

## 2025 Kitsap County Monthly Insurance Rates Part-Time Employees (20-29 Hrs/Week)

Kaiser (HMO Plan)	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
PRIME/Classic	241.58	462.02	559.26	778.12
HDHP w/HSA*	191.82	358.30	432.20	598.20

Aetna (PPO Plan)	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
PRIME/Classic	302.62	569.08	683.70	949.10
HDHP w/HSA*	243.22	406.70	534.96	740.08

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

Dental	Employee Only	Employee + 1 Child	Employee + Spouse	Employee + 2 or more
	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
Delta Plan C	0.00	19.68	19.68	63.30
Delta Plan D	3.30	28.26	28.26	71.30
Willamette	12.13	41.18	41.18	75.76

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