

## INSURANCE PREMIUM RATE SHEET

Effective Date: 01/01/2019

Unit: **Deputy Sheriff's Guild**

EMPLOYEE'S MONTHLY SHARE (out of pocket cost)				
Medical Plan	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PEBB Kaiser Permanente Classic	58.54	185.17	153.52	280.14
PEBB Uniform Medical Plan Classic	0.00	68.09	51.07	119.15

<i>Premiums do not include Tobacco and Spouse Waiver Surcharges.</i>				
	<i>Employee Only</i>	<i>Employee &amp; Spouse</i>	<i>Employee &amp; Child(ren)</i>	<i>Employee &amp; Family</i>
<i>Tobacco</i>	<i>\$25.00</i>	<i>\$25.00</i>	<i>\$25.00</i>	<i>\$25.00</i>
<i>Spouse</i>	<i>\$0.00</i>	<i>\$50.00</i>	<i>\$0.00</i>	<i>\$50.00</i>

YAKIMA COUNTY MAXIMUM CONTRIBUTION for Premium (based on PEBB Uniform Medical Plan Classic)	
100% of Employee Only Premium	833.50
90% of Employee & Spouse Premium	1,446.28
90% of Employee & Child(ren) Premium	1,293.09
90% of Employee & Family Premium	1,905.88

ADDITIONAL INSURANCE INFORMATION				
COST BY BENEFIT				
Medical Plan	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PEBB Kaiser Permanente Classic	739.42	1,478.83	1,293.98	2,033.40
PEBB Uniform Medical Plan Classic	680.88	1,361.75	1,191.53	1,872.41
Dental, Basic Life & Basic LTD	152.62	152.62	152.62	152.62
TOTAL COST OF PACKAGE				
Medical Plan, Dental & LTD	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PEBB Kaiser Permanente Classic	892.04	1,631.45	1,446.60	2,186.02
PEBB Uniform Medical Plan Classic	833.50	1,514.37	1,344.15	2,025.03

*If you waive coverage, you must still enroll in PEBB Dental, Basic Life and basic Long-Term Disability (LTD) insurance.*

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