

**POLICY FOR 2024 BENEFITS FOR NON-REPRESENTED EMPLOYEES
MEDICAL, VISION, DENTAL, LONG TERM DISABILITY AND LIFE
INSURANCE**

1. Benefits for Regular, Full-time and Part-time non-represented employees for coverage effective January 1, 2024 through December 31, 2024 are as follows:
 - a. **Medical Insurance Plans:** The Medical insurance plans listed below will be offered to non-represented employees for coverage effective January 1, 2024 through December 31, 2024.
 - (1) Kaiser Permanente Value Plan
 - (2) Kaiser Permanente Classic Plan
 - (3) Kaiser Permanente High Deductible Health Plan with Health Savings Account
 - (4) Aetna Value Plan
 - (5) Aetna Classic Plan
 - (6) Aetna High Deductible Health Plan with Health Savings Account
 - b. **Medical Insurance Rates and Contributions:** The County's contributions for regular full-time and part-time non-represented employees for 2024 will be as set forth on the County's benefit page located here [Benefits \(kitsapgov.com\)](https://www.kitsapgov.com/benefits). The County's contribution for medical coverage for regular-part-time employees will be pro-rated at approximately 65% of the County's contribution for a full-time employee.
 - c. **Health Savings Accounts:** The County will contribute the following amounts to a Health Savings Account for each employee who enrolls in a High Deductible Health Plan during the Open Enrollment period:
 1. For employees with coverage effective January 1:
 - a. Employee Only Coverage –The County will contribute One Thousand, Two Hundred Dollars (\$1,200) to a Health Savings Account.
 - b. Employee Plus Dependent Coverage –The County will contribute Two Thousand, Four Hundred Dollars (\$2,400) to a Health Savings Account.

No contribution will be made until the employee has opened his/her health savings account. If the employee does not open the account before the 1st pay period in January 2024, the employee forfeits the County's contribution.
 - d. **Waiver of Medical Coverage:**
 - (1) Regular, full-time employees (.75 to 1.0 FTE) may waive coverage through Kitsap County's sponsored medical plans and for that waiver, receive a one hundred and fifty dollars (\$150.00) per month waiver- incentive payment; however, such payment will be subject to employment taxes. Full-time employees who waive coverage to participate in Medicare are not eligible to receive the waiver-incentive premium pursuant to 42 CFR Section 411.103.

- (2) Regular part-time employees (.50 to less than .75 FTE) who waive their coverage through Kitsap County’s sponsored medical plans shall receive a pro-rated waiver incentive payment per month, according to their budgeted, full-time equivalent FTE status. For coverage effective January 1, 2020, this pro-ration will be one hundred dollars (\$100) per month. Regular, part-time employees who waive their coverage to participate in Medicare are not eligible to receive the waiver-incentive premium, under federal regulations (See 42 CFR Section 411.103).

- e. **Vision Coverage:** The County will pay the total monthly premium cost to provide County-selected vision coverage for regular full-time and part-time non-represented employees and all eligible dependents. All regular, full-time and part-time employees shall participate in the County-sponsored vision plan.

- f. **Dental Insurance Plans:** The dental plans listed below will be offered to non-represented employees for coverage January 1, 2024 through December 31, 2024.
 - (1) Delta Dental Plan C (County-selected base dental plan)
 - (2) Delta Dental Plan D
 - (3) Willamette Dental

- g. **Dental Insurance Premiums:** The County will make contributions to 2024 dental insurance premiums as set forth on the County’s benefit page located here [Benefits \(kitsapgov.com\)](https://www.kitsapgov.com/benefits). All regular, full-time and part-time employees shall participate in a County-sponsored dental plan. The County will pay 100% of the employee-only rate for the County-selected, base plan or an optional plan, whichever is less. The County will contribute the greater of fifty percent (50%) of the dependent rate or twenty-five dollars (\$25.00) per employee per month for dependent dental coverage under the County-selected base plan or an optional plan, whichever is less.

- h. **Basic Life Insurance:** The County will pay the total monthly premium cost to provide County-selected, basic life insurance coverage for regular full-time and part-time non-represented employees and their dependents. All regular, full-time and part-time employees shall be enrolled in the County-sponsored basic life insurance plan.

- i. **Basic Long-term Disability Insurance:** The County will pay the total monthly premium cost to provide County-selected, basic long-term disability insurance coverage for regular full-time and part-time non-represented employees. All regular, full-time and part-time employees shall be enrolled in the County-sponsored basic long-term disability insurance plan.

- j. **Minimum Employee Contributions:** The County will pay any premium share that is less than \$1.00 for employees for medical and dental coverage to reduce the costs of administering the plans.

- k. **Pre-tax premium deductions:** All employee contributions to medical and dental will be made pre-tax.

- l. **Sheriff's Office LEOFF/PSERS-Eligible Management Group:** Members of this group shall continue to have the same medical plan options with the same rate structure as agreed between Kitsap County and the Sheriff's Office Lieutenant Association.
- m. **Other voluntary and optional plans may be offered with premiums paid by the employee. These options may include post-tax deductions**
- n. Newly hired employees who fail to make medical and dental plan elections within the first thirty days of hire will be defaulted to the lowest cost plans and at the employee only coverage levels.