

**KITSAP COUNTY MONTHLY INSURANCE RATES & CONTRIBUTIONS FOR  
DEPUTY SHERIFF GUILD EMPLOYEES  
MARCH THROUGH DECEMBER 2018\***

	<b>2018 Monthly Rate</b>	<b>County Monthly Contribution</b>	<b>Employee Monthly Contribution</b>	<b>Employee Biweekly Deduction</b>
<b>Premera PPO Plan 1 (1037245)</b>				
Employee:	770.86	749.06	21.80	10.90
Employee + Spouse:	1,580.18	1,443.94	136.24	68.12
Employee + Children:	1,348.88	1,245.34	103.54	51.77
Employee + Family:	2,158.32	1,940.32	218.00	109.00
<b>Premera PPO Plan 2 (1037245)</b>				
Employee:	686.32	666.92	19.40	9.70
Employee + Spouse:	1,406.96	1,285.68	121.28	60.64
Employee + Children:	1,201.02	1,108.86	92.16	46.08
Employee + Family:	1,921.70	1,727.62	194.08	97.04
<b>Kaiser Permanente of WA (#12432)</b>				
Employee:	662.82	643.72	19.10	9.55
Employee + Spouse:	1,358.80	1,239.34	119.46	59.73
Employee + Children:	1,159.90	1,069.12	90.78	45.39
Employee + Family:	1,855.92	1,664.78	191.14	95.57
<b>Delta Dental of WA Plan C/Option 2 (0497-4033)</b>				
Employee:	52.80	52.80	0.00	0.00
Emp + 1 Dependent:	94.09	89.96	4.13	2.07
Emp + 2+ Dependents:	169.79	158.09	11.70	5.85
<b>Delta Dental of WA Plan D/Option 4 (0497-4032)</b>				
Employee:	55.87	52.80	3.07	1.54
Emp + 1 Dependent:	98.98	89.96	9.02	4.51
Emp + 2+ Dependents:	178.48	158.09	20.39	10.20
<b>Willamette Dental</b>				
Employee:	53.40	52.80	0.60	0.30
Emp + 1 Dependent:	88.87	84.72	4.15	2.08
Emp + 2+ Dependents:	142.22	132.74	9.49	4.74
<b>Standard Basic Life</b>				
Employee + Dependents:	4.00	4.00	0.00	0.00
<b>Standard Optional Long-Term &amp; Short-Term Disability w/ \$20K Life Insurance</b>				
Employee:	61.00	10.00	51.00	25.50

\* Monthly Rate and County Contribution for medical coverage corrected to reflect 2017 & 2018 rate increases. Employee contribution remains at 2016 levels.