2020 Kitsap County Monthly Insurance Rates & Contributions for Corrections Officers & Corrections Sergeants

Kaiser Permanente of WA (HMO Plan)	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Value	699.34	699.34	0.00	1,208.98	1,199.28	9.70	1,434.30	1,411.58	22.72	1,943.64	1,912.58	31.06
Classic	748.62	724.92	23.70	1,295.26	1,243.40	51.86	1,535.32	1,450.28	85.04	2,081.62	1,948.88	132.74
HDHP w/HSA*	555.24	554.80	0.44	956.84	923.24	33.60	1,138.96	1,092.08	46.88	1,540.24	1,460.20	80.04

Aetna (PPO Plan)	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Value	727.80	708.64	19.16	1,261.08	1,216.38	44.70	1,492.46	1,427.00	65.46	2,025.70	1,918.40	107.30
Classic	793.94	717.40	76.54	1,376.84	1,230.70	146.14	1,628.04	1,442.58	185.46	2,210.84	1,957.54	253.30
HDHP w/HSA*	609.18	598.46	10.72	1,053.50	1,002.58	50.92	1,249.30	1,182.32	66.98	1,693.56	1,586.36	107.20

VSP Vision	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Extended Plan	19.64	19.64	0.00	19.64	19.64	0.00	19.64	19.64	0.00	19.64	19.64	0.00

Dental	Employee Only			Employee + 1 Child			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Delta Plan C	54.44	54.44	0.00	97.01	81.95	15.06	97.01	81.95	15.06	175.05	114.75	60.30
Delta Plan D	57.60	54.44	3.16	102.04	81.94	20.10	102.04	81.94	20.10	184.01	114.75	69.26
Willamette	63.35	54.45	8.90	105.36	81.94	23.42	105.36	81.94	23.42	168.66	114.76	53.90

Basic Life Insurance	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Standard Basic Life	4.00	4.00	0.00	4.00	4.00	0.00	4.00	4.00	0.00	4.00	4.00	0.00

Employee monthly cost is shown. Payroll deductions will be pre-taxed and split in half between 1st and 2nd pay periods each month.
*County will contribute $1,200/year to an HSA account for employee only enrollment in a HDHP and $2,400/year to an HSA account for employee plus dependent enrollment in a HDHP.