

2022 Kitsap County Monthly Insurance Rates & Contributions for Part-Time Employees (20+ to less than 30 Hrs/Week)

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	732.00	541.84	190.16	1,265.00	901.34	363.66	1,501.00	1,060.80	440.20	2,034.00	1,421.54	612.46
Classic	783.00	554.16	228.84	1,355.00	924.32	430.68	1,607.00	1,088.32	518.68	2,178.00	1,458.34	719.66
HDHP w/HSA*	655.00	504.02	150.98	1,148.00	865.98	282.02	1,339.00	998.82	340.18	1,759.00	1,288.16	470.84

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	761.00	522.82	238.18	1,320.00	872.08	447.92	1,562.00	1,023.86	538.14	2,120.00	1,372.96	747.04
Classic	831.00	535.60	295.40	1,441.00	892.94	548.06	1,704.00	1,048.56	655.44	2,314.00	1,406.78	907.22
HDHP w/HSA*	711.00	519.56	191.44	1,250.00	897.88	352.12	1,455.00	1,033.14	421.86	1,920.00	1,337.48	582.52

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	55.24	55.24	0.00	98.42	80.24	18.18	98.42	80.24	18.18	177.61	116.43	61.18
Delta Plan D	58.43	55.25	3.18	103.53	80.25	26.46	103.53	80.25	26.46	186.69	117.79	68.90
Willamette	61.24	55.24	6.00	101.86	74.24	27.62	101.86	74.24	27.62	162.99	103.13	59.86

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.