

CITY OF SEATTLE

Fire Fighter and Fire Chief Retirees

2026 Monthly Rates

| | Disability | | |
|--|---------------|--|----------------------------------|
| | Under Age 65 | Medicare Eligible Under Age 65 | Medicare Eligible 65 and Over |
| City of Seattle Traditional | | | |
| Retiree | \$1,756.45 | \$709.76 | Not Available |
| Spouse / Domestic Partner | \$1,582.44 | \$642.49 | Not Available |
| 1st Child under age 26 | \$510.26 | Not Available | Not Available |
| All Additional Children (not each child) under age 26 | \$395.31 | Not Available | Not Available |
| Each disabled child past the limiting age | \$755.46 | Not Available | Not Available |
| City of Seattle Preventive | | | |
| Retiree | \$1,906.76 | \$769.09 | Not Available |
| Spouse / Domestic Partner | \$1,713.21 | \$694.21 | Not Available |
| 1st Child under age 26 | \$521.39 | Not Available | Not Available |
| All Additional Children (not each child) under age 26 | \$393.73 | Not Available | Not Available |
| Each disabled child past the limiting age | \$793.25 | Not Available | Not Available |
| Kaiser Permanente Standard | | | |
| Retiree | \$853.99 | Coverage available under KP MAPD 3 & 4 | |
| Spouse / Domestic Partner | \$853.99 | Coverage available under KP MAPD 3 & 4 | |
| 1st Child under age 26 | \$497.37 | Not Available | Not Available |
| Each Additional Child under age 26 | \$459.54 | Not Available | Not Available |
| Each disabled child past the limiting age | \$497.37 | Not Available | Not Available |
| Kaiser Permanente Deductible | | | |
| Retiree | \$785.65 | Coverage available under KP MAPD 3 & 4 | |
| Spouse / Domestic Partner | \$785.65 | Coverage available under KP MAPD 3 & 4 | |
| 1st Child under age 26 | \$457.59 | Not Available | Not Available |
| Each Additional Child under age 26 | \$422.73 | Not Available | Not Available |
| Each disabled child past the limiting age | \$457.59 | Not Available | Not Available |
| United Healthcare Medicare Complete HMO | | | |
| HMO (each enrollee) | Not Available | Not Available | \$621.26 |
| Aetna Medicare Plan (PPO) | | | |
| Washington State Resident | Not Available | Not Available | \$414.61 |
| Non-Washington State Resident | Not Available | Not Available | \$431.32 |
| Kaiser Permanente Medicare HMO | | | |
| Medicare Advantage Plan 3 (KP MAPD 3) each enrollee | Not Available | \$442.78 | \$442.78 |
| Medicare Advantage Plan 4 (KP MAPD 4) each enrollee | Not Available | \$409.31 | \$409.31 |