\$150,000	\$2.55	\$1.28	\$2.55	\$0.75
\$200,000	\$3.40	\$1.70	\$3.40	\$1.00
\$250,000	\$4.25	\$2.13	\$4.25	\$1.25
\$300,000	\$5.10	\$2.55	\$5.10	\$1.50
\$350,000	\$5.95	\$2.98	\$5.95	\$1.75
\$400,000	\$6.80	\$3.40	\$6.80	\$2.00
\$450,000	\$7.65	\$3.83	\$7.65	\$2.25
\$500,000	\$8.50	\$4.25	\$8.50	\$2.50

Supplemental Life: Part Time Partial Benefits and Part Time Full Benefits			
Age	Employee Per \$25,000 of coverage	Spouse/Domestic Partner Per \$25,000 of coverage	All children \$10,000 of coverage
Under 25	\$0.85	\$1.10	\$ .901
25-29	\$1.03	\$1.35	
30-34	\$1.40	\$1.78	
35-39	\$1.40	\$2.00	
40-44	\$1.78	\$2.23	
45-49	\$2.83	\$3.33	
50-54	\$4.88	\$5.10	
55-59	\$8.65	\$9.55	
60-64	\$11.55	\$14.68	
65-69	\$19.75	\$28.23	
70+	\$32.10	\$45.78	