



Yakima County Medical Rates YSO Guild

*If you waive medical coverage, you must enroll in Dental, Basic Life/ AD&D and Basic LTD

You are eligible to enroll in any PEBB plan offered. Plans listed are the most common plans. Other plan rates will apply.

Effective Date: 06-01-2021

PEBB Uniform Medical Plan Classic with Dental				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PEBB Uniform Medical Plan Classic	\$ 698.15	\$ 1,396.29	\$ 1,221.75	\$ 1,919.90
PEBB Dental ER	\$ 149.57	\$ 149.57	\$ 149.57	\$ 149.57
PEBB Basic Life	\$ 3.95	\$ 3.95	\$ 3.95	\$ 3.95
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10
Total Cost of Package	\$ 853.77	\$ 1,551.91	\$ 1,377.37	\$ 2,075.52
Yakima County Maximum Contribution For Premium:	\$ 853.77	\$ 1,482.10	\$ 1,325.01	\$ 1,953.35
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 69.81	\$ 52.36	\$ 122.18

PEBB Uniform Medical Plan Plus with Dental				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PEBB Uniform Medical Plan Plus	\$ 665.22	\$ 1,330.45	\$ 1,164.14	\$ 1,829.36
PEBB Dental ER	\$ 149.57	\$ 149.57	\$ 149.57	\$ 149.57
PEBB Basic Life	\$ 3.95	\$ 3.95	\$ 3.95	\$ 3.95
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10
Total Cost of Package	\$ 820.84	\$ 1,486.07	\$ 1,319.76	\$ 1,984.98
Yakima County Maximum Contribution For Premium:	\$ 853.77	\$ 1,482.10	\$ 1,325.01	\$ 1,953.35
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 3.97	\$ -	\$ 31.63

PEBB Uniform Medical Plan CDHP with Dental				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PEBB Uniform Medical Plan CDHP	\$ 624.95	\$ 1,244.74	\$ 1,104.38	\$ 1,665.84
PEBB Dental ER	\$ 149.57	\$ 149.57	\$ 149.57	\$ 149.57
PEBB Basic Life	\$ 3.95	\$ 3.95	\$ 3.95	\$ 3.95
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10
Total Cost of Package	\$ 780.57	\$ 1,400.36	\$ 1,260.00	\$ 1,821.46
Yakima County Maximum Contribution For Premium:	\$ 853.77	\$ 1,482.10	\$ 1,325.01	\$ 1,953.35
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ -	\$ -	\$ -

PEBB Uniform Medical Plan Select with Dental				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PEBB Uniform Medical Plan Select	\$ 629.93	\$ 1,259.86	\$ 1,102.38	\$ 1,732.31
PEBB Dental ER	\$ 149.57	\$ 149.57	\$ 149.57	\$ 149.57
PEBB Basic Life	\$ 3.95	\$ 3.95	\$ 3.95	\$ 3.95
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10
Total Cost of Package	\$ 785.55	\$ 1,415.48	\$ 1,258.00	\$ 1,887.93
Yakima County Maximum Contribution For Premium:	\$ 853.77	\$ 1,482.10	\$ 1,325.01	\$ 1,953.35
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ -	\$ -	\$ -

*Premiums do not include Tobacco and Spouse Waiver Surcharges. Spouse surcharge – only applies if spouse elects coverage with County and has comparable coverage with employer	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Tobacco Surcharge	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
Spousal Surcharge	\$ -	\$ 50.00	\$ -	\$ 50.00

Yakima County Maximum Contribution for Premium (YSO Guild based on PEBB Uniform Medical Plan Classic)	100% of Employee Only Premium	90% of Employee & Spouse Premium	90% of Employee & Child(ren) Premium	90% of Employee & Family Premium
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Note: Employer contributions and employee out of pocket amounts are subject to change based on agreements reached through the collective bargaining process.



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PEBB Kaiser Permanente Classic with Dental				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PEBB Kaiser Permanente Classic	\$ 781.82	\$ 1,563.65	\$ 1,368.19	\$ 2,150.01
PEBB Dental ER	\$ 149.57	\$ 149.57	\$ 149.57	\$ 149.57
PEBB Basic Life	\$ 3.95	\$ 3.95	\$ 3.95	\$ 3.95
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10
Total Cost of Package	\$ 937.44	\$ 1,719.27	\$ 1,523.81	\$ 2,305.63
Yakima County Maximum Contribution For Premium:	\$ 853.77	\$ 1,482.10	\$ 1,325.01	\$ 1,953.35
Employee Monthly Premium Rates (Your Cost)	\$ 83.67	\$ 237.17	\$ 198.80	\$ 352.29

PEBB Kaiser Permanente Value with Dental				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PEBB Kaiser Permanente Value	\$ 705.39	\$ 1,410.77	\$ 1,234.43	\$ 1,939.81
PEBB Dental ER	\$ 149.57	\$ 149.57	\$ 149.57	\$ 149.57
PEBB Basic Life	\$ 3.95	\$ 3.95	\$ 3.95	\$ 3.95
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10
Total Cost of Package	\$ 861.01	\$ 1,566.39	\$ 1,390.05	\$ 2,095.43
Yakima County Maximum Contribution For Premium:	\$ 853.77	\$ 1,482.10	\$ 1,325.01	\$ 1,953.35
Employee Monthly Premium Rates (Your Cost)	\$ 7.24	\$ 84.29	\$ 65.04	\$ 142.09

PEBB Kaiser Permanente CDHP with Dental				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PEBB Kaiser Permanente CDHP	\$ 625.72	\$ 1,246.29	\$ 1,105.73	\$ 1,667.97
PEBB Dental ER	\$ 149.57	\$ 149.57	\$ 149.57	\$ 149.57
PEBB Basic Life	\$ 3.95	\$ 3.95	\$ 3.95	\$ 3.95
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10
Total Cost of Package	\$ 781.34	\$ 1,401.91	\$ 1,261.35	\$ 1,823.59
Yakima County Maximum Contribution For Premium:	\$ 853.77	\$ 1,482.10	\$ 1,325.01	\$ 1,953.35
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ -	\$ -	\$ -

*Premiums do not include Tobacco and Spouse Waiver Surcharges. Spouse surcharge – only applies if spouse elects coverage with County and has comparable coverage with employer	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
<i>Tobacco Surcharge</i>	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
<i>Spousal Surcharge</i>	\$ -	\$ 50.00	\$ -	\$ 50.00

Yakima County Maximum Contribution for Premium (YSO Guild based on PEBB Uniform Medical Plan Classic)	100% of Employee Only Premium	90% of Employee & Spouse Premium	90% of Employee & Child(ren) Premium	90% of Employee & Family Premium
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