

2026 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	1,152.64	2,125.64	1,882.39	2,855.39
Employer Paid	1,037.38	1,913.08	1,694.15	2,569.85
Employee Paid	115.26	212.56	188.24	285.54
Kaiser Permanente WA Value	\$250 individual/\$750 family			
Total Premium	1,161.56	2,143.48	1,898.00	2,879.92
Employer Paid	1,045.40	1,929.13	1,708.20	2,591.93
Employee Paid	116.16	214.35	189.80	287.99
Kaiser Permanente WA CDHP	\$1700 individual/\$3400 family (with health savings account)			
Total Premium	1,041.73	1,902.56	1,701.94	2,504.44
Employer Paid	937.56	1,712.30	1,531.75	2,254.00
Employee Paid	104.17	190.26	170.19	250.44
Kaiser Permanente NW CDHP	\$1700 individual/\$3400 family (with health savings account)			
Total Premium	1,075.05	1,969.20	1,760.25	2,596.07
Employer Paid	967.55	1,772.28	1,584.23	2,336.46
Employee Paid	107.51	196.92	176.03	259.61
Uniform Medical Plan Classic	\$250 individual/\$750 family			
Total Premium	1,156.32	2,133.00	1,888.83	2,865.51
Employer Paid	1,040.69	1,919.70	1,699.95	2,578.96
Employee Paid	115.63	213.30	188.88	286.55
Uniform Medical Plan CDHP	\$1700 individual/\$3400 family (with health savings account)			
Total Premium	1,073.72	1,966.54	1,757.92	2,592.41
Employer Paid	966.35	1,769.89	1,582.13	2,333.17
Employee Paid	107.37	196.65	175.79	259.24
Uniform Medical Plan Select	\$750 individual/\$2,250 family			
Total Premium	1,093.39	2,007.14	1,778.70	2,692.45
Employer Paid	984.05	1,806.43	1,600.83	2,423.21
Employee Paid	109.34	200.71	177.87	269.25

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

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

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

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)