

2026 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> | 929.00 | 929.00 | 0.00 | 1,607.00 | 1,595.29 | 11.71 | 1,901.00 | 1,873.58 | 27.42 | 2,383.00 | 2,345.50 | 37.50 |
| HDHP w/ HSA | 831.00 | 830.48 | 0.52 | 1,457.00 | 1,416.44 | 40.56 | 1,698.00 | 1,641.42 | 56.58 | 2,234.00 | 2,137.36 | 96.64 |

| 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 | 947.71 | 919.27 | 28.44 | 1,538.12 | 1,384.30 | 153.82 | 1,848.81 | 1,663.93 | 184.88 |
| | 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 |
| | 2,019.70 | 1,817.74 | 201.96 | 2,610.12 | 2,349.10 | 261.02 | 2,920.79 | 2,628.71 | 292.08 |

| 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 | 69.28 | 60.46 | 8.82 | 115.26 | 100.98 | 14.28 | 115.26 | 100.98 | 14.28 | 184.44 | 163.22 | 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.