

## 2025 Kitsap County Monthly Insurance Rates & Contributions Deputies, Sergeants, Lieutenants, Chiefs, Undersheriff, Sheriff

Kaiser	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
HMO Plan	27.56	130.98	172.30	275.74

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

Dental	Employee Only	Employee + 1 Child	Employee + Spouse	Employee + Family
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
Delta Plan C	0.00	4.46	4.46	12.66
Delta Plan D	3.30	8.30	8.30	16.90
Willamette	12.14	17.96	17.96	24.86

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