

## 2026 Kitsap County Monthly Insurance Rates & Contributions Part-Time Employees (20 - 29 Hrs/Week)

Kaiser Permanente of WA (HMO Plan)	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Prime/Classic	1,021.00	755.26	265.74	1,767.00	1,258.78	508.22	2,091.00	1,475.82	615.18	2,841.00	1,985.06	855.94
HDHP w/HSA*	914.00	703.00	211.00	1,602.00	1,207.87	394.13	1,866.00	1,390.58	475.42	2,457.00	1,802.28	654.72

Aetna (PPO Plan)	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Prime/Classic	1,061.00	728.12	332.88	1837.00	1,211.02	625.98	2182.00	1,429.94	752.06	2961.00	1,917.00	1,044.00
HDHP w/HSA*	993.00	725.46	267.54	1743.00	1,250.88	492.12	2032.00	1,443.54	588.46	2682.00	1,867.92	814.08

VSP Vision	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Extended Plan	18.29	18.29	0.00	18.29	18.29	0.00	18.29	18.29	0.00	18.29	18.29	0.00

Dental	Employee Only			Employee + 1 Child			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Delta Plan C	57.15	57.15	0.00	101.84	82.16	19.68	101.84	82.16	19.68	183.77	120.47	63.30
Delta Plan D	60.46	57.16	3.30	107.12	78.86	28.26	107.12	78.86	28.26	193.18	121.88	71.30
Willamette	69.28	57.15	12.13	115.26	74.08	41.18	115.26	74.08	41.18	184.44	108.68	75.76

Basic Life Insurance	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
Standard Basic Life	4.00	4.00	0.00	4.00	4.00	0.00	4.00	4.00	0.00	4.00	4.00	0.00

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