



# 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
<b>Total Cost of Package</b>	<b>\$ 1,064.69</b>	<b>\$ 2,038.02</b>	<b>\$ 1,794.69</b>	<b>\$ 2,768.02</b>
<b>Yakima County Maximum Contribution For Premium:</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>
<b>Employee Monthly Premium Rates (Your Cost)</b>	<b>\$ -</b>	<b>\$ 888.02</b>	<b>\$ 644.69</b>	<b>\$ 1,618.02</b>
<b>HRA VEBA County Contribution</b>	<b>\$ 85.31</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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
<b>Total Cost of Package</b>	<b>\$ 1,018.51</b>	<b>\$ 2,028.98</b>	<b>\$ 1,828.48</b>	<b>\$ 2,838.93</b>
<b>Yakima County Maximum Contribution For Premium:</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>
<b>Employee Monthly Premium Rates (Your Cost)</b>	<b>\$ -</b>	<b>\$ 878.98</b>	<b>\$ 678.48</b>	<b>\$ 1,688.93</b>
<b>HRA VEBA County Contribution</b>	<b>\$ 131.49</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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
<b>Total Cost of Package</b>	<b>\$ 1,000.57</b>	<b>\$ 1,909.82</b>	<b>\$ 1,682.49</b>	<b>\$ 2,591.74</b>
<b>Yakima County Maximum Contribution For Premium:</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>
<b>Employee Monthly Premium Rates (Your Cost)</b>	<b>\$ -</b>	<b>\$ 759.82</b>	<b>\$ 532.49</b>	<b>\$ 1,441.74</b>
<b>HSA County Contribution</b>	<b>\$ 149.43</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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
<b>Total Cost of Package</b>	<b>\$ 954.39</b>	<b>\$ 1,900.78</b>	<b>\$ 1,716.28</b>	<b>\$ 2,662.65</b>
<b>Yakima County Maximum Contribution For Premium:</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>
<b>Employee Monthly Premium Rates (Your Cost)</b>	<b>\$ -</b>	<b>\$ 750.78</b>	<b>\$ 566.28</b>	<b>\$ 1,512.65</b>
<b>HSA County Contribution</b>	<b>\$ 195.61</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

*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.