

# 2024 Kitsap County Monthly Insurance Rates & Contributions

## Deputies, Sergeants, Lieutenants, Chiefs, Undersheriff, Sheriff

Kaiser	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
HMO Plan	26.25	124.74	164.10	262.60

LEOFF Trust	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Spouse + 1 Child	Employee + Spouse + Children
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
PPO Plan	26.03	140.85	169.30	184.95	239.02	264.47

Dental	Employee Only	Employee + 1 Child	Employee + Spouse	Employee + Family
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
Delta Plan C	0.00	4.46	4.46	12.66
Delta Plan D	3.30	8.30	8.30	16.90
Willamette	5.46	10.32	10.32	16.68

Employee monthly cost is shown. Payroll deductions will be pre-taxed and split in half between 1st and 2nd pay periods each month.