

**2010 Medical Benefits
Non-Represented
Employee Worksheet**

Flat rate dependent contribution \$550

**\$550 dependent benefit cannot be applied to Column A*

		Column A	Column B	Column C	
	Total Premium	Employee Deduction Optional Plan	County paid Benefit	Cost of Dependent Coverage	Coverage amounts chosen
AETNA*					
Employee	569.22	60.71	508.51	0.00	
Employee & Spouse	1,094.22	60.71	508.51	525.00	
Employee & Children	962.97	60.71	508.51	393.75	
Full Family	1,487.97	60.71	508.51	918.75	
**Kaiser Permanente Classic*					
Employee	509.29	0.78	508.51	0.00	
Employee & Spouse	974.36	0.78	508.51	465.07	
Employee & Children	858.09	0.78	508.51	348.80	
Full Family	1,323.16	0.78	508.51	813.87	
Group Health Classic					
Employee	508.51		508.51	0.00	
Employee & Spouse	972.80		508.51	464.29	
Employee & Children	856.73		508.51	348.22	
Full Family	1,321.02		508.51	812.51	
Group Health Value					
Employee	459.22		459.22	0.00	
Employee & Spouse	874.22		459.22	415.00	
Employee & Children	770.47		459.22	311.25	
Full Family	1,185.47		459.22	726.25	
Uniform Medical Plan					
Employee	477.98		477.98	0.00	
Employee & Spouse	911.74		477.98	433.76	
Employee & Children	803.30		477.98	325.32	
Full Family	1,237.06		477.98	759.08	
**Kaiser Permanente Value					
Employee	478.86		478.86	0.00	
Employee & Spouse	913.50		478.86	434.64	
Employee & Children	804.84		478.86	325.98	
Full Family	1,239.48		478.86	760.62	
Washington Dental Service					
Employee	59.19		59.19	0.00	
1 Dependent	114.63		59.19	55.44	
2+ Dependents	189.12		59.19	129.93	
Willamette Dental					
Employee	53.11		53.11	0.00	
1 Dependent	88.37		53.11	35.26	
2+ Dependents	141.43		53.11	88.32	
Vision Service Plan					
Employee	8.29		8.29	0.00	
Employee & Spouse	15.75		8.29	7.46	
Employee & Children	14.50		8.29	6.21	
Full Family	21.96		8.29	13.67	
Standard Life Insurance					
Employee	5.40		5.40	0.00	
Employee & Dependents	6.05		5.40	0.65	

* Non-standard Plan

**The Kaiser Permanente plans are not available in Thurston County.

Total Dependent Coverage Selected from Column C	=
Minus \$550 dependent contribution paid by County	- \$550.00
If the sum is negative, enter ZERO - OR -	
If the sum is positive, enter the amount here	
Add amount from Column A, if selected	+
Total employee deduction for selected coverage	=