

## 2024 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

	Total Monthly Premium	County Paid Benefit	Employee Paycheck	Chosen Coverage
<b>Kaiser Permanente WA Classic*</b>				
Employee	1,009.61	1,009.61	-	
Employee & Spouse	1,949.21	1,847.33	101.88	
Employee & Children	1,714.31	1,637.90	76.41	
Full Family	2,653.91	2,475.62	178.29	
<b>Kaiser Permanente WA Value*</b>				
Employee	995.42	995.42	-	
Employee & Spouse	1,920.82	1,833.14	87.68	
Employee & Children	1,689.47	1,623.71	65.76	
Full Family	2,614.88	2,461.43	153.45	
<b>Kaiser Permanente WA CDHP</b>				
Employee	815.03	815.03	-	
Employee & Spouse	1,558.68	1,558.68	-	
Employee & Children	1,387.35	1,387.35	-	
Full Family	2,072.68	2,072.68	-	
<b>Kaiser Permanente WA Sound Choice</b>				
Employee	853.46	853.46	-	
Employee & Spouse	1,636.92	1,636.92	-	
Employee & Children	1,441.05	1,441.05	-	
Full Family	2,224.50	2,224.50	-	
<b>Uniform Medical Plan Classic</b>				
Employee	907.73	907.73	-	
Employee & Spouse	1,745.45	1,745.45	-	
Employee & Children	1,536.02	1,536.02	-	
Full Family	2,373.74	2,373.74	-	
<b>Uniform Medical Plan CDHP</b>				
Employee	823.84	823.84	-	
Employee & Spouse	1,576.31	1,576.31	-	
Employee & Children	1,402.78	1,402.78	-	
Full Family	2,096.92	2,096.92	-	
<b>Uniform Medical Plan Plus</b>				
Employee	892.55	892.55	-	
Employee & Spouse	1,715.09	1,715.09	-	
Employee & Children	1,509.46	1,509.46	-	
Full Family	2,332.00	2,332.00	-	
<b>Uniform Medical Plan Select</b>				
Employee	842.66	842.66	-	
Employee & Spouse	1,615.32	1,615.32	-	
Employee & Children	1,422.15	1,422.15	-	
Full Family	2,194.81	2,194.81	-	
<b>**Kaiser Permanente NW Classic*</b>				
Employee	1,115.23	1,115.23	-	
Employee & Spouse	2,160.45	1,952.95	207.50	
Employee & Children	1,899.15	1,743.52	155.63	
Full Family	2,944.37	2,581.24	363.13	
<b>**Kaiser Permanente NW CDHP*</b>				
Employee	983.77	983.77	-	
Employee & Spouse	1,896.17	1,821.49	74.68	
Employee & Children	1,682.65	1,612.06	70.59	
Full Family	2,536.72	2,449.78	86.94	
<b>Delta Dental of WA</b>				
Employee	60.46	60.46	-	
Employee & 1 Dependent	107.12	107.12	-	
Employee & 2+ Dependents	193.18	193.18	-	
<b>Willamette Dental</b>				
Employee	63.61	63.61	-	
Employee & 1 Dependent	105.84	105.84	-	
Employee & 2+ Dependents	169.34	169.34	-	
<b>Vision Service Plan</b>				
Employee	7.76	7.76	-	
Employee & Spouse	15.53	15.53	-	
Employee & Children	16.62	16.62	-	
Full Family	26.56	26.56	-	
<b>Standard Life Insurance</b>				
Employee & Dependents	5.80	5.80	-	
<b>Total employee deduction for selected coverage:</b>				
(Divide by 2 for per paycheck amount)				

\* Non-standard Plan

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