

**COMMUNITY FAMILY HEALTH, ELECTED OFFICIALS, NON REPRESENTED, PUBLIC DEFENDERS AND PROBATION
PEBB - Medical and Dental 2022**

The County premium contribution using the pooling method, effective January 1, 2022, by Resolution 2021-75.- All pooled @ 2022 rate of \$1,414

	Copays	Annual Deductibles	Max out-of-pocket		Employee	EE/Spouse	EE/Children	Full Family
Kaiser Permanente WA CLASSIC				PREMIUM	\$979.40	\$1,799.64	\$1,594.58	\$2,414.72
	\$15 Primary Care	\$175/Person	\$2,000/Person	COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
	\$30 Specialist	\$525/Family	\$4,000/Family	EMPLOYEE PAYS (Payroll Deduction)	None	\$154.66	None	\$769.74
Kaiser Permanente WA VALUE				PREMIUM	\$888.05	\$1,616.95	\$1,434.72	\$2,163.62
	\$30 Primary Care	\$250/Person	\$3,000/Person	COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
	\$50 Specialist	\$750/Family	\$6,000/Family	EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$518.64
Kaiser Permanente WA CDHP				PREMIUM	\$807.55	\$1,451.15	\$1,304.83	\$1,890.10
	10%/Primary Care	\$1,400/Person	\$5,100/Person	COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
	10% Specialist	\$2,800/Family	\$10,200/Family	EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$245.12
Kaiser Permanente WA SOUND CHOICE <small>(Must live or work in Snohomish, King, Pierce or Thurston County)</small>				PREMIUM	\$825.35	\$1,491.53	\$1,324.98	\$1,991.17
	0 Primary Care	\$125/Person	\$2,000/Person	COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
	15% Specialist	\$375 Family	\$4,000/Family	EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$346.19
Uniform Medical Plan Classic				PREMIUM	\$884.84	\$1,610.51	\$1,429.09	\$2,154.77
	15% Primary Care	\$250/Person	\$2,000/Person	COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
	15% Specialist	\$750/Family	\$4,000/Family	EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$509.79
Uniform Medical Plan Select				PREMIUM	\$813.89	\$1,468.61	\$1,304.93	\$1,959.66
	20% Primary Care	\$750/Person	\$3,500/Person	COUNTY POOLED CONTRIBUTION	\$0.00	\$1,644.98	\$1,644.98	\$1,644.98
	20% Specialist	\$2,250/Family	\$7,000/Family	EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$314.68
Uniform Medical Plan CDHP				PREMIUM	\$804.85	\$1,448.45	\$1,302.13	\$1,887.40
	15% Primary Care	\$1,400/Person	\$4,200/Person	COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
	15% Specialist	\$2,800/Family	\$8,400/Family	EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$242.42
Uniform Medical Plan PLUS or Uniform Medical Plan Plus UW Medicine ACN <small>(Must live in Snohomish, King, Kitsap, Pierce, Spokane, Yakima, Skagit or Thurston County)</small>				PREMIUM	\$853.29	\$1,547.42	\$1,373.89	\$2,068.02
	0% Primary Care	\$125/Person	\$2,000/Person	COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
	15% Specialist	\$375/Family	\$4,000/Family	EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$423.04

Tobacco Use Surcharge	\$25.00	\$25.00	\$25.00	\$25.00
Spouse Waiver Premium Surcharge	\$0.00	\$50.00	\$0.00	\$50.00
Medical Waived	\$159.16	\$159.16	\$159.16	\$159.16

DENTAL	Deductibles	Max out-of-pocket	VISION	BASIC LIFE AND AD&D Insurance
Uniform Dental Group #3000 Delta Dental PPO	\$50/Person \$150/Family	You pay amounts over \$1,750	Included in medical plan	Basic Life \$35,000 Basic AD&D \$5,000 May enroll in supplemental Term Life Insurance without providing evidence of insurability if enrolled no later than 60 days after becoming eligible.
Delta Care Group #3100 Managed care w/limited dentists	NONE	No General Plan Maximum	You pay any amount over \$150 every 24 months for frames, lenses, contacts and fitting fees combined. Exception: for UMP Classic, you pay any amount over \$65 for contact lens fitting fees.	May enroll in optional LTD within 31 days of initial eligibility for PEBB benefits. After 31 days must also complete Evidence of Insurability form.
Willamette Dental Managed care & their facilities	NONE	No General Plan Maximum		

GENERAL SERVICES
PEBB - Medical Benefits & WCIF - Dental Vision Life Benefits 2022

