

2021 Medical Benefits

Elected Officials, Non-Union, 618-CO, 618-DC, 618-T, OPEIU, Sheriff's Administrative Support, Deputy Prosecuting Attorneys and Defense Attorneys

85% dependent benefit for standard plans

| Employee Worksheet | Total Monthly Premium | County Paid Benefit | Employee Monthly Deduction | Chosen Coverage |
|--|-----------------------|---------------------|----------------------------|-----------------|
| Kaiser Permanente WA Classic* | | | | |
| Employee | 850.76 | 734.16 | Medical 116.60 | |
| Employee & Spouse | 1,632.59 | 1,299.61 | 332.98 | |
| Employee & Children | 1,437.13 | 1,158.24 | 278.89 | |
| Full Family | 2,218.95 | 1,723.68 | 495.27 | |
| Kaiser Permanente WA Value* | | | | |
| Employee | 774.33 | 734.16 | 40.17 | |
| Employee & Spouse | 1,479.71 | 1,299.61 | 180.10 | |
| Employee & Children | 1,303.37 | 1,158.24 | 145.13 | |
| Full Family | 2,008.75 | 1,723.68 | 285.07 | |
| Kaiser Permanente WA CDHP | | | | |
| Employee | 694.66 | 694.66 | - | |
| Employee & Spouse | 1,315.23 | 1,222.14 | 93.09 | |
| Employee & Children | 1,174.67 | 1,102.67 | 72.00 | |
| Full Family | 1,736.91 | 1,580.57 | 156.34 | |
| Kaiser Permanente WA Sound Choice | | | | |
| Employee | 716.80 | 716.80 | - | |
| Employee & Spouse | 1,364.65 | 1,267.47 | 97.18 | |
| Employee & Children | 1,202.69 | 1,129.81 | 72.88 | |
| Full Family | 1,850.54 | 1,680.48 | 170.06 | |
| Uniform Medical Plan Classic* | | | | |
| Employee | 767.09 | 734.16 | 32.93 | |
| Employee & Spouse | 1,465.23 | 1,299.61 | 165.62 | |
| Employee & Children | 1,290.69 | 1,158.24 | 132.45 | |
| Full Family | 1,988.84 | 1,723.68 | 265.16 | |
| Uniform Medical Plan CDHP | | | | |
| Employee | 693.89 | 693.89 | - | |
| Employee & Spouse | 1,313.68 | 1,220.71 | 92.97 | |
| Employee & Children | 1,173.32 | 1,101.41 | 71.91 | |
| Full Family | 1,734.78 | 1,578.65 | 156.13 | |
| Uniform Medical Plan Plus | | | | |
| Employee | 734.16 | 734.16 | - | |
| Employee & Spouse | 1,399.39 | 1,299.61 | 99.78 | |
| Employee & Children | 1,233.08 | 1,158.24 | 74.84 | |
| Full Family | 1,898.30 | 1,723.68 | 174.62 | |
| Uniform Medical Plan Select <i>NEW</i> | | | | |
| Employee | 698.87 | 698.87 | - | |
| Employee & Spouse | 1,328.80 | 1,234.31 | 94.49 | |
| Employee & Children | 1,171.32 | 1,100.45 | 70.87 | |
| Full Family | 1,801.25 | 1,635.89 | 165.36 | |
| **Kaiser Permanente NW Classic* | | | | |
| Employee | 821.03 | 734.16 | 86.87 | |
| Employee & Spouse | 1,573.12 | 1,299.61 | 273.51 | |
| Employee & Children | 1,385.10 | 1,158.24 | 226.86 | |
| Full Family | 2,137.19 | 1,723.68 | 413.51 | |
| **Kaiser Permanente NW CDHP | | | | |
| Employee | 694.13 | 694.13 | - | |
| Employee & Spouse | 1,313.67 | 1,220.74 | 92.93 | |
| Employee & Children | 1,173.37 | 1,101.48 | 71.89 | |
| Full Family | 1,734.58 | 1,578.51 | 156.07 | |
| Delta Dental of WA | | | | |
| Employee | 55.75 | 55.75 | Dental - | |
| 1 Dependent | 98.77 | 92.32 | 6.45 | |
| 2+ Dependents | 178.12 | 159.76 | 18.36 | |
| Willamette Dental | | | | |
| Employee | 63.35 | 63.35 | - | |
| 1 Dependent | 105.36 | 99.06 | 6.30 | |
| 2+ Dependents | 168.66 | 152.86 | 15.80 | |
| Vision Service Plan | | | | |
| Employee | 7.76 | 7.76 | Vision - | |
| Employee & Spouse | 15.53 | 14.36 | 1.17 | |
| Employee & Children | 16.62 | 15.29 | 1.33 | |
| Full Family | 26.56 | 23.74 | 2.82 | |
| 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