

2024 Kitsap County Monthly Insurance Rates & Contributions for Full-Time Employees (30+ Hrs/Week)

Kaiser Permanente of WA (HMO Plan)	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Value	845.00	845.00	0.00	1461.00	1398.96	62.04	1729.00	1639.84	89.16	2349.00	2199.84	149.16
Classic	904.00	859.10	44.90	1565.00	1425.56	139.44	1846.00	1666.20	179.80	2515.00	2242.04	272.96
HDHP w/HSA*	756.00	756.00	0.00	1325.00	1286.20	38.80	1543.00	1488.86	54.14	2031.00	1938.56	92.44

Aetna (PPO Plan)	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Value	878.00	847.92	30.08	1519.00	1401.64	117.36	1804.00	1650.80	153.20	2448.00	2210.56	237.44
Classic	960.00	862.32	97.68	1653.00	1419.98	233.02	1968.00	1679.32	288.68	2672.00	2249.56	422.44
HDHP w/HSA*	821.00	808.62	12.38	1441.00	1382.20	58.80	1680.00	1602.62	77.38	2218.00	2094.16	123.84

VSP Vision	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Extended Plan	19.64	19.64	0.00	19.64	19.64	0.00	19.64	19.64	0.00	19.64	19.64	0.00

Dental	Employee Only			Employee + 1 Child			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Delta Plan C	57.15	57.15	0.00	101.84	82.16	19.68	101.84	82.16	19.68	183.77	120.47	63.30
Delta Plan D	60.46	57.16	3.30	107.12	78.86	28.26	107.12	78.86	28.26	193.18	121.88	71.30
Willamette	63.61	57.15	6.46	105.84	75.70	30.14	105.84	75.70	30.14	169.34	106.80	62.54

Basic Life Insurance	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Standard Basic Life	4.00	4.00	0.00	4.00	4.00	0.00	4.00	4.00	0.00	4.00	4.00	0.00

Employee monthly cost is shown. Payroll deductions will be pre-taxed and split in half between 1st and 2nd pay periods each month.