## 2023 Medical Benefits

## 618-CD Sheriff - Corrections, Sheriff's Captains Assoc, Sheriff's Management Plan

**Employee Worksheet** 

100% dependent benefit up to Kaiser WA Value Plan cost

Employee worksneet		pendent benefit up		
	Total Monthly	County Paid	Employee	Chosen
V : D / WA OI : *	Premium	Benefit	Paycheck	Coverage
Kaiser Permanente WA Classic*		044.00		
Employee	914.66	914.66	-	
Employee & Spouse	1,758.29	1,685.81	72.48	
Employee & Children	1,547.38	1,493.02	54.36	
Full Family	2,391.01	2,264.17	126.84	
Kaiser Permanente WA Value*				
Employee	842.18	842.18	-	
Employee & Spouse	1,613.33	1,613.33	-	
Employee & Children	1,420.54	1,420.54	-	
Full Family	2,191.69	2,191.69	-	
Kaiser Permanente WA CDHP	,	,		
Employee	777.97	777.97	_	
Employee & Spouse	1,483.13	1,483.13	_	
Employee & Children	1,321.42	1,321.42	_	
Full Family	1,968.25	1,968.25		
Kaiser Permanente WA Sound Choice	1,300.23	1,300.23	-	
	702.72	702.72		
Employee	793.72	793.72	-	
Employee & Spouse	1,516.41	1,516.41	-	
Employee & Children	1,335.74	1,335.74	-	
Full Family	2,058.43	2,058.43	-	
Uniform Medical Plan Classic	]			
Employee	883.45	883.45	-	
Employee & Spouse	1,695.87	1,654.60	41.27	
Employee & Children	1,492.77	1,461.81	30.96	
Full Family	2,305.19	2,232.96	72.23	
Uniform Medical Plan CDHP				
Employee	782.51	782.51	-	
Employee & Spouse	1,492.21	1,492.21	_	
Employee & Children	1,329.37	1,329.37	_	
Full Family	1,980.74	1,980.74	_	
Uniform Medical Plan Plus	1,000.7 1	1,000.7 1		
Employee	1 845.04	845.04		
Employee & Spouse	1,619.05	1,616.19	2.86	
	•	· ·	2.00	
Employee & Children	1,425.55	1,423.40		
Full Family	2,199.56	2,194.55	5.01	
Uniform Medical Plan Select	007.00	007.00		
Employee	807.22	807.22	-	
Employee & Spouse	1,543.41	1,543.41	-	
Employee & Children	1,359.36	1,359.36	-	
Full Family	2,095.55	2,095.55	-	
**Kaiser Permanente NW Classic*				
Employee	919.86	919.86	-	
Employee & Spouse	1,768.69	1,691.01	77.68	
Employee & Children	1,556.48	1,498.22	58.26	
Full Family	2,405.31	2,269.37	135.94	
**Kaiser Permanente NW CDHP		,		
Employee	778.49	778.49	_	
Employee & Spouse	1,484.17	1,484.17	_	
Employee & Children	1,322.33	1,322.33	_	
Full Family	1,969.68	1,969.68	_	
	1,503.00	1,303.00	<b>-</b>	
Delta Dental of WA				
Employee	58.43	58.43	-	
Employee & 1 Dependent	103.53	103.53	-	
Employee & 2+ Dependents	186.69	186.69	_	
Willamette Dental				
Employee	61.24	61.24	_	
Employee & 1 Dependent	101.86	101.86	_	
Employee & 2+ Dependents	162.99	162.99	_	
	.02.00	. 32.00		
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				
	E 00	5.00		
Employee & Dependents	5.80	5.80	-	
***	Total employee deduction for selected coverage:			
* Non-standard Plan			per paycheck amount)	
**The Kaiser Permanente NW plans are not ava	ilabla in Thurston C	`auntu		

<sup>\*\*</sup>The Kaiser Permanente NW plans are not available in Thurston County.