



Yakima County Medical Rates

YSO Dispatch Guild

Effective Date: 01-01-2025

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

FTE:

100%

Premera Classic with Delta Dental PPO				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Premera Classic (Medical, Vision, RX)	\$ 973.36	\$ 1,946.69	\$ 1,703.36	\$ 2,676.69
Delta Dental PPO Classic	\$ 83.34	\$ 83.34	\$ 83.34	\$ 83.34
Symetra Basic Life/ AD&D	\$ 6.55	\$ 6.55	\$ 6.55	\$ 6.55
Symetra Basic Long Term Disability (LTD)	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44
Total Cost of Package	\$ 1,064.69	\$ 2,038.02	\$ 1,794.69	\$ 2,768.02
Yakima County Maximum Contribution For Premium:	\$ 1,150.00	\$ 1,150.00	\$ 1,150.00	\$ 1,150.00
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 888.02	\$ 644.69	\$ 1,618.02
HRA VEBA County Contribution	\$ 85.31	\$ -	\$ -	\$ -
Premera Classic with DeltaCare DHMO				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Premera Classic (Medical, Vision, RX)	\$ 973.36	\$ 1,946.69	\$ 1,703.36	\$ 2,676.69
DeltaCare	\$ 37.16	\$ 74.30	\$ 117.13	\$ 154.25
Symetra Basic Life/ AD&D	\$ 6.55	\$ 6.55	\$ 6.55	\$ 6.55
Symetra Basic Long Term Disability (LTD)	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44
Total Cost of Package	\$ 1,018.51	\$ 2,028.98	\$ 1,828.48	\$ 2,838.93
Yakima County Maximum Contribution For Premium:	\$ 1,150.00	\$ 1,150.00	\$ 1,150.00	\$ 1,150.00
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 878.98	\$ 678.48	\$ 1,688.93
HRA VEBA County Contribution	\$ 131.49	\$ -	\$ -	\$ -
Premera CDHP with Delta Dental PPO				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Premera CDHP (Medical, Vision, RX)	\$ 909.24	\$ 1,818.49	\$ 1,591.16	\$ 2,500.41
Delta Dental PPO Classic	\$ 83.34	\$ 83.34	\$ 83.34	\$ 83.34
Symetra Basic Life/ AD&D	\$ 6.55	\$ 6.55	\$ 6.55	\$ 6.55
Symetra Basic Long Term Disability (LTD)	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44
Total Cost of Package	\$ 1,000.57	\$ 1,909.82	\$ 1,682.49	\$ 2,591.74
Yakima County Maximum Contribution For Premium:	\$ 1,150.00	\$ 1,150.00	\$ 1,150.00	\$ 1,150.00
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 759.82	\$ 532.49	\$ 1,441.74
HSA County Contribution	\$ 149.43	\$ -	\$ -	\$ -
Premera CDHP with DeltaCare DHMO				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Premera CDHP (Medical, Vision, RX)	\$ 909.24	\$ 1,818.49	\$ 1,591.16	\$ 2,500.41
DeltaCare	\$ 37.16	\$ 74.30	\$ 117.13	\$ 154.25
Symetra Basic Life/ AD&D	\$ 6.55	\$ 6.55	\$ 6.55	\$ 6.55
Symetra Basic Long Term Disability (LTD)	\$ 1.44	\$ 1.44	\$ 1.44	\$ 1.44
Total Cost of Package	\$ 954.39	\$ 1,900.78	\$ 1,716.28	\$ 2,662.65
Yakima County Maximum Contribution For Premium:	\$ 1,150.00	\$ 1,150.00	\$ 1,150.00	\$ 1,150.00
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 750.78	\$ 566.28	\$ 1,512.65
HSA County Contribution	\$ 195.61	\$ -	\$ -	\$ -

*Premiums do not include Tobacco and Spouse Waiver Surcharges. Spouse surcharge only applies if spouse elects coverage with County and has	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

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