



## 2012 Kitsap County Monthly Premiums & Contributions for Full-time & Part-time Employees

Medical/Vision	2012 Monthly Premium	.70 FTE (28 HRS)		.65 FTE (26 HRS)		.60 FTE (24 HRS)		.55 FTE (22 HRS)		.50 FTE (20 HRS)	
		County	Employee	County	Employee	County	Employee	County	Employee	County	Employee
<b>Premera Classic Plan (#1037245)</b>											
Employee only	585.74	360.16	225.58	334.44	251.30	308.72	277.02	283.00	302.74	257.26	328.48
Employee + spouse	1,200.68	693.22	507.46	643.72	556.96	594.20	606.48	544.68	656.00	495.16	705.52
Employee + child(ren)	1,025.00	598.64	426.36	555.88	469.12	513.12	511.88	470.36	554.64	427.60	597.40
Employee + family	1,639.96	932.48	707.48	865.88	774.08	799.26	840.70	732.66	907.30	666.06	973.90
<b>Premera Value Plan (#1037245)</b>											
Employee only	537.58	360.16	177.42	334.44	203.14	308.72	228.86	283.00	254.58	257.26	280.32
Employee + spouse	1,101.96	693.22	408.74	643.72	458.24	594.20	507.76	544.68	557.28	495.16	606.80
Employee + child(ren)	940.72	598.64	342.08	555.88	384.84	513.12	427.60	470.36	470.36	427.60	513.12
Employee + family	1,505.14	932.48	572.66	865.88	639.26	799.26	705.88	732.66	772.48	666.06	839.08
<b>Group Health Classic Plan (#12431)</b>											
Employee only	529.86	346.58	183.28	321.82	208.04	297.06	232.80	272.32	257.54	247.56	282.30
Employee + spouse	1,086.18	662.90	423.28	615.54	470.64	568.20	517.98	520.84	565.34	473.50	612.68
Employee + child(ren)	927.18	573.48	353.70	532.52	394.66	491.54	435.64	450.58	476.60	409.62	517.56
Employee + family	1,483.52	890.54	592.98	826.94	656.58	763.32	720.20	699.72	783.80	636.10	847.42
<b>Group Health Value Plan (#12759)</b>											
Employee only	495.62	346.58	149.04	321.82	173.80	297.06	198.56	272.32	223.30	247.56	248.06
Employee + spouse	1,016.02	662.90	353.12	615.54	400.48	568.20	447.82	520.84	495.18	473.50	542.52
Employee + child(ren)	867.28	573.48	293.80	532.52	334.76	491.54	375.74	450.58	416.70	409.62	457.66
Employee + family	1,387.68	890.54	497.14	826.94	560.74	763.32	624.36	699.72	687.96	636.10	751.58
<b>Dental &amp; Life Insurance Coverage</b>											
<b>WDS Plan C/Option 2</b>											
Employee only	50.49	50.49	0.00	50.49	0.00	50.49	0.00	50.49	0.00	50.49	0.00
Emp + 1 Dependent	89.98	60.34	29.64	57.82	32.16	55.30	34.68	52.78	37.20	50.26	39.72
Emp + 2+ Dependents	162.37	60.35	102.02	57.83	104.54	55.29	107.08	52.77	109.60	50.25	112.12
<b>WDS Plan D/Option 4</b>											
Employee only	53.42	50.49	2.93	50.49	2.93	50.49	2.93	50.49	2.93	50.49	2.93
Emp + 1 Dependent	94.65	60.35	34.30	57.83	36.82	55.29	39.36	52.77	41.88	50.25	44.40
Emp + 2+ Dependents	170.68	60.34	110.34	57.82	112.86	55.30	115.38	52.78	117.90	50.26	120.42
<b>Delta Care</b>											
Employee only	28.22	28.22	0.00	28.22	0.00	28.22	0.00	28.22	0.00	28.22	0.00
Emp + 1 Dependent	57.56	44.76	12.80	43.34	14.22	41.94	15.62	40.52	17.04	39.12	18.44
Emp + 2+ Dependents	119.70	44.76	74.94	43.34	76.36	41.94	77.76	40.52	79.18	39.12	80.58
<b>Willamette Dental</b>											
Employee only	55.77	50.49	5.28	50.49	5.28	50.49	5.28	50.49	5.28	50.49	5.28
Emp + 1 Dependent	92.81	60.35	32.46	57.83	34.98	55.29	37.52	52.77	40.04	50.25	42.56
Emp + 2+ Dependents	148.52	60.34	88.18	57.82	90.70	55.30	93.22	52.78	95.74	50.26	98.26
<b>Cigna Basic Life</b>											
Employee only	3.60	3.60	0.00	3.60	0.00	3.60	0.00	3.60	0.00	3.60	0.00
Emp + Dependents	4.25	3.60	0.65	3.60	0.65	3.60	0.65	3.60	0.65	3.60	0.65