# Whitman County

# 2019 Monthly Insurance Premiums

Non- Represented, Courthouse, and Solid Waste Employees

January 1, 2019 – December 31, 2019

## Medical Carrier: Kaiser Permanente

Medical Plan	Kaiser Foundation Plan of WA	Kaiser Foundation Health Plan of WA Options	
	HMO \$750	Access \$1,500 HDHP	Access \$5,000
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- Vision Service Plan

Vision Plan:	Standard
Employee Only	\$7.76
Employee and Spouse	\$15.53
Employee and Child(ren)	\$16.62
Full Family	\$26.56

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, 20017 receive pro-rated medical, dental, and vision contributions based on the number of hours they work per month.

Full- 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.