

2027 Kitsap County Monthly Insurance Rates & Contributions Corrections Officers and Sergeants

Kaiser	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 <i>(formerly Classic)</i>	1,123.10	1,123.10	0.00	1,944.00	1,929.83	14.17	2,300.00	2,266.82	33.18	3,125.00	3,079.62	45.38
HDHP w/ HSA	1,005.00	1,004.37	0.63	1,762.00	1,705.18	56.82	2,052.00	1,983.55	68.45	2,702.00	2,585.07	116.93

LEOFF Trust: Premera	Employee Only			Employee + 1 Child			Employee + Children		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
PPO Plan	1,004.57	904.11	100.46	1,630.41	1,464.37	163.04	1,959.74	1,763.77	195.97
	Employee + Spouse			Employee + Spouse + 1 Child			Employee + Spouse + Children		
	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost	Monthly Rate	County Contribution	Employee Monthly Cost
	2,140.89	1,926.80	214.09	2,766.72	2,490.05	276.67	3,096.04	2,786.44	309.6

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 D	60.46	60.46	0.00	107.12	102.46	4.66	107.12	102.46	4.66	193.18	179.92	13.26
Willamette	74.06	60.46	13.60	123.22	103.34	19.88	123.22	130.34	19.88	197.18	169.91	27.27

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