



Yakima County Medical Rates

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

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

Effective Date: 06-01-2021

FTE: 100%

Premera Classic with Delta Dental PPO Classic				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Premera Classic (Medical, Vision, RX)	\$ 640.27	\$ 1,280.54	\$ 1,120.47	\$ 1,760.73
Delta Dental PPO Classic	\$ 70.84	\$ 70.84	\$ 70.84	\$ 70.84
Symetra Basic Life/ AD&D	\$ 5.25	\$ 5.25	\$ 5.25	\$ 5.25
Symetra Basic Long Term Disability (LTD)	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44
Total Cost of Package	\$ 717.80	\$ 1,358.07	\$ 1,198.00	\$ 1,838.26
Yakima County Maximum Contribution For Premium:	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 458.07	\$ 298.00	\$ 938.26
HRA VEBA County Contribution	\$ 182.20	\$ -	\$ -	\$ -

Premera Classic with DeltaCare				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Premera Classic (Medical, Vision, RX)	\$ 640.27	\$ 1,280.54	\$ 1,120.47	\$ 1,760.73
DeltaCare	\$ 61.51	\$ 61.51	\$ 61.51	\$ 61.51
Symetra Basic Life/ AD&D	\$ 5.25	\$ 5.25	\$ 5.25	\$ 5.25
Symetra Basic Long Term Disability (LTD)	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44
Total Cost of Package	\$ 708.47	\$ 1,348.74	\$ 1,188.67	\$ 1,828.93
Yakima County Maximum Contribution For Premium:	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 448.74	\$ 288.67	\$ 928.93
HRA VEBA County Contribution	\$ 191.53	\$ -	\$ -	\$ -

Premera CDHP with Delta Dental PPO Classic				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Premera CDHP (Medical, Vision, RX)	\$ 560.56	\$ 1,121.12	\$ 980.97	\$ 1,541.54
Delta Dental PPO Classic	\$ 70.84	\$ 70.84	\$ 70.84	\$ 70.84
Symetra Basic Life/ AD&D	\$ 5.25	\$ 5.25	\$ 5.25	\$ 5.25
Symetra Basic Long Term Disability (LTD)	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44
Total Cost of Package	\$ 638.09	\$ 1,198.65	\$ 1,058.50	\$ 1,619.07
Yakima County Maximum Contribution For Premium:	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 298.65	\$ 158.50	\$ 719.07
HSA County Contribution	\$ 261.91	\$ -	\$ -	\$ -

Premera CDHP with DeltaCare				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Premera CDHP (Medical, Vision, RX)	\$ 560.56	\$ 1,121.12	\$ 980.97	\$ 1,541.54
DeltaCare	\$ 61.51	\$ 61.51	\$ 61.51	\$ 61.51
Symetra Basic Life/ AD&D	\$ 5.25	\$ 5.25	\$ 5.25	\$ 5.25
Symetra Basic Long Term Disability (LTD)	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44
Total Cost of Package	\$ 628.76	\$ 1,189.32	\$ 1,049.17	\$ 1,609.74
Yakima County Maximum Contribution For Premium:	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 289.32	\$ 149.17	\$ 709.74
HSA County Contribution	\$ 271.24	\$ -	\$ -	\$ -

<i>*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</i>				
	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

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