2025 Benefit Plans for Lewis County Dispatchers Guild

PEBB Full Benefits Packages

Includes medical, dental, vision, life, AD&D and long-term disability benefits

Employee Monthly Deductions

Plan Name	Employee Only	Employee & Spouse	Employee & Children	Full family
Kaiser Permanente WA Classic	\$175 individual/\$525 family			
Total Premium	1,070.89	1,970.17	1,745.35	2,644.64
Employer Paid	956.96	1,390.00	1,365.00	1,790.00
Employee Paid	113.93	580.17	380.35	854.64
Kaiser Permanente WA Value	\$250 individual/\$750 family			
Total Premium	1,061.17	1,950.73	1,728.34	2,617.91
Employer Paid	942.04	1,390.00	1,359.67	1,790.00
Employee Paid	119.13	560.73	368.67	827.91
Kaiser Permanente WA CDHP	\$1650 individual/\$3300 family (with	health savings account)		
Total Premium	972.86	1,772.76	1,587.37	2,328.94
Employer Paid	914.62	1,390.00	1,358.48	1,790.00
Employee Paid	58.24	382.76	228.89	538.94
Uniform Medical Plan Classic	\$250 individual/\$750 family			
Total Premium	1,076.01	1,980.42	1,754.32	2,658.73
Employer Paid	946.07	1,390.00	1,365.00	1,790.00
Employee Paid	129.94	590.42	389.32	868.73
Employee raid	123.34	330.42	303.32	808.73
Uniform Medical Plan CDHP	\$1650 individual/\$3300 family (with	health savings account)		
Total Premium	993.91	1,814.86	1,624.21	2,386.83
Employer Paid	919.16	1,388.09	1,357.13	1,790.00
Employee Paid	74.75	426.77	267.08	596.83
Heiferen Mardinal Blan Colors	6750 to divide al/62 250 facelle			
Uniform Medical Plan Select Total Premium	\$750 individual/\$2,250 family	4.070.22	1 665 77	2.540.50
	1,025.41	1,879.22	1,665.77	2,519.58
Employer Paid Employee Paid	928.89 96.52	1,390.00 489.22	1,361.93 303.84	1,790.00 729.58
Limployee Falu	90.32	409.22	303.04	729.50

Employees waiving medical will remain enrolled in dental, life, AD&D, and LTD

Vision Benefits: Davis Vision by Metlife, EyeMed Vision Care, or MetLife Vision (Employees must select a vision plan by November 25, 2024)

Basic Life and AD&D Insurance for Employees included in each plan:

Life Insurance \$35,000 D&D Insurance \$5,000

AD&D Insurance
Long term disability benefit included in each plan:

Basic LTD Plan \$240 max/monthly

Employee LTD Buy-Up 60%, 50%, or decline

Dental Insurance Options:

Uniform Dental Plan (preferred-provider plan)

DeltaCare (managed-care plan)

Willamette Dental (managed-care plan)

Please see the PEBB employee information page regarding possible monthly surcharges (tobacco use & spousal coverage surcharge)