2026 Kitsap County Monthly Insurance Rates
Full-Time Employees (30+ Hrs/Week)

Kaiser (HMO Plan)	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
PRIME/Classic	0.00	75.08	107.89	180.48
HDHP w/HSA*	11.00	46.96	65.52	111.86

Aetna (PPO Plan)	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
PRIME/Classic	36.39	142.01	185.37	287.30
HDHP w/HSA*	14.97	71.16	93.63	149.84

VSP Vision	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
Extended Plan	0.00	0.00	0.00	0.00

Dental	Employee Only	Employee + 1 Child	Employee + Spouse	Employee + 2 or more
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
Delta Plan C	0.00	19.68	19.68	63.30
Delta Plan D	3.30	28.26	28.26	71.30
Willamette	12.13	41.18	41.18	75.76

Employee monthly cost is shown. Payroll deductions will be pre-taxed and split in half between 1st and 2nd pay periods each month.