

2017 Whitman County Monthly Benefit Premiums (DSA) January 1, 2017 – December 31, 2017

PREMERA MEDICAL WCIF 500

Sheriff Medical Plan	Composite	\$1,246.21
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WASHINGTON COUNTIES INSURANCE FUND

Dental Insurance Carrier	PLAN	EMPLOYEE	EE/1 DEPENDENT	EE/ 2+DEPENDENTS	
Washington Dental Service	D-4	\$55.87	\$98.98	\$178.48	
Vision Insurance Carrier	PLAN	EMPLOYEE	EE/SPOUSE	EE/CHILD(REN)	EE/SP/CHILD(REN)
Vision Service Plan	Standard	\$8.09	\$16.18	\$17.31	\$27.66
Life Insurance Carrier	PLAN	EMPLOYEE	DEPENDENTS		
Standard Life/Basic Life	Annual Salary/\$1000 X	\$.15 per \$1000	\$.40		

The county will pay 90% by category, for the total combined premium, of employee and dependent coverage for medical, dental and vision insurance. The county will pay 100% of the life insurance coverage. The employee will be responsible for 10% of the premium for medical, dental and vision coverage.