

EMPLOYEE'S MONTHLY SHARE

Effective Date: 01/01/2019

Unit: DOC Clerical

	Employee Only	Whole Family
Composite Rate (Medical, Dental, Vision, Life)	1,102.21	1,103.23
Employer Maximum Contribution	883.00	883.00
Employee Out of Pocket Cost	219.21	220.23

TOTAL COST OF MEDICAL PACKAGE	Employee Only	Whole Family
Washington Teamsters Welfare Trust Medical Plan C	992.55	992.55
United Employees Benefit Trust Vision Plan V3	18.00	18.00
United Employees Benefit Trust Dental Plan D5	90.00	90.00
MetLife	1.66	2.68

YAKIMA COUNTY MAXIMUM CONTRIBUTION FOR PREMIUM:

883.00

Note: Employer contributions and employee out-of-pocket amounts are subject to change based on agreements reached through the collective bargaining process.