

# 2024 COBRA and Retiree Medical Rates

## TEA DOT Employees



**King County**  
Benefits, Payroll and  
Retirement Operations

These rates pertain to Department of Transportation employees who are represented by the Technical Employees Association (TEA DOT) union.

COBRA/Retiree Medical Rates: TEA Employees		
Plan	2024 Monthly Rates	2023 Monthly Rates
<b>KingCare (Regence)</b>		
– Employee	\$933.63	\$892.48
– Spouse	\$933.63	\$892.48
– Child	\$746.91	\$713.98
– Children	\$1,680.53	\$1,606.46
– Employee + Spouse	\$1,867.25	\$1,784.96
– Employee + Child(ren)	\$1,680.53	\$1,606.46
– Family	\$2,614.16	\$2,498.94
<b>SmartCare (Kaiser)</b>		
– Employee	\$791.90	\$651.50
– Spouse	\$791.90	\$651.50
– Child	\$633.52	\$521.20
– Children	\$1,425.42	\$1,172.70
– Employee + Spouse	\$1,583.79	\$1,303.01
– Employee + Child(ren)	\$1,425.42	\$1,172.70
– Family	\$2,217.32	\$1,824.21
<b>Delta Dental of Washington (COBRA)</b>		
– Employee	\$76.59	\$69.45
– Spouse	\$76.59	\$69.45
– Child	\$61.27	\$55.56
– Children	\$137.86	\$125.01
– Employee + Spouse	\$153.18	\$138.90
– Employee + Child(ren)	\$137.86	\$125.01
– Family	\$214.46	\$194.46
<b>Vision Service Plan</b>		
– Employee	\$12.47	\$11.30
– Spouse	\$12.47	\$11.30
– Child	\$9.98	\$9.04
– Children	\$22.45	\$20.34
– Employee + Spouse	\$24.95	\$22.60
– Employee + Child(ren)	\$22.45	\$20.34
– Family	\$34.92	\$31.64
<b>Delta Dental of Washington (Retiree)</b>		
– Retiree	\$76.42	\$76.42
– Retiree + Spouse	\$152.84	\$152.84
– Retiree + Child(ren)	\$147.82	\$147.82
– Family	\$224.24	\$224.24

Supplemental AD&D Rates: TEA Employees				
Amount of Coverage	Employee	Spouse/Dom. Partner 50% of employee coverage	Spouse/Dom. Partner 100% of employee coverage	All Children 10% of employee
\$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 Calculator: TEA Employees	
<b>Employee Coverage Amount:</b>	(coverage capped at \$400,000)
Base Annual Salary (BAS) Multiply by (1x, 2x, 3x, 4x) → Round up to the next \$1,000 = _____	
<b>Employee Cost:</b>	
Employee Coverage → Divide by \$1,000 → Multiply by Employee age rate _____ =	\$ _____
<b>Spouse/Domestic Partner Cost:</b> (*Use spouse rate but employee age bracket)	
Employee Coverage Multiply by .5 → Divide by \$1,000 → Multiply by Spouse age rate* _____ =	+ \$ _____
<b>Child Cost:</b> \$.901 a month to cover all children at \$10,000 of coverage =	+ \$ _____
<b>Monthly Cost</b>	<b>\$ _____</b>

Supplemental Life Rates: TEA Employees											
	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
<b>Employee</b>	\$.034	\$.041	\$.056	\$.056	\$.071	\$.113	\$.195	\$.346	\$.462	\$.790	\$1.284
<b>Spouse/ Domestic Partner</b>	\$.044	\$.054	\$.071	\$.080	\$.089	\$.133	\$.204	\$.382	\$.587	\$1.129	\$1.831

Supplemental Long-Term Disability Calculator: TEA Employees
Base Annual Salary / 100 x 0.327 = Annual Cost (divide by 12 for monthly cost)