

**EMPLOYEE'S MONTHLY SHARE**

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

**Unit: DOC Chiefs and Lieutenants**

|   | <b>Employee Only</b> | <b>Whole Family</b> |
|---|----------------------|---------------------|
| Composite Rate (Medical, Dental, Vision, Life*) | 1,255.06             | 1,256.08            |
| Employer Maximum Contribution                   | 1,129.72             | 1,130.74            |
| <b>Employee Out of Pocket Cost</b>              | <b>125.34</b>        | <b>125.34</b>       |

| <b>TOTAL COST OF MEDICAL PACKAGE</b>               | <b>Employee Only</b> | <b>Whole Family</b> |
|--|----------------------|---------------------|
| Washington Teamsters Welfare Trust Medical Plan Z  | 1,148.80             | 1,148.80            |
| Washington Teamsters Welfare Trust Vision Plan EXT | 17.10                | 17.10               |
| Washington Teamsters Welfare Trust Dental Plan B   | 87.50                | 87.50               |
| MetLife*   | 1.66                 | 2.68                |

*\*Premium paid by the employer*

**YAKIMA COUNTY MAXIMUM CONTRIBUTION FOR PREMIUM:**

90%

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