

**2010 Medical Benefits
OPEIU #23 Juvenile Detention
Employee Worksheet**

Cost sharing at 85% dependent benefit

	Total Premium	County paid Benefit	Employee Paycheck Deduction	Coverage amounts chosen
AETNA*				
Employee	569.22	508.51	60.71	
Employee & Spouse	1,094.22	954.76	139.46	
Employee & Children	962.97	843.20	119.77	
Full Family	1,487.97	1,289.45	198.52	
**Kaiser Permanente Classic*				
Employee	509.29	508.51	0.78	
Employee & Spouse	974.36	903.82	70.54	
Employee & Children	858.09	804.99	53.10	
Full Family	1,323.16	1,200.30	122.86	
Group Health Classic				
Employee	508.51	508.51	0.00	
Employee & Spouse	972.80	903.16	69.64	
Employee & Children	856.73	804.50	52.23	
Full Family	1,321.02	1,199.14	121.88	
Group Health Value				
Employee	459.22	459.22	0.00	
Employee & Spouse	874.22	811.97	62.25	
Employee & Children	770.47	723.78	46.69	
Full Family	1,185.47	1,076.53	108.94	
Uniform Medical Plan				
Employee	477.98	477.98	0.00	
Employee & Spouse	911.74	846.68	65.06	
Employee & Children	803.30	754.50	48.80	
Full Family	1,237.06	1,123.20	113.86	
**Kaiser Permanente Value				
Employee	478.86	478.86	0.00	
Employee & Spouse	913.50	848.30	65.20	
Employee & Children	804.84	755.94	48.90	
Full Family	1,239.48	1,125.39	114.09	
Washington Dental Service				
Employee	59.19	59.19	0.00	
Employee & 1 Dependent	114.63	106.31	8.32	
Employee \$ 2+ Dependents	189.12	169.63	19.49	
Willamette Dental				
Employee	53.11	53.11	0.00	
Employee & 1 Dependent	88.37	83.08	5.29	
Employee \$ 2+ Dependents	141.43	128.18	13.25	
Vision Service Plan				
Employee	8.29	8.29	0.00	
Employee & Spouse	15.75	14.63	1.12	
Employee & Children	14.50	13.57	0.93	
Full Family	21.96	19.91	2.05	
Standard Life Insurance				
Employee	5.40	5.40	0.00	
Dependents	6.05	5.95	0.10	
Total employee deduction for selected coverage:				

* Non-standard Plan

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