

2025 Kitsap County Monthly Insurance Rates & Contributions Corrections Officers and Sergeants

Kaiser	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
Prime (formerly Classic)	0.00	11.71	27.42	37.50
HDHP w/ HSA	0.52	40.56	56.58	96.64

**Vision provided through VSP- \$0.00 Premium for Employee + Family*

LEOFF Trust: Premera	Employee Only	Employee + 1 Child	Employee + Children	Employee + Spouse	Employee + Spouse + 1 Child	Employee + Spouse + Children
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
PPO Plan	27.08	146.48	176.08	192.36	248.58	278.18

**Double Vision Benefit- Premera Vision included in Medical Plan plus VSP Vision- \$0.00 Premium for Employee + Family*

Dental	Employee Only	Employee + 1 Child	Employee + Spouse	Employee + Family
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
Delta Plan D	0.00	4.66	4.66	13.26
Willamette	8.82	14.28	14.28	21.22

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