

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

**PEBB - Medical - Dental - Vision 2025**

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

	Copays	Annual Deductibles	Max out-of-pocket		Employee	EE/Spouse	EE/Children	Full Family
<b>Kaiser Permanente WA CLASSIC</b>				PREMIUM	\$1,070.89	\$1,970.17	\$1,745.35	\$2,644.64
	\$15 Primary Care	\$175/Person	\$2,000/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
	\$30 Specialist	\$525/Family	\$4,000/Family	<b>EMPLOYEE PAYS (Payroll Deduction)</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>\$641.97</b>
<b>Kaiser Permanente WA VALUE</b>				PREMIUM	\$1,061.17	\$1,950.73	\$1,728.34	\$2,617.91
	\$30 Primary Care	\$250/Person	\$3,000/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
	\$50 Specialist	\$750/Family	\$6,000/Family	<b>EMPLOYEE PAYS (Payroll Deduction)</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>\$615.24</b>
<b>Kaiser Permanente WA CDHP</b>				PREMIUM	\$972.86	\$1,772.76	\$1,587.37	\$2,328.94
	10%/Primary Care	\$1,650/Person	\$5,100/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
	10% Specialist	\$3,300/Family	\$10,200/Family	<b>EMPLOYEE PAYS (Payroll Deduction)</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>\$326.27</b>
<b>Kaiser Permanente WA SOUND CHOICE</b>				PREMIUM	\$1,015.26	\$1,858.92	\$1,648.00	\$2,491.66
	0 Primary Care	\$125/Person	\$2,000/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
	(Must live or work in Snohomish, King, Pierce or Thurston County) 15% Specialist	\$375 Family	\$4,000/Family	<b>EMPLOYEE PAYS (Payroll Deduction)</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>\$488.99</b>
<b>Uniform Medical Plan Classic</b>				PREMIUM	\$1,076.01	\$1,980.42	\$1,754.32	\$2,658.73
	15% Primary Care	\$250/Person	\$2,000/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
	15% Specialist	\$750/Family	\$4,000/Family	<b>EMPLOYEE PAYS (Payroll Deduction)</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>\$656.06</b>
<b>Uniform Medical Plan Select</b>				PREMIUM	\$1,025.41	\$1,879.22	\$1,665.77	\$2,519.58
	20% Primary Care	\$750/Person	\$3,500/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
	20% Specialist	\$2,250/Family	\$7,000/Family	<b>EMPLOYEE PAYS (Payroll Deduction)</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>\$516.91</b>
<b>Uniform Medical Plan CDHP</b>				PREMIUM	\$993.91	\$1,814.86	\$1,624.21	\$2,386.83
	15% Primary Care	\$1,650/Person	\$4,200/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
	15% Specialist	\$3,300/Family	\$8,400/Family	<b>EMPLOYEE PAYS (Payroll Deduction)</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>\$384.16</b>
<b>Uniform Medical Plan PLUS or Uniform Medical Plan Plus UW Medicine ACN</b>				PREMIUM	\$1,100.86	\$2,030.12	\$1,797.81	\$2,727.07
	0% Primary Care	\$125/Person	\$2,000/Person	COUNTY POOLED CONTRIBUTION	\$1,236.69	\$2,002.67	\$2,002.67	\$2,002.67
	(Must live in Snohomish, King, Kitsap, Pierce, Spokane, Yakima, Skagit or Thurston County) 15% Specialist	\$375/Family	\$4,000/Family	<b>EMPLOYEE PAYS (Payroll Deduction)</b>	<b>NONE</b>	<b>\$27.45</b>	<b>NONE</b>	<b>\$724.40</b>
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					\$171.60	\$171.60	\$171.60	\$171.60

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

<b>DENTAL</b>		Deductibles	Max out-of-pocket	<b>VISION OPTIONS</b>		<b>BASIC LIFE AND AD&amp;D Insurance</b>			
<b>Uniform Dental Group #3000</b>	Delta Dental PPO	\$50/Person \$150/Family	You pay amounts over \$1,750	<b>Davis Vision by MetLife</b>		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.			
	<b>Delta Care Group #3100</b>	NONE	No General Plan Maximum	<b>EyeMed</b>					
<b>Willamette Dental (Group WA82)</b>	Managed care w/limited dentists	NONE	No General Plan Maximum	<b>MetLife Vision</b>			May enroll in optional LTD within 31 days of initial eligibility for PEBB benefits. After 31 days must also complete Evidence of Insurability form.		
	Managed care & their facilities			Default Plan					