

2021 Medical Benefits
Deputy Sheriff's Assoc - Deputies
Employee Worksheet

100% dependent benefit up to Uniform Medical Plan Classic cost

	Total Monthly Premium	County Paid Benefit	Employee Paycheck	Chosen Coverage
Kaiser Permanente WA Classic*				
Employee	850.76	850.76	-	
Employee & Spouse	1,632.59	1,548.90	83.69	
Employee & Children	1,437.13	1,374.36	62.77	
Full Family	2,218.95	2,072.51	146.44	
Kaiser Permanente WA Value*				
Employee	774.33	774.33	-	
Employee & Spouse	1,479.71	1,472.47	7.24	
Employee & Children	1,303.37	1,297.93	5.44	
Full Family	2,008.75	1,996.08	12.67	
Kaiser Permanente WA CDHP				
Employee	694.66	694.66	-	
Employee & Spouse	1,315.23	1,315.23	-	
Employee & Children	1,174.67	1,174.67	-	
Full Family	1,736.91	1,736.91	-	
Kaiser Permanente WA Sound Choice				
Employee	716.80	716.80	-	
Employee & Spouse	1,364.65	1,364.65	-	
Employee & Children	1,202.69	1,202.69	-	
Full Family	1,850.54	1,850.54	-	
Uniform Medical Plan Classic				
Employee	767.09	767.09	-	
Employee & Spouse	1,465.23	1,465.23	-	
Employee & Children	1,290.69	1,290.69	-	
Full Family	1,988.84	1,988.84	-	
Uniform Medical Plan CDHP				
Employee	693.89	693.89	-	
Employee & Spouse	1,313.68	1,313.68	-	
Employee & Children	1,173.32	1,173.32	-	
Full Family	1,734.78	1,734.78	-	
Uniform Medical Plan Plus				
Employee	734.16	734.16	-	
Employee & Spouse	1,399.39	1,399.39	-	
Employee & Children	1,233.08	1,233.08	-	
Full Family	1,898.30	1,898.30	-	
Uniform Medical Plan Select <i>NEW</i>				
Employee	698.87	698.87	-	
Employee & Spouse	1,328.80	1,328.80	-	
Employee & Children	1,171.32	1,171.32	-	
Full Family	1,801.25	1,801.25	-	
**Kaiser Permanente NW Classic*				
Employee	821.03	821.03	-	
Employee & Spouse	1,573.12	1,519.17	53.95	
Employee & Children	1,385.10	1,344.63	40.47	
Full Family	2,137.19	2,042.78	94.41	
**Kaiser Permanente NW CDHP				
Employee	694.13	694.13	-	
Employee & Spouse	1,313.67	1,313.67	-	
Employee & Children	1,173.37	1,173.37	-	
Full Family	1,734.58	1,734.58	-	
Delta Dental of WA				
Employee	55.75	55.75	-	
Employee & 1 Dependent	98.77	98.77	-	
Employee \$ 2+ Dependents	178.12	178.12	-	
Willamette Dental				
Employee	63.35	63.35	-	
Employee & 1 Dependent	105.36	105.36	-	
Employee \$ 2+ Dependents	168.66	168.66	-	
Vision Service Plan				
Employee	7.76	7.76	-	
Employee & Spouse	15.53	15.53	-	
Employee & Children	16.62	16.62	-	
Full Family	26.56	26.56	-	
Standard Life Insurance				
Employee & Dependents	5.80	5.80	-	
Total employee deduction for selected coverage:				
(Divide by 2 for per paycheck amount)				

* Non-standard Plan