

**Sheriffs Support Guild (SOG)**  
2020 Employee Rates

**FULL TIME (.75 FTE or Greater)**

	Regence	Regence HSA	Kaiser Medical	Kaiser Medical		Kaiser Dental	Delta Dental
	with VSP Vision	with VSP Vision		HSA			
<b>SINGLE</b>							
Monthly	\$ 73.44	\$ 6.20	\$ 73.44	\$ 6.20		\$ 7.92	\$ 7.92
per pay period	\$ 36.72	\$ 3.10	\$ 36.72	\$ 3.10		\$ 3.96	\$ 3.96
<b>TWO PARTY</b>							
Monthly	\$ 145.54	\$ 13.00	\$ 145.54	\$ 13.00		\$ 15.50	\$ 15.50
per pay period	\$ 72.77	\$ 6.50	\$ 72.77	\$ 6.50		\$ 7.75	\$ 7.75
<b>FAMILY</b>							
Monthly	\$ 218.92	\$ 18.88	\$ 218.92	\$ 18.88		\$ 23.38	\$ 23.38
per pay period	\$ 109.46	\$ 9.44	\$ 109.46	\$ 9.44		\$ 11.69	\$ 11.69

Waiver of Medical Insurance (with proof of other group coverage) will receive cash in lieu of coverage at \$130 per month (\$65 per pay period)  
Waiver of Dental Insurance (proof of other coverage not required) will receive cash in lieu of coverage at \$20 per month (\$10 per pay period)

**PART TIME (.50 FTE - .7499 FTE)**

	Regence	Regence HSA	Kaiser Medical	Kaiser Medical		Kaiser Dental	Delta Dental
	with VSP Vision	with VSP Vision		HSA			
<b>SINGLE</b>							
Monthly	\$ 73.44	\$ 6.20	\$ 73.44	\$ 6.20		\$ 7.92	\$ 7.92
per pay period	\$ 36.72	\$ 3.10	\$ 36.72	\$ 3.10		\$ 3.96	\$ 3.96
<b>TWO PARTY</b>							
Monthly	\$ 145.54	\$ 13.00	\$ 145.54	\$ 13.00		\$ 15.50	\$ 15.50
per pay period	\$ 72.77	\$ 6.50	\$ 72.77	\$ 6.50		\$ 7.75	\$ 7.75
<b>FAMILY</b>							
Monthly	\$ 811.26	\$ 417.24	\$ 679.54	\$ 18.88		\$ 70.00	\$ 23.38
per pay period	\$ 405.63	\$ 208.62	\$ 339.77	\$ 9.44		\$ 35.00	\$ 11.69

Waiver of Medical Insurance (with proof of other group coverage) will receive cash in lieu of coverage at \$91 per month (\$45.50 per pay period)  
Waiver of Dental Insurance (proof of other coverage not required) will receive cash in lieu of coverage at \$14 per month (\$7 per pay period)

**JOBSHARE (must work 20+ hours per week)**

	Regence	Regence HSA	Kaiser Medical	Kaiser Medical		Kaiser Dental	Delta Dental
	with VSP Vision	with VSP Vision		HSA			
<b>SINGLE</b>							
Monthly	\$ 441.64	\$ 362.66	\$ 388.60	\$ 236.86		\$ 33.76	\$ 25.26
per pay period	\$ 220.82	\$ 181.33	\$ 194.30	\$ 118.43		\$ 16.88	\$ 12.63
<b>TWO PARTY</b>							
Monthly	\$ 874.00	\$ 717.46	\$ 776.52	\$ 474.02		\$ 67.34	\$ 47.92
per pay period	\$ 437.00	\$ 358.73	\$ 388.26	\$ 237.01		\$ 33.67	\$ 23.96
<b>FAMILY</b>							
Monthly	\$ 1,241.54	\$ 1,014.54	\$ 1,165.06	\$ 710.70		\$ 101.08	\$ 73.86
per pay period	\$ 620.77	\$ 507.27	\$ 582.53	\$ 355.35		\$ 50.54	\$ 36.93

Waiver of Medical Insurance (with proof of other group coverage) will receive cash in lieu of coverage at \$65 per month (\$32.50 per pay period)  
Waiver of Dental Insurance (proof of other coverage not required) will receive cash in lieu of coverage at \$10 per month (\$5 per pay period)  
Both JobShare partners must waive medical and/or dental to receive the cash in lieu of coverage