



Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

These monthly premium rates apply to regular full-time employees working 35+ hours per week. If you work between 20 and 34 hours per week, see notes below.

Select your group to view monthly premiums:

[Category A - AFSCME, Management, Exempt, & Non-represented employees](#)

[Category B - Law Enforcement Support](#)

[Category C - Corrections Support](#)

[Category D - Sheriff Deputies/Sergeants \(DSA\) & Lieutenants/Captains \(SOMT\) \(DSA Grandfathered\)](#)

[Category D - Sheriff Deputies/Sergeants \(DSA\) & Lieutenants/Captains \(SOMT\) \(DSA hired after February 2017\)](#)

[Category E - Clerk's Association](#)

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[Category I - Corrections Support Supervisors](#)

[Dental, Vision, and Basic Life Insurance](#)

Regular Part-time Employee Premiums

If you are a regular part-time employee working between 20 and 34 hours per week, you will pay pro-rated monthly premiums for medical, dental, vision, and basic life insurance. The County's contribution toward the premium for an employee in a regular part-time appointment will be pro-rated in an amount equal to the budgeted F.T.E. percentage the employee is assigned.

Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

Category A - AFSCME, Management, Exempt, Non-represented, & JTDs					
REGENCE PLAN A #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$36.00	\$1,354.30	N/A	\$817.26	\$817.26
02-Employee+Spouse	\$83.00	\$1,354.30	N/A	\$1,634.50	\$1,634.50
03-Employee+Child(ren)	\$62.00	\$1,354.30	N/A	\$1,389.33	\$1,389.33
04-Employee+Family	\$109.00	\$1,354.30	N/A	\$2,206.59	\$2,206.59
05-Employee+Domestic Partner	\$83.00	\$1,354.30	\$770.24	\$1,634.50	\$1,634.50
06-Employee+Domestic Partner Child(ren)	\$62.00	\$1,354.30	\$546.07	\$1,389.33	\$1,389.33
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$62.00	\$1,354.30	\$0.00	\$1,389.33	\$1,389.33
09-Employee+Child(ren)+Domestic Partner	\$109.00	\$1,354.30	\$770.26	\$2,206.59	\$2,206.59
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$109.00	\$1,354.30	\$1,316.33	\$2,206.59	\$2,206.59
REGENCE PLAN B #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$43.00	\$1,354.30	N/A	\$856.61	\$856.61
02-Employee+Spouse	\$105.00	\$1,354.30	N/A	\$1,713.21	\$1,713.21
03-Employee+Child(ren)	\$73.00	\$1,354.30	N/A	\$1,456.24	\$1,456.24
04-Employee+Family	\$135.00	\$1,354.30	N/A	\$2,312.83	\$2,312.83
05-Employee+Domestic Partner	\$105.00	\$1,354.30	\$794.60	\$1,713.21	\$1,713.21
06-Employee+Domestic Partner Child(ren)	\$73.00	\$1,354.30	\$569.63	\$1,456.24	\$1,456.24
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$73.00	\$1,354.30	\$0.00	\$1,456.24	\$1,456.24
09-Employee+Child(ren)+Domestic Partner	\$135.00	\$1,354.30	\$794.59	\$2,312.83	\$2,312.83
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$135.00	\$1,354.30	\$1,364.22	\$2,312.83	\$2,312.83
KAISER PERMANENTE CORE HMO #1654800	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$1,354.30	N/A	\$561.69	\$561.69
02-Employee+Spouse	\$0.00	\$1,354.30	N/A	\$1,123.36	\$1,123.36
03-Employee+Child(ren)	\$0.00	\$1,354.30	N/A	\$954.88	\$954.88
04-Employee+Family	\$0.00	\$1,354.30	N/A	\$1,516.55	\$1,516.55
05-Employee+Domestic Partner	\$0.00	\$1,354.30	\$561.67	\$1,123.36	\$1,123.36
06-Employee+Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$393.19	\$954.88	\$954.88
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$0.00	\$954.88	\$954.88
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$1,354.30	\$561.67	\$1,516.55	\$1,516.55
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$954.86	\$1,516.55	\$1,516.55

Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

Category B - Law Enforcement Support					
REGENCE PLAN A #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$36.00	\$1,354.30	N/A	\$817.26	\$817.26
02-Employee+Spouse	\$83.00	\$1,354.30	N/A	\$1,634.50	\$1,634.50
03-Employee+Child(ren)	\$62.00	\$1,354.30	N/A	\$1,389.33	\$1,389.33
04-Employee+Family	\$109.00	\$1,354.30	N/A	\$2,206.59	\$2,206.59
05-Employee+Domestic Partner	\$83.00	\$1,354.30	\$770.24	\$1,634.50	\$1,634.50
06-Employee+Domestic Partner Child(ren)	\$62.00	\$1,354.30	\$546.07	\$1,389.33	\$1,389.33
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$62.00	\$1,354.30	\$0.00	\$1,389.33	\$1,389.33
09-Employee+Child(ren)+Domestic Partner	\$109.00	\$1,354.30	\$770.26	\$2,206.59	\$2,206.59
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$109.00	\$1,354.30	\$1,316.33	\$2,206.59	\$2,206.59
REGENCE PLAN B #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$43.00	\$1,354.30	N/A	\$856.61	\$856.61
02-Employee+Spouse	\$105.00	\$1,354.30	N/A	\$1,713.21	\$1,713.21
03-Employee+Child(ren)	\$73.00	\$1,354.30	N/A	\$1,456.24	\$1,456.24
04-Employee+Family	\$135.00	\$1,354.30	N/A	\$2,312.83	\$2,312.83
05-Employee+Domestic Partner	\$105.00	\$1,354.30	\$794.60	\$1,713.21	\$1,713.21
06-Employee+Domestic Partner Child(ren)	\$73.00	\$1,354.30	\$569.63	\$1,456.24	\$1,456.24
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$73.00	\$1,354.30	\$0.00	\$1,456.24	\$1,456.24
09-Employee+Child(ren)+Domestic Partner	\$135.00	\$1,354.30	\$794.59	\$2,312.83	\$2,312.83
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$135.00	\$1,354.30	\$1,364.22	\$2,312.83	\$2,312.83
KAISER PERMANENTE CORE HMO #1654800	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$1,354.30	N/A	\$561.69	\$561.69
02-Employee+Spouse	\$0.00	\$1,354.30	N/A	\$1,123.36	\$1,123.36
03-Employee+Child(ren)	\$0.00	\$1,354.30	N/A	\$954.88	\$954.88
04-Employee+Family	\$0.00	\$1,354.30	N/A	\$1,516.55	\$1,516.55
05-Employee+Domestic Partner	\$0.00	\$1,354.30	\$561.67	\$1,123.36	\$1,123.36
06-Employee+Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$393.19	\$954.88	\$954.88
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$0.00	\$954.88	\$954.88
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$1,354.30	\$561.67	\$1,516.55	\$1,516.55
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$954.86	\$1,516.55	\$1,516.55

Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

Category C - Corrections Support					
REGENCE PLAN A #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$36.00	\$1,354.30	N/A	\$817.26	\$817.26
02-Employee+Spouse	\$83.00	\$1,354.30	N/A	\$1,634.50	\$1,634.50
03-Employee+Child(ren)	\$62.00	\$1,354.30	N/A	\$1,389.33	\$1,389.33
04-Employee+Family	\$109.00	\$1,354.30	N/A	\$2,206.59	\$2,206.59
05-Employee+Domestic Partner	\$83.00	\$1,354.30	\$770.24	\$1,634.50	\$1,634.50
06-Employee+Domestic Partner Child(ren)	\$62.00	\$1,354.30	\$546.07	\$1,389.33	\$1,389.33
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$62.00	\$1,354.30	\$0.00	\$1,389.33	\$1,389.33
09-Employee+Child(ren)+Domestic Partner	\$109.00	\$1,354.30	\$770.26	\$2,206.59	\$2,206.59
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$109.00	\$1,354.30	\$1,316.33	\$2,206.59	\$2,206.59
REGENCE PLAN B #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$46.00	\$1,354.30	N/A	\$856.61	\$856.61
02-Employee+Spouse	\$110.00	\$1,354.30	N/A	\$1,713.21	\$1,713.21
03-Employee+Child(ren)	\$77.00	\$1,354.30	N/A	\$1,456.24	\$1,456.24
04-Employee+Family	\$142.00	\$1,354.30	N/A	\$2,312.83	\$2,312.83
05-Employee+Domestic Partner	\$110.00	\$1,354.30	\$792.60	\$1,713.21	\$1,713.21
06-Employee+Domestic Partner Child(ren)	\$77.00	\$1,354.30	\$568.63	\$1,456.24	\$1,456.24
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$77.00	\$1,354.30	\$0.00	\$1,456.24	\$1,456.24
09-Employee+Child(ren)+Domestic Partner	\$142.00	\$1,354.30	\$791.59	\$2,312.83	\$2,312.83
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$142.00	\$1,354.30	\$1,360.22	\$2,312.83	\$2,312.83
KAISER PERMANENTE CORE HMO #1654800	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$1,354.30	N/A	\$561.69	\$561.69
02-Employee+Spouse	\$0.00	\$1,354.30	N/A	\$1,123.36	\$1,123.36
03-Employee+Child(ren)	\$0.00	\$1,354.30	N/A	\$954.88	\$954.88
04-Employee+Family	\$0.00	\$1,354.30	N/A	\$1,516.55	\$1,516.55
05-Employee+Domestic Partner	\$0.00	\$1,354.30	\$561.67	\$1,123.36	\$1,123.36
06-Employee+Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$393.19	\$954.88	\$954.88
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$0.00	\$954.88	\$954.88
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$1,354.30	\$561.67	\$1,516.55	\$1,516.55
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$954.86	\$1,516.55	\$1,516.55

Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

Category D - Sheriff Deputies/Sergeants (DSA) & Lieutenants/Captains (SOMT) GRANDFATHERED					
REGENCE SC SELECT #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$37.00	\$1,472.84	N/A	\$771.00	\$771.00
02-Employee+Spouse	\$144.00	\$1,472.84	N/A	\$1,541.95	\$1,541.95
03-Employee+Child(ren)	\$126.00	\$1,472.84	N/A	\$1,310.68	\$1,310.68
04-Employee+Family	\$177.00	\$1,472.84	N/A	\$2,081.64	\$2,081.64
05-Employee+Domestic Partner	\$144.00	\$1,472.84	\$663.95	\$1,541.95	\$1,541.95
06-Employee+Domestic Partner Child(ren)	\$126.00	\$1,472.84	\$450.68	\$1,310.68	\$1,310.68
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$126.00	\$1,472.84	\$0.00	\$1,310.68	\$1,310.68
09-Employee+Child(ren)+Domestic Partner	\$177.00	\$1,472.84	\$719.96	\$2,081.64	\$2,081.64
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$177.00	\$1,472.84	\$1,170.64	\$2,081.64	\$2,081.64
REGENCE TRADITIONAL PPO #10008695 (no new enrollments)	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$118.00	\$1,472.84	N/A	\$841.54	\$841.54
02-Employee+Spouse	\$305.00	\$1,472.84	N/A	\$1,683.06	\$1,683.06
03-Employee+Child(ren)	\$262.00	\$1,472.84	N/A	\$1,430.62	\$1,430.62
04-Employee+Family	\$393.00	\$1,472.84	N/A	\$2,272.15	\$2,272.15
05-Employee+Domestic Partner	\$305.00	\$1,472.84	\$654.52	\$1,683.06	\$1,683.06
06-Employee+Domestic Partner Child(ren)	\$262.00	\$1,472.84	\$445.08	\$1,430.62	\$1,430.62
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$262.00	\$1,472.84	\$0.00	\$1,430.62	\$1,430.62
09-Employee+Child(ren)+Domestic Partner	\$393.00	\$1,472.84	\$710.53	\$2,272.15	\$2,272.15
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$393.00	\$1,472.84	\$1,155.61	\$2,272.15	\$2,272.15
KAISER PERMANENTE CORE HMO #1655000	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$1,472.84	N/A	\$609.79	\$609.79
02-Employee+Spouse	\$0.00	\$1,472.84	N/A	\$1,219.55	\$1,219.55
03-Employee+Child(ren)	\$0.00	\$1,472.84	N/A	\$1,036.62	\$1,036.62
04-Employee+Family	\$0.00	\$1,472.84	N/A	\$1,646.37	\$1,646.37
05-Employee+Domestic Partner	\$0.00	\$1,472.84	\$609.76	\$1,219.55	\$1,219.55
06-Employee+Domestic Partner Child(ren)	\$0.00	\$1,472.84	\$426.83	\$1,036.62	\$1,036.62
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$1,472.84	\$0.00	\$1,036.62	\$1,036.62
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$1,472.84	\$609.75	\$1,646.37	\$1,646.37
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$1,472.84	\$1,036.58	\$1,646.37	\$1,646.37

Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

Category D - Sheriff Deputies/Sergeants (DSA) & Lieutenants/Captains(SOMT) (HIRED AFTER FEB 13, 2017 (CONTRACT RATIFICATION DATE))					
REGENCE SC SELECT #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$50.00	\$1,472.84	N/A	\$771.00	\$771.00
02-Employee+Spouse	\$152.00	\$1,472.84	N/A	\$1,541.95	\$1,541.95
03-Employee+Child(ren)	\$132.00	\$1,472.84	N/A	\$1,310.68	\$1,310.68
04-Employee+Family	\$192.00	\$1,472.84	N/A	\$2,081.64	\$2,081.64
05-Employee+Domestic Partner	\$152.00	\$1,472.84	\$668.95	\$1,541.95	\$1,541.95
06-Employee+Domestic Partner Child(ren)	\$132.00	\$1,472.84	\$457.68	\$1,310.68	\$1,310.68
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$132.00	\$1,472.84	\$0.00	\$1,310.68	\$1,310.68
09-Employee+Child(ren)+Domestic Partner	\$192.00	\$1,472.84	\$710.96	\$2,081.64	\$2,081.64
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$192.00	\$1,472.84	\$1,168.64	\$2,081.64	\$2,081.64
KAISER PERMANENTE CORE HMO #1655000	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$1,472.84	N/A	\$609.79	\$609.79
02-Employee+Spouse	\$0.00	\$1,472.84	N/A	\$1,219.55	\$1,219.55
03-Employee+Child(ren)	\$0.00	\$1,472.84	N/A	\$1,036.62	\$1,036.62
04-Employee+Family	\$0.00	\$1,472.84	N/A	\$1,646.37	\$1,646.37
05-Employee+Domestic Partner	\$0.00	\$1,472.84	\$609.76	\$1,219.55	\$1,219.55
06-Employee+Domestic Partner Child(ren)	\$0.00	\$1,472.84	\$426.83	\$1,036.62	\$1,036.62
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$1,472.84	\$0.00	\$1,036.62	\$1,036.62
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$1,472.84	\$609.75	\$1,646.37	\$1,646.37
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$1,472.84	\$1,036.58	\$1,646.37	\$1,646.37

Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

Category E - Clerk's Association					
REGENCE PLAN A #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$36.00	\$1,354.30	N/A	\$817.26	\$817.26
02-Employee+Spouse	\$83.00	\$1,354.30	N/A	\$1,634.50	\$1,634.50
03-Employee+Child(ren)	\$62.00	\$1,354.30	N/A	\$1,389.33	\$1,389.33
04-Employee+Family	\$109.00	\$1,354.30	N/A	\$2,206.59	\$2,206.59
05-Employee+Domestic Partner	\$83.00	\$1,354.30	\$770.24	\$1,634.50	\$1,634.50
06-Employee+Domestic Partner Child(ren)	\$62.00	\$1,354.30	\$546.07	\$1,389.33	\$1,389.33
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$62.00	\$1,354.30	\$0.00	\$1,389.33	\$1,389.33
09-Employee+Child(ren)+Domestic Partner	\$109.00	\$1,354.30	\$770.26	\$2,206.59	\$2,206.59
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$109.00	\$1,354.30	\$1,316.33	\$2,206.59	\$2,206.59
REGENCE PLAN B #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$43.00	\$1,354.30	N/A	\$856.61	\$856.61
02-Employee+Spouse	\$105.00	\$1,354.30	N/A	\$1,713.21	\$1,713.21
03-Employee+Child(ren)	\$73.00	\$1,354.30	N/A	\$1,456.24	\$1,456.24
04-Employee+Family	\$135.00	\$1,354.30	N/A	\$2,312.83	\$2,312.83
05-Employee+Domestic Partner	\$105.00	\$1,354.30	\$794.60	\$1,713.21	\$1,713.21
06-Employee+Domestic Partner Child(ren)	\$73.00	\$1,354.30	\$569.63	\$1,456.24	\$1,456.24
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$73.00	\$1,354.30	\$0.00	\$1,456.24	\$1,456.24
09-Employee+Child(ren)+Domestic Partner	\$135.00	\$1,354.30	\$794.59	\$2,312.83	\$2,312.83
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$135.00	\$1,354.30	\$1,364.22	\$2,312.83	\$2,312.83
KAISER PERMANENTE CORE HMO #1654800	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$1,354.30	N/A	\$561.69	\$561.69
02-Employee+Spouse	\$0.00	\$1,354.30	N/A	\$1,123.36	\$1,123.36
03-Employee+Child(ren)	\$0.00	\$1,354.30	N/A	\$954.88	\$954.88
04-Employee+Family	\$0.00	\$1,354.30	N/A	\$1,516.55	\$1,516.55
05-Employee+Domestic Partner	\$0.00	\$1,354.30	\$561.67	\$1,123.36	\$1,123.36
06-Employee+Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$393.19	\$954.88	\$954.88
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$0.00	\$954.88	\$954.88
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$1,354.30	\$561.67	\$1,516.55	\$1,516.55
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$954.86	\$1,516.55	\$1,516.55

Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

Category F - Corrections Guild					
REGENCE SC SELECT #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$26.00	\$1,548.41	N/A	\$900.61	\$900.61
02-Employee+Spouse	\$97.00	\$1,548.41	N/A	\$1,801.25	\$1,801.25
03-Employee+Child(ren)	\$86.00	\$1,548.41	N/A	\$1,531.06	\$1,531.06
04-Employee+Family	\$121.00	\$1,548.41	N/A	\$2,431.69	\$2,431.69
05-Employee+Domestic Partner	\$97.00	\$1,548.41	\$829.64	\$1,801.25	\$1,801.25
06-Employee+Domestic Partner Child(ren)	\$86.00	\$1,548.41	\$570.45	\$1,531.06	\$1,531.06
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$86.00	\$1,548.41	\$0.00	\$1,531.06	\$1,531.06
09-Employee+Child(ren)+Domestic Partner	\$121.00	\$1,548.41	\$865.63	\$2,431.69	\$2,431.69
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$121.00	\$1,548.41	\$1,436.08	\$2,431.69	\$2,431.69
KAISER PERMANENTE CORE HMO #1654700	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$1,548.41	N/A	\$561.47	\$561.47
02-Employee+Spouse	\$0.00	\$1,548.41	N/A	\$1,122.93	\$1,122.93
03-Employee+Child(ren)	\$0.00	\$1,548.41	N/A	\$954.51	\$954.51
04-Employee+Family	\$0.00	\$1,548.41	N/A	\$1,515.99	\$1,515.99
05-Employee+Domestic Partner	\$0.00	\$1,548.41	\$561.46	\$1,122.93	\$1,122.93
06-Employee+Domestic Partner Child(ren)	\$0.00	\$1,548.41	\$393.04	\$954.51	\$954.51
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$1,548.41	\$0.00	\$954.51	\$954.51
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$1,548.41	\$561.48	\$1,515.99	\$1,515.99
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$1,548.41	\$954.52	\$1,515.99	\$1,515.99

Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

Category G - Airport Fire Fighters					
REGENCE SC SELECT #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$180.00	\$1,410.08	N/A	\$771.00	\$771.00
02-Employee+Spouse	\$180.00	\$1,410.08	N/A	\$1,541.95	\$1,541.95
03-Employee+Child(ren)	\$180.00	\$1,410.08	N/A	\$1,310.68	\$1,310.68
04-Employee+Family	\$180.00	\$1,410.08	N/A	\$2,081.64	\$2,081.64
05-Employee+Domestic Partner	\$180.00	\$1,410.08	\$770.95	\$1,541.95	\$1,541.95
06-Employee+Domestic Partner Child(ren)	\$180.00	\$1,410.08	\$539.68	\$1,310.68	\$1,310.68
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$180.00	\$1,410.08	\$0.00	\$1,310.68	\$1,310.68
09-Employee+Child(ren)+Domestic Partner	\$180.00	\$1,410.08	\$770.96	\$2,081.64	\$2,081.64
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$180.00	\$1,410.08	\$1,310.64	\$2,081.64	\$2,081.64
REGENCE PPO (Traditional) #10008695 (closed to new enrollments)	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$196.00	\$1,410.08	N/A	\$841.54	\$841.54
02-Employee+Spouse	\$196.00	\$1,410.08	N/A	\$1,683.06	\$1,683.06
03-Employee+Child(ren)	\$196.00	\$1,410.08	N/A	\$1,430.62	\$1,430.62
04-Employee+Family	\$196.00	\$1,410.08	N/A	\$2,272.15	\$2,272.15
05-Employee+Domestic Partner	\$196.00	\$1,410.08	\$841.52	\$1,683.06	\$1,683.06
06-Employee+Domestic Partner Child(ren)	\$196.00	\$1,410.08	\$589.08	\$1,430.62	\$1,430.62
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$196.00	\$1,410.08	\$0.00	\$1,430.62	\$1,430.62
09-Employee+Child(ren)+Domestic Partner	\$196.00	\$1,410.08	\$841.53	\$2,272.15	\$2,272.15
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$196.00	\$1,410.08	\$1,430.61	\$2,272.15	\$2,272.15
KAISER PERMANENTE CORE HMO #1655000	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$131.00	\$1,410.08	N/A	\$561.69	\$561.69
02-Employee+Spouse	\$131.00	\$1,410.08	N/A	\$1,123.36	\$1,123.36
03-Employee+Child(ren)	\$131.00	\$1,410.08	N/A	\$954.88	\$954.88
04-Employee+Family	\$131.00	\$1,410.08	N/A	\$1,516.55	\$1,516.55
05-Employee+Domestic Partner	\$131.00	\$1,410.08	\$561.67	\$1,123.36	\$1,123.36
06-Employee+Domestic Partner Child(ren)	\$131.00	\$1,410.08	\$393.19	\$954.88	\$954.88
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$131.00	\$1,410.08	\$0.00	\$954.88	\$954.88
09-Employee+Child(ren)+Domestic Partner	\$131.00	\$1,410.08	\$561.67	\$1,516.55	\$1,516.55
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$131.00	\$1,410.08	\$954.86	\$1,516.55	\$1,516.55

Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

Category H - Corrections Sergeants and Lieutenants					
REGENCE PLAN A #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$36.00	\$1,354.30	N/A	\$817.26	\$817.26
02-Employee+Spouse	\$83.00	\$1,354.30	N/A	\$1,634.50	\$1,634.50
03-Employee+Child(ren)	\$62.00	\$1,354.30	N/A	\$1,389.33	\$1,389.33
04-Employee+Family	\$109.00	\$1,354.30	N/A	\$2,206.59	\$2,206.59
05-Employee+Domestic Partner	\$83.00	\$1,354.30	\$770.24	\$1,634.50	\$1,634.50
06-Employee+Domestic Partner Child(ren)	\$62.00	\$1,354.30	\$546.07	\$1,389.33	\$1,389.33
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$62.00	\$1,354.30	\$0.00	\$1,389.33	\$1,389.33
09-Employee+Child(ren)+Domestic Partner	\$109.00	\$1,354.30	\$770.26	\$2,206.59	\$2,206.59
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$109.00	\$1,354.30	\$1,316.33	\$2,206.59	\$2,206.59
REGENCE PLAN B #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$43.00	\$1,354.30	N/A	\$856.61	\$856.61
02-Employee+Spouse	\$105.00	\$1,354.30	N/A	\$1,713.21	\$1,713.21
03-Employee+Child(ren)	\$73.00	\$1,354.30	N/A	\$1,456.24	\$1,456.24
04-Employee+Family	\$135.00	\$1,354.30	N/A	\$2,312.83	\$2,312.83
05-Employee+Domestic Partner	\$105.00	\$1,354.30	\$794.60	\$1,713.21	\$1,713.21
06-Employee+Domestic Partner Child(ren)	\$73.00	\$1,354.30	\$569.63	\$1,456.24	\$1,456.24
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$73.00	\$1,354.30	\$0.00	\$1,456.24	\$1,456.24
09-Employee+Child(ren)+Domestic Partner	\$135.00	\$1,354.30	\$794.59	\$2,312.83	\$2,312.83
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$135.00	\$1,354.30	\$1,364.22	\$2,312.83	\$2,312.83
KAISER PERMANENTE CORE HMO #1654800	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$1,354.30	N/A	\$561.69	\$561.69
02-Employee+Spouse	\$0.00	\$1,354.30	N/A	\$1,123.36	\$1,123.36
03-Employee+Child(ren)	\$0.00	\$1,354.30	N/A	\$954.88	\$954.88
04-Employee+Family	\$0.00	\$1,354.30	N/A	\$1,516.55	\$1,516.55
05-Employee+Domestic Partner	\$0.00	\$1,354.30	\$561.67	\$1,123.36	\$1,123.36
06-Employee+Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$393.19	\$954.88	\$954.88
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$0.00	\$954.88	\$954.88
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$1,354.30	\$561.67	\$1,516.55	\$1,516.55
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$954.86	\$1,516.55	\$1,516.55

Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

Category I - Corrections Support Supervisors					
REGENCE PLAN A #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$36.00	\$1,354.30	N/A	\$817.26	\$817.26
02-Employee+Spouse	\$83.00	\$1,354.30	N/A	\$1,634.50	\$1,634.50
03-Employee+Child(ren)	\$62.00	\$1,354.30	N/A	\$1,389.33	\$1,389.33
04-Employee+Family	\$109.00	\$1,354.30	N/A	\$2,206.59	\$2,206.59
05-Employee+Domestic Partner	\$83.00	\$1,354.30	\$770.24	\$1,634.50	\$1,634.50
06-Employee+Domestic Partner Child(ren)	\$62.00	\$1,354.30	\$546.07	\$1,389.33	\$1,389.33
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$62.00	\$1,354.30	\$0.00	\$1,389.33	\$1,389.33
09-Employee+Child(ren)+Domestic Partner	\$109.00	\$1,354.30	\$770.26	\$2,206.59	\$2,206.59
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$109.00	\$1,354.30	\$1,316.33	\$2,206.59	\$2,206.59
REGENCE PLAN B #10008695	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$43.00	\$1,354.30	N/A	\$856.61	\$856.61
02-Employee+Spouse	\$105.00	\$1,354.30	N/A	\$1,713.21	\$1,713.21
03-Employee+Child(ren)	\$73.00	\$1,354.30	N/A	\$1,456.24	\$1,456.24
04-Employee+Family	\$135.00	\$1,354.30	N/A	\$2,312.83	\$2,312.83
05-Employee+Domestic Partner	\$105.00	\$1,354.30	\$794.60	\$1,713.21	\$1,713.21
06-Employee+Domestic Partner Child(ren)	\$73.00	\$1,354.30	\$569.63	\$1,456.24	\$1,456.24
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$73.00	\$1,354.30	\$0.00	\$1,456.24	\$1,456.24
09-Employee+Child(ren)+Domestic Partner	\$135.00	\$1,354.30	\$794.59	\$2,312.83	\$2,312.83
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$135.00	\$1,354.30	\$1,364.22	\$2,312.83	\$2,312.83
KAISER PERMANENTE CORE HMO #1654800	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$1,354.30	N/A	\$561.69	\$561.69
02-Employee+Spouse	\$0.00	\$1,354.30	N/A	\$1,123.36	\$1,123.36
03-Employee+Child(ren)	\$0.00	\$1,354.30	N/A	\$954.88	\$954.88
04-Employee+Family	\$0.00	\$1,354.30	N/A	\$1,516.55	\$1,516.55
05-Employee+Domestic Partner	\$0.00	\$1,354.30	\$561.67	\$1,123.36	\$1,123.36
06-Employee+Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$393.19	\$954.88	\$954.88
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$0.00	\$954.88	\$954.88
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$1,354.30	\$561.67	\$1,516.55	\$1,516.55
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$1,354.30	\$954.86	\$1,516.55	\$1,516.55

Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

Dental Insurance					
WILLAMETTE DENTAL #WA175	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$111.90	N/A	\$49.75	\$111.90
02-Employee+Spouse	\$0.00	\$111.90	N/A	\$108.20	\$111.90
03-Employee+Child(ren)	\$0.00	\$111.90	N/A	\$108.20	\$111.90
04-Employee+Family	\$0.00	\$111.90	N/A	\$144.40	\$111.90
05-Employee+Domestic Partner	\$0.00	\$111.90	\$58.45	\$108.20	\$111.90
06-Employee+Domestic Partner Child(ren)	\$0.00	\$111.90	\$58.45	\$108.20	\$111.90
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$111.90	\$0.00	\$108.20	\$111.90
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$111.90	\$36.20	\$144.40	\$111.90
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$111.90	\$94.65	\$144.40	\$111.90
DELTA DENTAL OF WA PPO #00444	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$98.13	N/A	\$45.66	\$98.13
02-Employee+Spouse	\$0.00	\$98.13	N/A	\$80.65	\$98.13
03-Employee+Child(ren)	\$0.00	\$98.13	N/A	\$100.99	\$98.13
04-Employee+Family	\$0.00	\$98.13	N/A	\$135.98	\$98.13
05-Employee+Domestic Partner	\$0.00	\$98.13	\$34.99	\$80.65	\$98.13
06-Employee+Domestic Partner Child(ren)	\$0.00	\$98.13	\$55.33	\$100.99	\$98.13
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$98.13	\$0.00	\$100.99	\$98.13
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$98.13	\$34.99	\$135.98	\$98.13
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$98.13	\$90.32	\$135.98	\$98.13
DELTA DENTAL OF WA DELTACARE DHMO #00114	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$81.43	N/A	\$31.66	\$81.43
02-Employee+Spouse	\$0.00	\$81.43	N/A	\$63.60	\$81.43
03-Employee+Child(ren)	\$0.00	\$81.43	N/A	\$99.79	\$81.43
04-Employee+Family	\$0.00	\$81.43	N/A	\$131.42	\$81.43
05-Employee+Domestic Partner	\$0.00	\$81.43	\$31.94	\$63.60	\$81.43
06-Employee+Domestic Partner Child(ren)	\$0.00	\$81.43	\$68.13	\$99.79	\$81.43
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$81.43	\$0.00	\$99.79	\$81.43
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$81.43	\$31.63	\$131.42	\$81.43
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$81.43	\$99.76	\$131.42	\$81.43

Snohomish County 2020/2021 Monthly Healthcare Premiums
Regular Full-time Employees (Working 35+ hours per week)

Vision Insurance					
VISION	Employee Premium	Employer Premium	DP Taxable Income*	DP Tiered Rate	Tiered Rate
01-Employee	\$0.00	\$9.82	N/A	\$4.96	\$9.82
02-Employee+Spouse	\$0.00	\$9.82	N/A	\$9.93	\$9.82
03-Employee+Child(ren)	\$0.00	\$9.82	N/A	\$8.45	\$9.82
04-Employee+Family	\$0.00	\$9.82	N/A	\$13.42	\$9.82
05-Employee+Domestic Partner	\$0.00	\$9.82	\$4.97	\$9.93	\$9.82
06-Employee+Domestic Partner Child(ren)	\$0.00	\$9.82	\$3.49	\$8.45	\$9.82
07-Employee+Child(ren)+Domestic Partner Child(ren)	\$0.00	\$9.82	\$0.00	\$8.45	\$9.82
09-Employee+Child(ren)+Domestic Partner	\$0.00	\$9.82	\$4.97	\$13.42	\$9.82
10-Employee+Domestic Partner Domestic Partner Child(ren)	\$0.00	\$9.82	\$8.46	\$13.42	\$9.82

Basic Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance		
Class	Coverage	Employer Contribution
Class 1 - Category A, B, & E Basic Life	\$40,000.00	\$5.40
Class 1 - Category A, B, & E AD&D	\$40,000.00	
Class 2 - Outside Districts Basic Life	\$40,000.00	\$5.40
Class 2 - Outside Districts AD&D	\$40,000.00	
Class 3 - Category D Basic Life	\$60,000.00	\$6.90
Class 3 - Category D AD&D	\$20,000.00	
Class 4 - Category C, F, G, H & I Basic Life	\$40,000.00	\$4.80
Class 4 - Category C, F, G, H & I AD&D	\$20,000.00	