The County premium contribution using the pooling method, effective January 1, 2021, by Resolution 2020-84. All pooled @ 2021 rate of \$1362

	Copays	Annual Deductibles	Max out-of-pocket		Employee	EE/Spouse	EE/Children	Full Family
Kaiser Permanente WA CLASSIC				PREMIUM	\$891.33	\$1,711.57	\$1,506.51	\$2,326.75
	\$15 Primary Care	\$175/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	\$30 Specialist	\$525/Family	\$4,000/Family					
				<i>PREMIUM TOTAL</i>	\$1,027.39	\$1,847.63	\$1,642.57	\$2,462.81
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,592.98	\$1,592.98	\$1,592.98
			EMPLOYEE PAYS (Payroll Deduction)	None	\$254.65	None	\$869.83	
Kaiser Permanente WA VALUE				PREMIUM	\$799.98	\$1,528.88	\$1,346.65	\$2,075.55
	\$30 Primary Care	\$250/Person	\$3,000/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	\$50 Specialist	\$750/Family	\$6,000/Family					
				<i>PREMIUM TOTAL</i>	\$936.04	\$1,664.94	\$1,482.71	\$2,211.61
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,592.98	\$1,592.98	\$1,592.98
			EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$618.63	
Kaiser Permanente WA CDHP				PREMIUM	\$719.48	\$1,363.08	\$1,216.76	\$1,802.03
	10%/Primary Care	\$1,400/Person	\$5,100/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	10% Specialist	\$2,800/Family	\$10,200/Family					
				<i>PREMIUM TOTAL</i>	\$855.54	\$1,499.14	\$1,352.82	\$1,938.09
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,592.98	\$1,592.98	\$1,592.98
			EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$345.11	
Kaiser Permanente WA SOUND CHOICE				PREMIUM	\$737.28	\$1,403.46	\$1,236.91	\$1,903.10
	0 Primary Care	\$125/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	15% Specialist	\$375 Family	\$4,000/Family					
				<i>PREMIUM TOTAL</i>	\$873.34	\$1,539.52	\$1,372.97	\$2,039.16
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,592.98	\$1,592.98	\$1,592.98
(Must live or work in Snohomish, King, Pierce or Thurston County)			EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$446.18	
Uniform Medical Plan Classic				PREMIUM	\$796.77	\$1,522.44	\$1,341.02	\$2,066.70
	15% Primary Care	\$250/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	15% Specialist	\$750/Family	\$4,000/Family					
				<i>PREMIUM TOTAL</i>	\$932.83	\$1,658.50	\$1,477.08	\$2,202.76
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,592.98	\$1,592.98	\$1,592.98
			EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$609.78	
Uniform Medical Plan Select				PREMIUM	\$725.82	\$1,380.54	\$1,216.86	\$1,871.59
	20% Primary Care	\$750/Person	\$3,500/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	20% Specialist	\$2,200/Family	\$7,000/Family					
				<i>PREMIUM TOTAL</i>	\$861.88	\$1,516.60	\$1,352.92	\$2,007.65
				COUNTY POOLED CONTRIBUTION	\$0.00	\$1,592.98	\$1,592.98	\$1,592.98
			EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$414.67	
Uniform Medical Plan CDHP				PREMIUM	\$716.78	\$1,360.38	\$1,214.06	\$1,799.33
	15% Primary Care	\$1,400/Person	\$4,200/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	15% Specialist	\$2,800/Family	\$8,400/Family					
				<i>PREMIUM TOTAL</i>	\$852.84	\$1,496.44	\$1,350.12	\$1,935.39
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,592.98	\$1,592.98	\$1,592.98
			EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$342.41	
Uniform Medical Plan PLUS or Uniform Medical Plan Plus UW Medicine ACN				PREMIUM	\$765.22	\$1,459.35	\$1,285.82	\$1,979.95
	0% Primary Care	\$125/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$134.55	\$134.55	\$134.55	\$134.55
				<i>PREMIUM TOTAL</i>	\$899.77	\$1,593.90	\$1,420.37	\$2,114.50
	(Must live in Snohomish, King, Kitsap, Pierce, Spokane, Yakima, Skagit or Thurston County)	15% Specialist	\$375/Family	\$4,000/Family	COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,592.98	\$1,592.98
			EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$521.52	
Tobacco Use Surcharge					\$25.00	\$25.00	\$25.00	\$25.00
Spouse Waiver Premium Surcharge					\$0.00	\$50.00	\$0.00	\$50.00

