

## 2027 Kitsap County Monthly Insurance Rates & Contributions Deputies, Sergeants, Lieutenants, Chiefs, Undersheriff, Sheriff

| 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 |
| DSG    | 1,251.29      | 1,217.95            | 33.34                 | 2,190.44              | 2,031.97            | 158.47                | 2,565.29          | 2,356.81            | 208.48                | 3,504.45          | 3,170.81            | 333.64                |

| LEOFF Trust:<br>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          | 974.43              | 30.14                 | 1,630.41                    | 1,467.37            | 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 C | 57.15         | 57.15               | 0.00                  | 101.84             | 97.38               | 4.46                  | 101.84            | 97.38               | 4.46                  | 183.77            | 171.11              | 12.66                 |
| Delta Plan D | 60.46         | 57.16               | 3.30                  | 107.12             | 98.82               | 8.30                  | 107.12            | 98.82               | 8.30                  | 193.18            | 176.28              | 16.90                 |
| Willamette   | 74.06         | 57.17               | 16.90                 | 123.22             | 99.71               | 23.51                 | 123.22            | 99.71               | 23.51                 | 197.18            | 166.28              | 30.90                 |

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