

**MEDICAL/VISION PLAN OPTIONS. Eligible first of the month following date of hire.  
Monthly Contributions for Employees**

*To Opt Out of medical coverage you must provide proof of other group coverage.*

MEDICAL PROVIDER	Employee Only		Employee & One Dependent		Employee & Family	
	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)
<a href="#"><u>Regence BCBS PPO &amp; Vision Service Plan (VSP)</u></a>	\$73.44	\$73.44	\$145.54	\$145.54	\$218.92	\$811.26
<a href="#"><u>Kaiser Permanente HMO</u></a>	\$73.44	\$73.44	\$145.54	\$145.54	\$218.92	\$679.54
<a href="#"><u>Regence BCBS HDHP &amp; Vision Service Plan (VSP)</u></a>	\$6.20	\$6.20	\$13.00	\$13.00	\$18.88	\$417.24
<a href="#"><u>Kaiser Permanente HDHP</u></a>	\$6.20	\$6.20	\$13.00	\$13.00	\$18.88	\$18.88
<b>OPT-OUT AND RECEIVE CASH</b>	<b>\$130.00</b>	<b>\$91.00</b>	<b>\$130.00</b>	<b>\$91.00</b>	<b>\$130.00</b>	<b>\$91.00</b>

**Health Savings Account (HSA)** Employees enrolled in the HDHP plans will be automatically enrolled in the HSA. The county will contribute \$20.83 per pay period for single coverage or \$41.66 per pay period for family coverage. You may also contribute per pay period an amount up to the annual maximum allowed.

**DENTAL PLAN OPTIONS. Eligible the first of the month following 90 calendar days of employment.  
Monthly Contributions for Employees**

**To find out more in-depth information concerning any of our health coverage plans,**

DENTAL PROVIDER	Employee Only		Employee & One Dependent		Employee & Family	
	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)	Full-Time (30 + hrs. wk.)	Part-Time (20—29 hrs. wk.)
<a href="#"><u>Delta Dental of WA (DDWA)</u></a>	\$7.92	\$7.92	\$15.50	\$15.50	\$23.38	\$23.38
<a href="#"><u>Kaiser Permanente Dental</u></a>	\$7.92	\$7.92	\$15.50	\$15.50	\$23.38	\$70.00
<b>OPT-OUT AND RECEIVE</b>	<b>\$20.00</b>	<b>\$14.00</b>	<b>\$20.00</b>	<b>\$14.00</b>	<b>\$20.00</b>	<b>\$14.00</b>

**click on the plans name to be taken to a link that will provide you with their  
"Summary of Benefits Coverages".**

**FLEXIBLE SPENDING ACCOUNTS FOR HEALTH CARE AND DEPENDENT CARE\*** Allows employees to pay for qualified expenses with pre-tax dollars.

**HOLIDAY AND VACATION LEAVE**— Medical Examiner Investigators receive additional pay in lieu of holiday and vacation time off due to unique scheduling considerations. Investigators shall be scheduled for duty on any/all holidays recognized at the federal, state or local level. Equivalent to twelve (12) calendar days annually (two consecutive 48 hour shifts off). Part-time employees accrue pro-rated share.

**SICK LEAVE ACCRUALS FOR FULL-TIME INVESTIGATORS**—8 hours per month (96 hours per year).

**BEREAVEMENT LEAVE** Up to three (3) consecutive workdays or maximum of 24 hours at the time of a death in the employee's immediate family. Up to an additional two (2) days or sixteen (16) hours when air travel or one-way land travel of four (4) or more hours is necessary with prior approval.

**JURY DUTY LEAVE**

**MILITARY LEAVE**

**GROUP TERM LIFE INSURANCE\*** \$25,000 employer paid coverage. Plan includes Accidental Death & Dismemberment (AD&D).

**ADDITIONAL TERM LIFE INSURANCE\* (OPTIONAL)** Purchase increments of \$10,000 up to a maximum of \$500,000. Spouse coverage available in \$10,000 increments up to 100% of the employee's total coverage. Dependent child coverage available. Evidence of insurability may be required.

**Additional Benefits:**

**LONG TERM DISABILITY INSURANCE\*** Employer paid benefit. Pays 60% of covered salary up to a maximum monthly benefit of \$9,000 following a 60 calendar day waiting period or total length of accrued PTO and/or sick leave, whichever is longer.

**EMPLOYEE ASSISTANCE PROGRAM** Referral and short term counseling service for employees and their covered dependents. Up to 6 individual counseling sessions per issue; legal and financial counseling available.

**LONG TERM DISABILITY BUY-UP\* (OPTIONAL)** Purchase an additional 6 2/3% benefit to increase total long term disability benefit to 66 2/3%.

**WASHINGTON STATE PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)** Date of Hire. Employee choice between PERS Plan 2 and Plan 3. Participation and employer and employee contributions required. Rates are established by DRS and may change in the future.

**DEFERRED COMPENSATION (457 PLAN) OPTIONAL** Employee paid tax-deferred retirement savings plan.

**LEGALLY MANDATED BENEFITS** Social Security, Medicare, Unemployment Insurance, and Worker's Compensation.

*\* Not available to project employees*

**NOTE:** This is a summary of benefits only; details are contained in the HR County Policy Manual, Collective Bargaining Agreement, Summary Plan Descriptions or other plan materials. This summary reflects benefits for full-time employees. Part-time, job-share, and project employee benefits may differ. Benefit Plans are subject to change.