

**GENERAL SERVICES AND DEPUTY PROSECUTORS
PEBB - Medical Benefits & WCIF - Dental Vision Life Benefits 2024**

The County premium contribution using the pooling method, effective January 1, 2024 by Resolution 2023-072 All pooled @ 2024 rate of \$1,518

	Copays	Annual Deductibles	Max out-of-pocket		Employee	EE/Spouse	EE/Children	Full Family
Kaiser Permanente WA CLASSIC				PREMIUM	\$1,009.61	\$1,949.21	\$1,714.31	\$2,653.91
	\$15 Primary Care	\$175/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$140.10	\$140.10	\$140.10	\$140.10
	\$30 Specialist	\$525/Family	\$4,000/Family	PREMIUM TOTAL	\$1,149.71	\$2,089.31	\$1,854.41	\$2,794.01
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
				EMPLOYEE PAYS (Payroll Deduction)	NONE	\$249.07	\$14.17	\$953.77
Kaiser Permanente WA VALUE				PREMIUM	\$995.42	\$1,920.82	\$1,689.47	\$2,614.88
	\$30 Primary Care	\$250/Person	\$3,000/Person	WCIF DENTAL VISION LIFE	\$140.10	\$140.10	\$140.10	\$140.10
	\$50 Specialist	\$750/Family	\$6,000/Family	PREMIUM TOTAL	\$1,135.52	\$2,060.92	\$1,829.57	\$2,754.98
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
				EMPLOYEE PAYS (Payroll Deduction)	NONE	\$220.68	NONE	\$914.74
Kaiser Permanente WA CDHP				PREMIUM	\$815.03	\$1,558.68	\$1,387.35	\$2,072.68
	10%/Primary Care	\$1,600/Person	\$5,100/Person	WCIF DENTAL VISION LIFE	\$140.10	\$140.10	\$140.10	\$140.10
	10% Specialist	\$3,200/Family	\$10,200/Family	PREMIUM TOTAL	\$955.13	\$1,698.78	\$1,527.45	\$2,212.78
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
				EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$372.54
Kaiser Permanente WA SOUND CHOICE (Must live or work in Snohomish, King, Pierce or Thurston County)				PREMIUM	\$853.46	\$1,636.92	\$1,441.05	\$2,224.50
	0 Primary Care	\$125/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$140.10	\$140.10	\$140.10	\$140.10
	15% Specialist	\$375 Family	\$4,000/Family	PREMIUM TOTAL	\$993.56	\$1,777.02	\$1,581.15	\$2,364.60
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
				EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$524.36
Uniform Medical Plan Classic				PREMIUM	\$907.73	\$1,745.45	\$1,536.02	\$2,373.74
	15% Primary Care	\$250/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$140.10	\$140.10	\$140.10	\$140.10
	15% Specialist	\$750/Family	\$4,000/Family	PREMIUM TOTAL	\$1,047.83	\$1,885.55	\$1,676.12	\$2,513.84
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
				EMPLOYEE PAYS (Payroll Deduction)	NONE	\$45.31	NONE	\$673.60
Uniform Medical Plan Select				PREMIUM	\$842.66	\$1,645.32	\$1,422.15	\$2,194.81
	20% Primary Care	\$750/Person	\$3,500/Person	WCIF DENTAL VISION LIFE	\$140.10	\$140.10	\$140.10	\$140.10
	20% Specialist	\$2,250/Family	\$7,000/Family	PREMIUM TOTAL	\$982.76	\$1,785.42	\$1,562.25	\$2,334.91
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
				EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$494.67
Uniform Medical Plan CDHP				PREMIUM	\$823.84	\$1,576.31	\$1,402.78	\$2,096.92
	15% Primary Care	\$1,600/Person	\$4,200/Person	WCIF DENTAL VISION LIFE	\$140.10	\$140.10	\$140.10	\$140.10
	15% Specialist	\$3,200/Family	\$8,400/Family	PREMIUM TOTAL	\$963.94	\$1,716.41	\$1,542.88	\$2,237.02
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
				EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$396.78
Uniform Medical Plan PLUS or Uniform Medical Plan Plus UW Medicine ACN (Must live in Snohomish, King, Kitsap, Pierce, Spokane, Yakima, Skagit or Thurston County)				PREMIUM	\$892.55	\$1,715.09	\$1,509.46	\$2,332.00
	0% Primary Care	\$125/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$140.10	\$140.10	\$140.10	\$140.10
	15% Specialist	\$375/Family	\$4,000/Family	PREMIUM TOTAL	\$1,032.65	\$1,855.19	\$1,649.56	\$2,472.10
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
				EMPLOYEE PAYS (Payroll Deduction)	NONE	\$14.95	NONE	\$631.86

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 \$ 5.08			Dependent	\$1,000	