

Whitman County  
**2019 Monthly Insurance Premiums**

Road Bargaining Unit  
 January 1, 2019 – December 31, 2019

**Medical Carrier: Kaiser Permanente**

| Medical Plan          | Kaiser Foundation Plan of WA | Kaiser Foundation Health Plan of WA Options |                |
|-----------------------|------------------------------|---------------------------------------------|----------------|
|                       |                              | Access \$1,500 HDHP                         | Access \$5,000 |
|                       | HMO \$750                    |                                             |                |
| Employee Only         | \$765.34                     | \$713.88                                    | \$503.24       |
| Employee & Spouse     | \$1,561.28                   | \$1,455.80                                  | \$1,024.02     |
| Employee & Child(ren) | \$1,371.77                   | \$1,279.16                                  | \$900.03       |
| Full Family           | \$2,167.72                   | \$2,021.08                                  | \$1,420.81     |

**Dental Insurance 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 Insurance Carrier: Teamster Welfare Trust**

|               |         |
|---------------|---------|
| Vision Plan:  | EXT     |
| Employee Only | \$17.10 |

**Life Insurance Carrier: The Standard**

Basic Life \$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 \$822.80 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 \$822.80 maximum monthly contribution, Any amount over the \$822.80 maximum is the responsibility of the employee and will be paid by payroll deduction.