

**GENERAL SERVICES AND DEPUTY PROSECUTORS
PEBB - Medical Benefits & WCIF - Dental Vision Life Benefits 2025**

The County premium contribution using the pooling method, effective January 1, 2025 by Resolution 2024-60 - All pooled @ 2025 rate of \$1,570

	Copays	Annual Deductibles	Max out-of-pocket		Employee	EE/Spouse	EE/Children	Full Family
Kaiser Permanente WA CLASSIC				PREMIUM	\$966.63	\$1,865.91	\$1,641.09	\$2,540.38
	\$15 Primary Care	\$175/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$143.37	\$143.37	\$143.37	\$143.37
	\$30 Specialist	\$525/Family	\$4,000/Family	PREMIUM TOTAL	\$1,110.00	\$2,009.28	\$1,784.46	\$2,683.75
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
				EMPLOYEE PAYS (Payroll Deduction)	NONE	\$6.61	NONE	\$681.08
Kaiser Permanente WA VALUE				PREMIUM	\$956.91	\$1,846.47	\$1,624.08	\$2,513.65
	\$30 Primary Care	\$250/Person	\$3,000/Person	WCIF DENTAL VISION LIFE	\$143.37	\$143.37	\$143.37	\$143.37
	\$50 Specialist	\$750/Family	\$6,000/Family	PREMIUM TOTAL	\$1,100.28	\$1,989.84	\$1,767.45	\$2,657.02
				COUNTY POOLED CONTRIBUTION	\$2,002.67	\$2,002.67	\$2,002.67	\$2,002.67
				EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$654.35
Kaiser Permanente WA CDHP				PREMIUM	\$868.61	\$1,668.51	\$1,483.12	\$2,224.69
	10%/Primary Care	\$1,650/Person	\$5,100/Person	WCIF DENTAL VISION LIFE	\$143.37	\$143.37	\$143.37	\$143.37
	10% Specialist	\$3,300/Family	\$10,200/Family	PREMIUM TOTAL	\$1,011.98	\$1,811.88	\$1,626.49	\$2,368.06
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
				EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$365.39
Kaiser Permanente WA SOUND CHOICE (Must live or work in Snohomish, King, Pierce or Thurston County)				PREMIUM	\$911.00	\$1,754.66	\$1,543.74	\$2,387.40
	0 Primary Care	\$125/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$143.37	\$143.37	\$143.37	\$143.37
	15% Specialist	\$375 Family	\$4,000/Family	PREMIUM TOTAL	\$1,054.37	\$1,898.03	\$1,687.11	\$2,530.77
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
				EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$528.10
Uniform Medical Plan Classic				PREMIUM	\$971.75	\$1,876.16	\$1,650.06	\$2,554.47
	15% Primary Care	\$250/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$143.37	\$143.37	\$143.37	\$143.37
	15% Specialist	\$750/Family	\$4,000/Family	PREMIUM TOTAL	\$1,115.12	\$2,019.53	\$1,793.43	\$2,697.84
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
				EMPLOYEE PAYS (Payroll Deduction)	NONE	\$16.86	NONE	\$695.17
Uniform Medical Plan Select				PREMIUM	\$921.15	\$1,774.96	\$1,561.51	\$2,415.32
	20% Primary Care	\$750/Person	\$3,500/Person	WCIF DENTAL VISION LIFE	\$143.37	\$143.37	\$143.37	\$143.37
	20% Specialist	\$2,250/Family	\$7,000/Family	PREMIUM TOTAL	\$1,064.52	\$1,918.33	\$1,704.88	\$2,558.69
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
				EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$556.02
Uniform Medical Plan CDHP				PREMIUM	\$889.66	\$1,710.61	\$1,519.96	\$2,282.58
	15% Primary Care	\$1,650/Person	\$4,200/Person	WCIF DENTAL VISION LIFE	\$143.37	\$143.37	\$143.37	\$143.37
	15% Specialist	\$3,300/Family	\$8,400/Family	PREMIUM TOTAL	\$1,033.03	\$1,853.98	\$1,663.33	\$2,425.95
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
				EMPLOYEE PAYS (Payroll Deduction)	NONE	NONE	NONE	\$423.28
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	\$996.60	\$1,925.86	\$1,693.55	\$2,622.81
	0% Primary Care	\$125/Person	\$2,000/Person	WCIF DENTAL VISION LIFE	\$143.37	\$143.37	\$143.37	\$143.37
	15% Specialist	\$375/Family	\$4,000/Family	PREMIUM TOTAL	\$1,139.97	\$2,069.23	\$1,836.92	\$2,766.18
				COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
				EMPLOYEE PAYS (Payroll Deduction)	NONE	\$66.56	NONE	\$763.51
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	Reduced by \$0.31			VSP \$175 Frame Allowance	Basic	\$24,000	
	Willamette (Managed Care & their facilities)					Dependent	\$1,000	