

INSURANCE PREMIUM RATE SHEET

Effective Date: 01/01/2019

Unit: **Non-Bargaining, AFSCME Locals 87 87P 87PS , Local #1, CTP, Teamsters-Technology Services
Teamsters-Clerk Supervisors, Teamsters-YSO Clerical, Teamsters-Clerk Non-Supervisory**

EMPLOYEE'S MONTHLY SHARE (out of pocket cost)					HSA PEBB Contribution		HSA County Contribution	HRA VEBA County Contribution
Medical Plan	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Employee Only	Dependent Tier	Employee Only	Employee Only
PEBB Kaiser Permanente Classic	9.04	748.45	563.60	1,303.02				0.00
PEBB Kaiser Permanente Value	0.00	594.19	428.61	1,090.90				68.10
PEBB Kaiser Permanente CDHP	0.00	477.11	341.44	884.12	58.34	116.67	123.91	
PEBB Uniform Medical Plan Classic	0.00	631.37	461.15	1,142.03				49.50
PEBB Uniform Medical Plan Plus	0.00	517.83	361.80	985.90				106.28
PEBB Uniform Medical Plan CDHP	0.00	477.30	341.61	884.39	58.34	116.67	123.81	

ADDITIONAL INSURANCE INFORMATION				
COST BY BENEFIT				
Medical Plan	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PEBB Kaiser Permanente Classic	739.42	1,478.83	1,293.98	2,033.40
PEBB Kaiser Permanente Value	662.28	1,324.57	1,158.99	1,821.28
PEBB Kaiser Permanente CDHP	606.47	1,207.49	1,071.82	1,614.50
PEBB Uniform Medical Plan Classic	680.88	1,361.75	1,191.53	1,872.41
PEBB Uniform Medical Plan Plus	624.10	1,248.21	1,092.18	1,716.28
PEBB Uniform Medical Plan CDHP	606.57	1,207.68	1,071.99	1,614.77
Dental, Basic Life & Basic LTD	152.62	152.62	152.62	152.62
TOTAL COST OF PACKAGE				
Medical Plan, Dental & LTD	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PEBB Kaiser Permanente Classic	892.04	1,631.45	1,446.60	2,186.02
PEBB Kaiser Permanente Value	814.90	1,477.19	1,311.61	1,973.90
PEBB Kaiser Permanente CDHP	759.09	1,360.11	1,224.44	1,767.12
PEBB Uniform Medical Plan Classic	833.50	1,514.37	1,344.15	2,025.03
PEBB Uniform Medical Plan Plus	776.72	1,400.83	1,244.80	1,868.90
PEBB Uniform Medical Plan CDHP	759.19	1,360.30	1,224.61	1,767.39

Premiums do not include Tobacco and Spouse Waiver Surcharges.

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Tobacco	\$25.00	\$25.00	\$25.00	\$25.00
Spouse	\$0.00	\$50.00	\$0.00	\$50.00

If you waive coverage, you must still enroll in PEBB Dental, Basic Life and basic Long-Term Disability (LTD) insurance.

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

YAKIMA COUNTY MAXIMUM CONTRIBUTION FOR PREMIUM
(May include contribution to HSA or HRA VEBA)

883.00