

2018 Monthly Insurance Premiums**Non-Represented and Courthouse Unit Employees**

January 1, 2018 – December 31, 2018

Medical Carrier: Kaiser Permanente

Medical Plan:	Kaiser Foundation Health Plan of WA	Kaiser Foundation Health Plan of WA Options	
		HMO \$750	Access \$1,500 HDHP
Employee Only	\$705.63	\$658.60	\$464.49
Employee & Spouse	\$1,438.69	\$1,342.27	\$944.39
Employee & Child(ren)	\$1,264.15	\$1,179.50	\$830.13
Full Family	\$1,997.22	\$1,863.18	\$1,310.03

Dental Carrier: Delta Dental

Dental Plan:	D-4
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:	Standard
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 Plan \$2.20

Whitman County Contribution:

Unless otherwise determined by a bargaining unit agreement, employees working at least 50% time receive a County contribution up to \$772.80 for medical, dental and vision premiums. Life insurance is paid by the County at \$2.20 per month.

Part-time employees hired after January 1, 2007 receive pro-rated medical, dental and vision contributions based on the number of hours they work per month.

Full-time and part-time employees might be eligible for an Employer Contribution to an individual HRA/VEBA or H.S.A. account in the amount equal to 100% of the difference between the combined cost of medical, dental and vision coverage and the \$772.80 maximum monthly contribution. Any amount over the \$772.80 maximum is the responsibility of the employee and will be paid by payroll deduction.