

## ADDENDUM B – 2025-2027 Sheriff’s Office Plan Designs

	Kaiser (HMO)	Regence (AHN)		Regence (PPO)	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Employee Plan Selection Fee	\$0	\$0		\$100.00 per employee per month	
Deductible Employee only/Family	\$0	\$100/\$300	\$500/\$1,500	\$300/\$900	
Annual Out-of-Pocket Maximum (Deductible + Copay) Employee only/Family	\$1,000/\$2,000	\$900/\$1900	\$2,500/\$5,500	\$1,100/\$2,500	\$1,900/\$4,100
Office Visit Copay/Coinsurance	\$20 copay	\$20	40%	15%	35%
Inpatient Hospital Copay/Coinsurance	\$200 copay	10%	40%	15%	35%
Emergency Room	\$100 (waived if admitted)	\$200 (waived if admitted); 10% coinsurance		\$200 (waived if admitted); 15% coinsurance	
Retail Prescription Drug (Mail 2x Copay)	Copays apply to annual out-of-pocket maximum	Out of pocket limit on Rx drugs: \$1,500/\$3,000		Out of pocket limit on Rx drugs: \$1,500/\$3,000	
Generic	\$10 copay	\$5 copay		\$7 copay	
Brand Formulary	\$20 copay	\$25 copay		\$30 copay	
Non-Formulary	\$30 copay	\$75 copay		\$60 copay	
Monthly Benefit Access Fee (for Spouse/Domestic Partner who has access to their own employer’s coverage)	\$50	\$75		\$200	

## **ADDENDUM B –Life, AD&D, Dental and Vision Summary Plan Designs**

### **2024 Life**

- The basic life insurance policy is one times annual salary, rounded to the next higher \$1,000 if not already a multiple thereof, to a maximum of \$200,000.

Employees can elect supplemental life insurance\* for themselves or eligible dependents 30 days of hire for new employees, for a qualifying life event, and during Open Enrollment. Depending on the timing of their election and the level of coverage they select, employees may need to provide evidence of insurability to purchase supplemental coverage for themselves or eligible dependents.

- Employees can purchase supplemental life of one, two, three or four times their annual salary and then rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$400,000.
- Employees can purchase supplemental for their spouses or state registered domestic partners for the lesser of 50% of the employee's supplemental life insurance to a maximum benefit of \$200,000 with a plan minimum of \$500.
- Employees can purchase supplemental life insurance for their children to a maximum benefit of \$10,000.

### **2024 Accidental Death and Dismemberment (AD&D)**

- The basic AD&D policy is one times annual salary, rounded to the next higher \$1,000 if not already a multiple thereof, to a maximum of \$200,000.

Employees can purchase supplemental AD&D insurance\* for themselves or eligible dependents within 30 days of hire for new employees, for a qualifying life event, and during Open enrollment.

- Employees can purchase supplemental AD&D in increments of \$50,000 to a maximum of \$500,000.
- Employees can purchase supplemental AD&D for their spouses and state registered domestic partners of 50% or 100% of the employee's amount of supplemental insurance to a maximum of \$500,000.
- Employees can purchase supplemental AD&D for their children of 10% of the employee's amount of supplemental insurance to a maximum of \$50,000.

**\*Supplemental Life and AD&D rates may increase if the insurance contracts are renewed during the term of the CBA.**

## 2024 - Dental

The dental benefit plan through Delta Dental increases what it pays for most services through an incentive program (i.e., as long as an employee uses a dentist at least once per year for a covered service, benefit level increases each year until the highest incentive level is reached).

Delta Dental Plan Feature (In Network)	Member Pays
Annual Deductible	\$25 person / \$75 family
Annual Maximum Benefit	\$2,500 per person
Preventive Services (exams, cleanings, x-rays, fluoride, sealants)	0 – 30%
Basic Services (fillings, stainless steel crowns, endodontics, periodontics, removal of teeth, oral surgery)	0 – 30%
Crowns other than stainless steel	15 – 30%
Major Services (dentures, partials, bridges, implants)	30%
Orthodontia (lifetime max \$2,500/person), TMJ and occlusal guard	50%

## 2024 - Vision

The vision plan through VSP have generally lower out-of-pocket expenses and the provider automatically files your claim when the employee uses a VSP provider. Kaiser Permanente provides routine vision exams under its medical plan, but none of the other vision benefits, such as frames, lenses, and contacts.

VSP Plan Feature (In Network)	Member Pays
Eye Exam (every 12 months)	\$10 copay
Lenses: Single, Bifocal, Trifocal (every 12 months)	\$0
Frames (every 24 months)	\$130 allowance + 20% off balance
Contact Lenses (every 12 months in lieu of glasses)	\$130 allowance
Contact Lens Exam (fitting and evaluation)	Up to \$60 copay