

2012 Medical Benefits

Non-Union

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
Group Health Classic*					
Employee	594.79	48.90	545.89	0.00	
Employee & Spouse	1,139.74	48.90	545.89	544.95	
Employee & Children	1,003.50	48.90	545.89	408.71	
Full Family	1,548.45	48.90	545.89	953.66	
Group Health Value					
Employee	545.89		545.89	0.00	
Employee & Spouse	1,041.94		545.89	496.05	
Employee & Children	917.93		545.89	372.04	
Full Family	1,413.98		545.89	868.09	
Group Health CDHP					
Employee	527.23		527.23	0.00	
Employee & Spouse	1,001.66		527.23	474.43	
Employee & Children	897.63		527.23	370.40	
Full Family	1,313.73		527.23	786.50	
Uniform Medical Plan Classic*					
Employee	575.42	29.53	545.89	0.00	
Employee & Spouse	1,101.00	29.53	545.89	525.58	
Employee & Children	969.61	29.53	545.89	394.19	
Full Family	1,495.19	29.53	545.89	919.77	
Uniform Medical Plan CDHP					
Employee	529.53		529.53	0.00	
Employee & Spouse	1,005.76		529.53	476.23	
Employee & Children	901.28		529.53	371.75	
Full Family	1,319.18		529.53	789.65	
**Kaiser Permanente Classic*					
Employee	582.49	36.60	545.89	0.00	
Employee & Spouse	1,115.14	36.60	545.89	532.65	
Employee & Children	981.98	36.60	545.89	399.49	
Full Family	1,514.63	36.60	545.89	932.14	
Kaiser Permanente CDHP					
Employee	525.58		525.58	0.00	
Employee & Spouse	997.86		525.58	472.28	
Employee & Children	894.37		525.58	368.79	
Full Family	1,308.32		525.58	782.74	
Washington Dental Service					
Employee	53.42		53.42	0.00	
1 Dependent	94.65		53.42	41.23	
2+ Dependents	170.68		53.42	117.26	
Willamette Dental					
Employee	55.77		55.77	0.00	
1 Dependent	92.81		55.77	37.04	
2+ Dependents	148.52		55.77	92.75	
Vision Service Plan					
Employee	8.93		8.93	0.00	
Employee & Spouse	16.95		8.93	8.02	
Employee & Children	15.61		8.93	6.68	
Full Family	23.64		8.93	14.71	
Standard Life Insurance					
Employee	5.40		5.40	0.00	
Employee & Dependents	6.05		5.40	0.65	
		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			=

* Non-standard Plan

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