

2023 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 | 914.66 | 845.04 | Medical 69.62 | |
| Employee & Spouse | 1,758.29 | 1,502.95 | 255.34 | |
| Employee & Children | 1,547.38 | 1,338.47 | 208.91 | |
| Full Family | 2,391.01 | 1,996.38 | 394.63 | |
| Kaiser Permanente WA Value* | | | | |
| Employee | 842.18 | 842.18 | - | |
| Employee & Spouse | 1,613.33 | 1,497.66 | 115.67 | |
| Employee & Children | 1,420.54 | 1,333.79 | 86.75 | |
| Full Family | 2,191.69 | 1,989.26 | 202.43 | |
| Kaiser Permanente WA CDHP | | | | |
| Employee | 777.97 | 777.97 | - | |
| Employee & Spouse | 1,483.13 | 1,377.36 | 105.77 | |
| Employee & Children | 1,321.42 | 1,239.90 | 81.52 | |
| Full Family | 1,968.25 | 1,789.71 | 178.54 | |
| Kaiser Permanente WA Sound Choice | | | | |
| Employee | 793.72 | 793.72 | - | |
| Employee & Spouse | 1,516.41 | 1,408.01 | 108.40 | |
| Employee & Children | 1,335.74 | 1,254.44 | 81.30 | |
| Full Family | 2,058.43 | 1,868.72 | 189.71 | |
| Uniform Medical Plan Classic* | | | | |
| Employee | 883.45 | 845.04 | 38.41 | |
| Employee & Spouse | 1,695.87 | 1,502.95 | 192.92 | |
| Employee & Children | 1,492.77 | 1,338.47 | 154.30 | |
| Full Family | 2,305.19 | 1,996.38 | 308.81 | |
| Uniform Medical Plan CDHP | | | | |
| Employee | 782.51 | 782.51 | - | |
| Employee & Spouse | 1,492.21 | 1,385.76 | 106.45 | |
| Employee & Children | 1,329.37 | 1,247.34 | 82.03 | |
| Full Family | 1,980.74 | 1,801.01 | 179.73 | |
| Uniform Medical Plan Plus | | | | |
| Employee | 845.04 | 845.04 | - | |
| Employee & Spouse | 1,619.05 | 1,502.95 | 116.10 | |
| Employee & Children | 1,425.55 | 1,338.47 | 87.08 | |
| Full Family | 2,199.56 | 1,996.38 | 203.18 | |
| Uniform Medical Plan Select | | | | |
| Employee | 807.22 | 807.22 | - | |
| Employee & Spouse | 1,543.41 | 1,432.98 | 110.43 | |
| Employee & Children | 1,359.36 | 1,276.54 | 82.82 | |
| Full Family | 2,095.55 | 1,902.30 | 193.25 | |
| **Kaiser Permanente NW Classic* | | | | |
| Employee | 919.86 | 845.04 | 74.82 | |
| Employee & Spouse | 1,768.69 | 1,502.95 | 265.74 | |
| Employee & Children | 1,556.48 | 1,338.47 | 218.01 | |
| Full Family | 2,405.31 | 1,996.38 | 408.93 | |
| **Kaiser Permanente NW CDHP | | | | |
| Employee | 778.49 | 778.49 | - | |
| Employee & Spouse | 1,484.17 | 1,378.32 | 105.85 | |
| Employee & Children | 1,322.33 | 1,240.75 | 81.58 | |
| Full Family | 1,969.68 | 1,791.00 | 178.68 | |
| Delta Dental of WA | | | | |
| Employee | 58.43 | 58.43 | Dental - | |
| Employee & 1 Dependent | 103.53 | 96.77 | 6.76 | |
| Employee & 2+ Dependents | 186.69 | 167.45 | 19.24 | |
| Willamette Dental | | | | |
| Employee | 61.24 | 61.24 | - | |
| Employee & 1 Dependent | 101.86 | 95.77 | 6.09 | |
| Employee & 2+ Dependents | 162.99 | 147.73 | 15.26 | |
| 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

**The Kaiser Permanente NW plans are not available in Thurston County.