

2018 Kitsap County Insurance Rates & Contributions*

	Monthly Rates	FULL TIME: AVG 30+ HRS/WEEK			PART TIME: AVG 20 to <30 HRS/WEEK		
		County Contribution	Employee Monthly	Employee Biweekly	County Contribution	Employee Monthly	Employee Biweekly
Medical Plans							
Premera Classic Plan							
Employee only	686.90	602.32	84.58	42.29	391.50	295.40	147.70
Employee + spouse	1,408.54	1,158.60	249.94	124.97	753.10	655.44	327.72
Employee + child(ren)	1,191.20	989.44	201.76	100.88	643.14	548.06	274.03
Employee + family	1,912.78	1,547.02	365.76	182.88	1,005.56	907.22	453.61
Premera Value Plan							
Employee only	629.68	602.32	27.36	13.68	391.50	238.18	119.09
Employee + spouse	1,291.24	1,158.60	132.64	66.32	753.10	538.14	269.07
Employee + child(ren)	1,091.06	989.44	101.62	50.81	643.14	447.92	223.96
Employee + family	1,752.60	1,547.02	205.58	102.79	1,005.56	747.04	373.52
Premera HDHP/HSA							
Employee only	527.06	516.34	10.72	5.36	335.62	191.44	95.72
Employee + spouse	1,080.86	1,013.86	67.00	33.50	659.00	421.86	210.93
Employee + child(ren)	911.48	860.56	50.92	25.46	559.36	352.12	176.06
Employee + family	1,465.24	1,358.02	107.22	53.61	882.72	582.52	291.26
Kaiser Classic Plan							
Employee only	581.62	542.74	38.88	19.44	352.78	228.84	114.42
Employee + spouse	1,192.82	1,037.14	155.68	77.84	674.14	518.68	259.34
Employee + child(ren)	1,006.30	885.56	120.74	60.37	575.62	430.68	215.34
Employee + family	1,617.26	1,380.92	236.34	118.17	897.60	719.66	359.83
Kaiser Value Plan							
Employee only	543.34	543.34	0.00	0.00	353.18	190.16	95.08
Employee + spouse	1,114.34	1,037.14	77.20	38.60	674.14	440.20	220.10
Employee + child(ren)	939.28	885.56	53.72	26.86	575.62	363.66	181.83
Employee + family	1,510.06	1,380.92	129.14	64.57	897.60	612.46	306.23
Kaiser HDHP/HSA							
Employee only	431.38	431.38	0.00	0.00	280.40	150.98	75.49
Employee + spouse	884.88	838.00	46.88	23.44	544.70	340.18	170.09
Employee + child(ren)	743.40	709.80	33.60	16.80	461.38	282.02	141.01
Employee + family	1,196.64	1,116.60	80.04	40.02	725.80	470.84	235.42
All F/T & P/T Employees							
Vision, Dental, LTD & Basic Life	Monthly Rates	County Contribution	Employee Monthly	Employee Biweekly			
VSP Extended Plan							
Emp + Dependents	20.46	20.46	0.00	0.00			
Delta Dental of WA Plan C/Option 2 (0497-4033)							
Employee only	52.80	52.80	0.00	0.00			
Emp + 1 Dependent	94.09	77.80	16.29	8.15			
Emp + 2+ Dependents	169.79	111.30	58.49	29.25			
Delta Dental of WA Plan D/Option 4 (0497-4032)							
Employee only	55.87	52.80	3.07	1.54			
Emp + 1 Dependent	98.98	77.80	21.18	10.59			
Emp + 2+ Dependents	178.48	111.30	67.18	33.59			
Willamette Dental							
Employee only	53.40	53.40	0.00	0.00			
Emp + 1 Dependent	88.87	77.80	11.07	5.54			
Emp + 2+ Dependents	142.22	97.21	45.01	22.51			
Standard Basic Life							
Emp + Dependents	4.00	4.00	0.00	0.00			

*Note: Contributions are subject to bargaining for represented employees and pending BOCC approval for non-represented employees.

**Note: Full-time employee contributions for Employee Only coverage on Kaiser Value, Kaiser HDHP & Willamette of less than \$1 reduced to 0.