

**2018 Monthly Insurance Premiums****Deputy Sheriff Association Unit Employees**

January 1, 2018 – December 31, 2018

**Medical Carrier: Premera**

Medical Plan:	<b>WCIF \$500</b>
Composite	\$1,346.24

**Dental Carrier: Delta Dental**

Dental Plan:	<b>D-4</b>
Employee Only	\$55.87
Employee plus One Dependent	\$98.98
Employee plus Two or More Dependents	\$178.48

**Vision Carrier: Vision Service Plan**

Vision Plan:	<b>Standard</b>
Employee Only	\$8.09
Employee and Spouse	\$16.18
Employee and Child(ren)	\$17.31
Full Family	\$27.66

**Life insurance carrier: The Standard**

**Basic Life 1 X Annual Salary**                      \$0.15 per \$1,000

**Dependents**                                              \$0.40

**Whitman County Contribution:**

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