

GENERAL SERVICES
PEBB - Medical Benefits & WCIF - Dental Vision Life Benefits 2023

The County premium contribution using the pooling method, effective January 1, 2023, by Resolution 2022-072. All pooled @ 2023 rate of \$1,466

	Copays	Annual Deductibles	Max out-of-pocket		Employee	EE/Spouse	EE/Children	Full Family
Kaiser Permanente WA CLASSIC				PREMIUM	\$914.66	\$1,758.29	\$1,547.38	\$2,391.01
	\$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>	\$1,050.72	\$1,894.35	\$1,683.44	\$2,527.07
				COUNTY POOLED CONTRIBUTION	\$1,115.46	\$1,739.60	\$1,739.60	\$1,739.60
				EMPLOYEE PAYS (Payroll Deduction)	None	\$154.75	None	\$787.47
Kaiser Permanente WA VALUE				PREMIUM	\$842.18	\$1,613.33	\$1,420.54	\$2,191.69
	\$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>	\$978.24	\$1,749.39	\$1,556.60	\$2,327.75
				COUNTY POOLED CONTRIBUTION	\$1,137.37	\$1,739.60	\$1,739.60	\$1,739.60
				EMPLOYEE PAYS (Payroll Deduction)	None	\$9.79	None	\$588.15
Kaiser Permanente WA CDHP				PREMIUM	\$777.97	\$1,483.13	\$1,321.42	\$1,968.25
	10%/Primary Care	\$1,500/Person	\$5,100/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	10% Specialist	\$3,000/Family	\$10,200/Family	<i>PREMIUM TOTAL</i>	\$914.03	\$1,619.19	\$1,457.48	\$2,104.31
				COUNTY POOLED CONTRIBUTION	\$1,137.37	\$1,739.60	\$1,739.60	\$1,739.60
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$364.71
Kaiser Permanente WA SOUND CHOICE				PREMIUM	\$793.72	\$1,516.41	\$1,335.74	\$2,058.43
	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>	\$929.78	\$1,652.47	\$1,471.80	\$2,194.49
				COUNTY POOLED CONTRIBUTION	\$1,137.37	\$1,739.60	\$1,739.60	\$1,739.60
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$454.89
(Must live or work in Snohomish, King, Pierce or Thurston County)								
Uniform Medical Plan Classic				PREMIUM	\$883.45	\$1,695.87	\$1,492.77	\$2,305.19
	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>	\$1,019.51	\$1,831.93	\$1,628.83	\$2,441.25
				COUNTY POOLED CONTRIBUTION	\$1,137.37	\$1,739.60	\$1,739.60	\$1,739.60
				EMPLOYEE PAYS (Payroll Deduction)	None	\$92.33	None	\$701.65
Uniform Medical Plan Select				PREMIUM	\$807.22	\$1,543.41	\$1,359.36	\$2,095.55
	20% Primary Care	\$750/Person	\$3,500/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	20% Specialist	\$2,250/Family	\$7,000/Family	<i>PREMIUM TOTAL</i>	\$943.28	\$1,679.47	\$1,495.42	\$2,231.61
				COUNTY POOLED CONTRIBUTION	\$1,137.37	\$1,739.60	\$1,739.60	\$1,739.60
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$492.01
Uniform Medical Plan CDHP				PREMIUM	\$782.51	\$1,492.21	\$1,329.37	\$1,980.74
	15% Primary Care	\$1,500/Person	\$4,200/Person	WCIF DENTAL VISION LIFE	\$136.06	\$136.06	\$136.06	\$136.06
	15% Specialist	\$3,000/Family	\$8,400/Family	<i>PREMIUM TOTAL</i>	\$918.57	\$1,628.27	\$1,465.43	\$2,116.80
				COUNTY POOLED CONTRIBUTION	\$1,137.37	\$1,739.60	\$1,739.60	\$1,739.60
				EMPLOYEE PAYS (Payroll Deduction)	None	None	None	\$377.20
Uniform Medical Plan PLUS or Uniform Medical Plan Plus UW Medicine ACN				PREMIUM	\$845.04	\$1,619.05	\$1,425.55	\$2,199.56
	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>	\$981.10	\$1,755.11	\$1,561.61	\$2,335.62
				COUNTY POOLED CONTRIBUTION	\$1,137.37	\$1,739.60	\$1,739.60	\$1,739.60
				EMPLOYEE PAYS (Payroll Deduction)	None	\$15.51	None	\$596.02
(Must live in Snohomish, King, Kitsap, Pierce, Spokane, Yakima, Skagit or Thurston County)								

Please visit Healthcare Authority PEBB "My Account" for detailed medical plan information

Tobacco Use Surcharge	\$25.00	\$25.00	\$25.00	\$25.00
Spouse Waiver Premium Surcharge	\$0.00	\$50.00	\$0.00	\$50.00

Please visit www.wcif.net for detailed dental, vision and life plan information

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