

**Lincoln County**  
**Medical/Rx/Vision 2024 Insurance Rates**  
**Effective January 1, 2024**

Employees with coverage through another Qualified Group Coverage: \$850/mo toward HRA VEBA  
 All Full Time employees receive Basic Life Insurance in the amount of \$36,000

**PEBB Medical Only Plan**

Network: Regence BlueShield  
 Rx Coverage: Washington Rx Services  
 Vision Coverage: VSP

<b>Uniform Medical Plan - Classic - Medical Only</b>
<b>\$250/person, \$750/family</b>

	Premium	County Pays	Employee Pays
Employee	\$ 907.73	\$ 1,050.00	\$ (142.27)
Employee & Spouse	\$ 1,745.45	\$ 1,284.73	\$ 460.72
Employee & Child(ren)	\$ 1,536.02	\$ 1,137.49	\$ 398.53
Employee & Family	\$ 2,373.74	\$ 1,726.44	\$ 647.30

<b>Uniform Medical Plan Select Medical Only</b>
<b>\$750/person, \$2,250/family</b>

	Premium	County Pays	Employee Pays
Employee	\$ 842.66	\$ 1,050.00	\$ (207.34)
Employee & Spouse	\$ 1,615.32	\$ 1,284.73	\$ 330.59
Employee & Child(ren)	\$ 1,422.15	\$ 1,137.49	\$ 284.66
Employee & Family	\$ 2,194.81	\$ 1,726.44	\$ 468.37

<b>Uniform Medical Plan CDHP Medical Only **</b>
<b>\$1,600/person, \$3,200/family</b>

	Premium	County Pays	Employee Pays
Employee	\$ 823.84	\$ 1,050.00	\$ (226.16)
Employee & Spouse	\$ 1,576.31	\$ 1,284.73	\$ 291.58
Employee & Child(ren)	\$ 1,402.78	\$ 1,137.49	\$ 265.29
Employee & Family	\$ 2,096.92	\$ 1,726.44	\$ 370.48

**\*\*UMP CDHP (Consumer Directed Health Plan)**

High Deductible Health Plan. Lower monthly premiums, higher deductible and out of pocket maximums. Has a Health Savings Account (HSA): tax-empt savings and spending account used to pay for qualified medical expenses. \$58.34 will be transferred each month to the employee HSA for an individual; \$116.67 for a subscriber and one or more covered dependents. HSA amount is included in the premiums.

\*Any Balance remaining after funding the premium will be contributed to an HRA VEBA. This includes double covered spouses both working for the County. VEBA can be used to pay for qualified out of pocket medical expenses even after retirement.

**\*\*Spokane County Residents Only\*\***

Kaiser Permanente WA Classic
\$175/person, \$525/family

	Premium	County Pays	Employee Pays
Employee	\$ 1,009.61	\$ 1,050.00	\$ (40.39)
Employee & Spouse	\$ 1,949.21	\$ 1,284.73	\$ 664.48
Employee & Child(ren)	\$ 1,714.31	\$ 1,137.49	\$ 576.82
Employee & Family	\$ 2,653.91	\$ 1,726.44	\$ 927.47

Kaiser Permanente WA Value
\$250/person, \$750/family

	Premium	County Pays	Employee Pays
Employee	\$ 995.42	\$ 1,050.00	\$ (54.58)
Employee & Spouse	\$ 1,920.82	\$ 1,284.73	\$ 636.09
Employee & Child(ren)	\$ 1,689.47	\$ 1,137.49	\$ 551.98
Employee & Family	\$ 2,614.88	\$ 1,726.44	\$ 888.44

Kaiser Permanente WA CDHP
\$1,600/person, \$3,200/family

	Premium	County Pays	Employee Pays
Employee	\$ 815.03	\$ 1,050.00	\$ (234.97)
Employee & Spouse	\$ 1,558.68	\$ 1,284.73	\$ 273.95
Employee & Child(ren)	\$ 1,387.35	\$ 1,137.49	\$ 249.86
Employee & Family	\$ 2,072.68	\$ 1,726.44	\$ 346.24

Kaiser Permanente WA SoundChoice
\$125/person, \$375/family

	Premium	County Pays	Employee Pays
Employee	\$ 853.46	\$ 1,050.00	\$ (196.54)
Employee & Spouse	\$ 1,636.92	\$ 1,284.73	\$ 352.19
Employee & Child(ren)	\$ 1,441.05	\$ 1,137.49	\$ 303.56
Employee & Family	\$ 2,224.50	\$ 1,726.44	\$ 498.06

Uniform Medical Plus - UW Medicine ACN
\$120/person, \$375/family

	Premium	County Pays	Employee Pays
Employee	\$ 892.55	\$ 1,050.00	\$ (157.45)
Employee & Spouse	\$ 1,715.09	\$ 1,284.73	\$ 430.36
Employee & Child(ren)	\$ 1,509.46	\$ 1,137.49	\$ 371.97
Employee & Family	\$ 2,332.00	\$ 1,726.44	\$ 605.56