

## 2018 Corrections Officer Rates

	Monthly Rate	County Monthly Contribution	Employee Monthly Contribution	Employee Biweekly Deduction
<b><i>Premera Classic Plan</i></b>				
Employee Only	695.90	619.36	76.54	38.27
Employee/Spouse	1,426.54	1,241.08	185.46	92.73
Employee/Child(ren)	1,217.80	1,071.66	146.14	73.07
Employee & Family	1,948.44	1,695.14	253.30	126.65
<b><i>Premera Value Plan</i></b>				
Employee Only	638.68	619.52	19.16	9.58
Employee/Spouse	1,309.24	1,243.78	65.46	32.73
Employee/Child(ren)	1,117.66	1,072.96	44.70	22.35
Employee & Family	1,788.26	1,680.96	107.30	53.65
<b><i>Premera HDHP/HSA</i></b>				
Employee only	536.06	525.34	10.72	5.25
Employee + spouse	1,098.84	1,031.86	66.98	32.84
Employee + child(ren)	938.08	887.16	50.92	24.96
Employee + family	1,500.88	1,393.68	107.20	52.55
<b><i>Kaiser Classic Plan</i></b>				
Employee Only	592.62	568.92	23.70	11.85
Employee/Spouse	1,214.82	1,129.78	85.04	42.52
Employee/Child(ren)	1,037.00	985.14	51.86	25.93
Employee & Family	1,659.22	1,526.48	132.74	66.37
<b><i>Kaiser Value Plan</i></b>				
Employee Only	554.32	554.32	0.00	0.00
Employee/Spouse	1,136.34	1,113.62	22.72	11.36
Employee/Child(ren)	969.98	960.28	9.70	4.85
Employee & Family	1,552.04	1,520.98	31.06	15.53
<b><i>Kaiser HDHP/HSA</i></b>				
Employee only	442.38	441.94	0.44	0.22
Employee + spouse	906.86	859.98	46.88	23.44
Employee + child(ren)	774.10	740.50	33.60	16.80
Employee + family	1,238.60	1,158.56	80.04	40.02
<b><i>Delta Dental Plan 2C (0497-4033)</i></b>				
Employee only	52.80	52.80	0.00	0.00
Emp + 1 Dependent	94.09	80.30	13.79	6.90
Emp + 2+ Dependents	169.79	111.30	58.49	29.25
<b><i>Delta Denta Plan 4D (0497-4032)</i></b>				
Employee only	55.87	52.80	3.07	1.54
Emp + 1 Dependent	98.98	80.30	18.68	9.34
Emp + 2+ Dependents	178.48	111.30	67.18	33.59
<b><i>Willamette Dental</i></b>				
Employee only	53.40	53.40	0.00	0.00
Emp + 1 Dependent	88.87	80.30	8.57	4.29
Emp + 2+ Dependents	142.22	97.21	45.01	22.51
<b><i>Standard Basic Life (\$24,000 Employee &amp; \$1,000 Dependents)</i></b>				
Employee + Dependents	4.00	4.00	0.00	0.00
<b><i>Standard Optional Long-Term &amp; Short-Term Disability w/ \$20K Life Insurance</i></b>				
Employee	61.00	10.00	51.00	25.50