

**EMPLOYEE'S MONTHLY SHARE**

**Effective Date: 01/01/2019**

**Unit: Solid Waste 100%**

	<b>Employee Only</b>	<b>Whole Family</b>
Composite Rate (Medical, Dental, Vision, Life)	1,099.71	1,100.73
Employer Maximum Contribution	909.00	909.00
<b>Employee Out of Pocket Cost</b>	<b>190.71</b>	<b>191.73</b>

<b>TOTAL COST OF MEDICAL PACKAGE</b>	<b>Employee Only</b>	<b>Whole Family</b>
Washington Teamsters Welfare Trust Medical Plan C	992.55	992.55
United Employees Benefit Trust Vision Plan V3	18.00	18.00
Washington Teamsters Welfare Trust Dental Plan B	87.50	87.50
MetLife	1.66	2.68

**FTE:** 100%

**YAKIMA COUNTY MAXIMUM CONTRIBUTION FOR PREMIUM:** 909.00

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