

2019 Benefit Costs

TEA 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 W2) union. Members of this group are also responsible for paying monthly premiums for access to medical coverage for themselves and eligible family members.

COBRA/Retiree Medical Rates: TEA Employees			
Plan	Coverage	2019 Monthly Rates	2018 Monthly Rates
KingCare Gold (Regence)	- Employee	\$862.11	\$814.73
	- Spouse	\$862.11	\$814.73
	- Child(ren)	\$689.69	\$651.79
SmartCare Gold (Kaiser)	- Employee	\$553.27	\$573.19
	- Spouse	\$553.27	\$573.19
	- Child(ren)	\$442.61	\$458.56
Delta Dental of Washington - COBRA	- Employee	\$65.00	\$63.40
	- Spouse	\$65.00	\$63.40
	- Child(ren)	\$51.99	\$50.72
Vision Service Plan	- Employee	\$12.28	\$11.58
	- Spouse	\$12.28	\$11.58
	- Child(ren)	\$9.82	\$9.27
Delta Dental of Washington - Retiree	- Employee	\$75.25	\$73.06
	- Spouse	\$75.25	\$73.06
	- Child(ren)	\$70.30	\$68.25

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

Employee Coverage Amount:		(coverage capped at \$400,000)
Base Annual Salary (BAS) Multiply by (1x, 2x, 3x, 4x) → Round up to the next \$1,000 = _____		
Employee Cost:		
Employee Coverage → Divide by \$1,000 → Multiply by Employee age rate _____ =		\$ _____
Spouse/Domestic Partner Cost: (*Use spouse rate but employee age bracket)		
Employee Coverage Multiply by .5 → Divide by \$1,000 → Multiply by Spouse age rate* _____ =		+ \$ _____
Child Cost: \$.90 a month to cover all children at \$10,000 of coverage =		+ \$ _____
Monthly Cost		\$ _____

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+
Employee	\$.025	\$.030	\$.041	\$.041	\$.052	\$.083	\$.143	\$.254	\$.339	\$.579	\$.941
Spouse/ Domestic Partner	\$.044	\$.053	\$.070	\$.079	\$.088	\$.132	\$.202	\$.378	\$.581	\$1.118	\$1.813

Supplemental Long-Term Disability Calculator: TEA Employees

Base Annual Salary / 100 x 0.327 = Annual Cost (divide by 12 for monthly cost)