

2025 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	2024 Monthly Rates	2025 Monthly Rates
KingCare (Regence)		
– Employee only	\$389.45	\$336.95
– Employee & Spouse	\$1,353.14	\$1,271.73
– Employee & Child(ren)	\$1,160.40	\$1,084.77
– Employee & Family	\$2,124.09	\$2,019.55
KingCare Select (Regence)		
– Employee only	\$326.77	\$291.27
– Employee & Spouse	\$1,227.78	\$1,180.37
– Employee & Child(ren)	\$1,047.58	\$1,002.55
– Employee & Family	\$1,948.59	\$1,891.65
SmartCare (Kaiser)		
– Employee only	\$143.56	\$149.46
– Employee & Spouse	\$861.36	\$896.75
– Employee & Child(ren)	\$717.80	\$747.29
– Employee & Family	\$1,435.60	\$1,494.58
Delta Dental of Washington		
– Employee only	\$35.97	\$37.57
– Employee & Spouse	\$107.91	\$112.72
– Employee & Child(ren)	\$93.52	\$97.69
– Employee & Family	\$165.46	\$172.84
Cigna Dental HMO		
– Employee only	\$0.00	\$0.00
– Employee & Spouse	\$18.70	\$18.70
– Employee & Child(ren)	\$22.00	\$22.00
– Employee & Family	\$46.50	\$46.50
Vision Service Plan		
– Employee only	\$5.65	\$5.56
– Employee & Spouse	\$16.95	\$16.68
– Employee & Child(ren)	\$14.69	\$14.46
– Employee & Family	\$25.99	\$25.58

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	