

2024 Medical Benefits

Elected Officials, Non-Union, 618-CO, 618-DC, 618-T, 618-CS, OPEIU, Sheriff's Administrative Support, Non-Union 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	1,009.61	892.55	Medical 117.06	
Employee & Spouse	1,949.21	1,591.71	357.50	
Employee & Children	1,714.31	1,416.92	297.39	
Full Family	2,653.91	2,116.08	537.83	
Kaiser Permanente WA Value*				
Employee	995.42	892.55	102.87	
Employee & Spouse	1,920.82	1,591.71	329.11	
Employee & Children	1,689.47	1,416.92	272.55	
Full Family	2,614.88	2,116.08	498.80	
Kaiser Permanente WA CDHP				
Employee	815.03	815.03	-	
Employee & Spouse	1,558.68	1,447.13	111.55	
Employee & Children	1,387.35	1,301.50	85.85	
Full Family	2,072.68	1,884.03	188.65	
Kaiser Permanente WA SoundChoice				
Employee	853.46	853.46	-	
Employee & Spouse	1,636.92	1,519.40	117.52	
Employee & Children	1,441.05	1,352.91	88.14	
Full Family	2,224.50	2,018.84	205.66	
Uniform Medical Plan Classic*				
Employee	907.73	892.55	15.18	
Employee & Spouse	1,745.45	1,591.71	153.74	
Employee & Children	1,536.02	1,416.92	119.10	
Full Family	2,373.74	2,116.08	257.66	
Uniform Medical Plan CDHP				
Employee	823.84	823.84	-	
Employee & Spouse	1,576.31	1,463.44	112.87	
Employee & Children	1,402.78	1,315.94	86.84	
Full Family	2,096.92	1,905.96	190.96	
Uniform Medical Plan Plus				
Employee	892.55	892.55	-	
Employee & Spouse	1,715.09	1,591.71	123.38	
Employee & Children	1,509.46	1,416.92	92.54	
Full Family	2,332.00	2,116.08	215.92	
Uniform Medical Plan Select				
Employee	842.66	842.66	-	
Employee & Spouse	1,615.32	1,499.42	115.90	
Employee & Children	1,422.15	1,335.23	86.92	
Full Family	2,194.81	1,991.99	202.82	
**Kaiser Permanente NW Classic*				
Employee	1,115.23	892.55	222.68	
Employee & Spouse	2,160.45	1,591.71	568.74	
Employee & Children	1,899.15	1,416.92	482.23	
Full Family	2,944.37	2,116.08	828.29	
**Kaiser Permanente NW CDHP*				
Employee	983.77	892.55	91.22	
Employee & Spouse	1,896.17	1,591.71	304.46	
Employee & Children	1,682.65	1,416.92	265.73	
Full Family	2,536.72	2,116.08	420.64	
Delta Dental of WA				
Employee	60.46	60.46	Dental -	
Employee & 1 Dependent	107.12	100.12	7.00	
Employee & 2+ Dependents	193.18	173.27	19.91	
Willamette Dental				
Employee	63.61	63.61	-	
Employee & 1 Dependent	105.84	99.51	6.33	
Employee & 2+ Dependents	169.34	153.48	15.86	
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.