WCIF	DENTAL		VISION	LIFE
	Delta Dental		VSP \$175	Basic \$24,000
	Willamette (Managed Care & their facilities) - Reduced premium by \$ 5.37		Frame	Dependent \$1,000

DEPUTY PROSECUTORS

PEBB - Medical Benefits & WCIF - Dental Vision Life Benefits 2022

The County premium contribution using the pooling method, effective January 1, 2022, by Resolution 2020-75. All pooled @ 2022 rate of \$1,414

	Copays	Annual Deductibles	Max out-of-pocket		Employee	EE/Spouse	EE/Children	Full Family
Kaiser Permanente WA CLASSIC				PREMIUM	\$891.33	\$1,711.57	\$1,506.51	\$2,326.75
	\$15 Primary Care	\$175/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	\$30 Specialist	\$525/Family	\$4,000/Family	PREMIUM TOTAL	\$1,027.39	\$1,847.63	\$1,642.57	\$2,462.81
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
				EMPLOYEE PAYS (Payroll Deduction)	None	\$202.65	None	\$817.83
Kaiser Permanente WA VALUE				PREMIUM	\$799.98	\$1,528.88	\$1,346.65	\$2,075.55
	\$30 Primary Care	\$250/Person	\$3,000/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	\$50 Specialist	\$750/Family	\$6,000/Family	PREMIUM TOTAL	\$936.04	\$1,664.94	\$1,482.71	\$2,211.61
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$566.63
Kaiser Permanente WA CDHP				PREMIUM	\$719.48	\$1,363.08	\$1,216.76	\$1,802.03
	10%/Primary Care	\$1,400/Person	\$5,100/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	10% Specialist	\$2,800/Family	\$10,200/Family	PREMIUM TOTAL	\$855.54	\$1,499.14	\$1,352.82	\$1,938.09
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$293.11
Kaiser Permanente WA SOUND CHOICE				PREMIUM	\$737.28	\$1,403.46	\$1,236.91	\$1,903.10
	0 Primary Care	\$125/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	15% Specialist	\$375 Family	\$4,000/Family	PREMIUM TOTAL	\$873.34	\$1,539.52	\$1,372.97	\$2,039.16
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$394.18
(Must live or work in Snohomish, King, Pierce or Thurston County)								
Uniform Medical Plan Classic				PREMIUM	\$796.77	\$1,522.44	\$1,341.02	\$2,066.70
	15% Primary Care	\$250/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	15% Specialist	\$750/Family	\$4,000/Family	PREMIUM TOTAL	\$932.83	\$1,658.50	\$1,477.08	\$2,202.76
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$557.78
Uniform Medical Plan Select				PREMIUM	\$725.82	\$1,380.54	\$1,216.86	\$1,871.59
	20% Primary Care	\$750/Person	\$3,500/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	20% Specialist	\$2,200/Family	\$7,000/Family	PREMIUM TOTAL	\$861.88	\$1,516.60	\$1,352.92	\$2,007.65
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$362.67
Uniform Medical Plan CDHP				PREMIUM	\$716.78	\$1,360.38	\$1,214.06	\$1,799.33
	15% Primary Care	\$1,400/Person	\$4,200/Person	WCIF DENTAL VISION LIFE	\$134.55	\$134.55	\$134.55	\$134.55
	15% Specialist	\$2,800/Family	\$8,400/Family	PREMIUM TOTAL	\$851.33	\$1,494.93	\$1,348.61	\$1,933.88
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$288.90
Uniform Medical Plan PLUS or Uniform Medical Plan Plus UW Medicine ACN				PREMIUM	\$765.22	\$1,459.35	\$1,285.82	\$1,979.95
	0% Primary Care	\$125/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$134.55	\$134.55	\$134.55	\$134.55
	15% Specialist	\$375/Family	\$4,000/Family	PREMIUM TOTAL	\$899.77	\$1,593.90	\$1,420.37	\$2,114.50
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,644.98	\$1,644.98	\$1,644.98
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$469.52
(Must live in Snohomish, King, Kitsap, Pierce, Spokane, Yakima, Skagit or Thurston County)								
Tobacco Use Surcharge					\$25.00	\$25.00	\$25.00	\$25.00
Spouse Waiver Premium Surcharge					\$0.00	\$50.00	\$0.00	\$50.00

WCIF	DENTAL		VISION	LIFE
	Delta Dental		VSP \$175 Frame Allowance	Basic \$24,000
	Willamette (Managed Care & their facilities) - Reduced premium by \$5.37 per month			Dependent \$1,000