

**COMMUNITY FAMILY HEALTH, ELECTED OFFICIALS, NON REPRESENTED, PUBLIC DEFENDERS, PROBATION,
PROSECUTORS CLERICAL AND PUBLIC DEFENDERS SUPPORT STAFF**

PEBB - Medical and Dental 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	\$1,096.70	\$2,036.30	\$1,801.40	\$2,741.00
	\$15 Primary Care	\$175/Person	\$2,000/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
	\$30 Specialist	\$525/Family	\$4,000/Family	EMPLOYEE PAYS (Payroll Deduction)	NONE	\$196.06	NONE	\$900.76
Kaiser Permanente WA VALUE				PREMIUM	\$1,082.51	\$2,007.91	\$1,776.56	\$2,701.97
	\$30 Primary Care	\$250/Person	\$3,000/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
	\$50 Specialist	\$750/Family	\$6,000/Family	EMPLOYEE PAYS (Payroll Deduction)	NONE	\$167.67	NONE	\$861.73
Kaiser Permanente WA CDHP				PREMIUM	\$902.12	\$1,645.77	\$1,474.44	\$2,159.77
	10%/Primary Care	\$1,600/Person	\$5,100/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
	10% Specialist	\$3,200/Family	\$10,200/Family	EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$319.53
Kaiser Permanente WA SOUND CHOICE <small>(Must live or work in Snohomish, King, Pierce or Thurston County)</small>				PREMIUM	\$940.55	\$1,724.01	\$1,528.14	\$2,311.59
	0 Primary Care	\$125/Person	\$2,000/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
	15% Specialist	\$375 Family	\$4,000/Family	EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$471.35
Uniform Medical Plan Classic				PREMIUM	\$994.82	\$1,832.54	\$1,623.11	\$2,460.83
	15% Primary Care	\$250/Person	\$2,000/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
	15% Specialist	\$750/Family	\$4,000/Family	EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$620.59
Uniform Medical Plan Select				PREMIUM	\$929.75	\$1,702.41	\$1,509.24	\$2,281.90
	20% Primary Care	\$750/Person	\$3,500/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
	20% Specialist	\$2,250/Family	\$7,000/Family	EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$441.66
Uniform Medical Plan CDHP				PREMIUM	\$910.93	\$1,663.40	\$1,489.87	\$2,184.01
	15% Primary Care	\$1,600/Person	\$4,200/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
	15% Specialist	\$3,200/Family	\$8,400/Family	EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$343.77
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	\$979.64	\$1,802.18	\$1,596.55	\$2,419.09
	0% Primary Care	\$125/Person	\$2,000/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$1,840.24	\$1,840.24	\$1,840.24
	15% Specialist	\$375/Family	\$4,000/Family	EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$578.85
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					\$157.10	\$157.10	\$157.10	\$157.10

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

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
	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 supplemental Term Life Insurance without providing evidence of insurability if enrolled no later than 60 days after becoming eligible.			
Willamette Dental (Group WA82) Managed care & their facilities	NONE	No General Plan Maximum	May enroll in optional LTD within 31 days of initial eligibility for PEBB benefits. After 31 days must also complete Evidence of Insurability form.					