

EMPLOYEE'S MONTHLY SHARE

Effective Date: 01/01/2019

Unit: DOC Officers, Corporals & Sergeants

	Employee Only	Whole Family
Composite Rate (Medical, Dental, Vision, Life*)	1,338.26	1,339.28
Employer Maximum Contribution	1,204.60	1,205.62
Employee Out of Pocket Cost	133.66	133.66

TOTAL COST OF MEDICAL PACKAGE	Employee Only	Whole Family
Washington Teamsters Welfare Trust Medical Plan B	1,229.50	1,229.50
Washington Teamsters Welfare Trust Vision Plan EXT	17.10	17.10
United Employees Benefit Trust Dental Plan D	90.00	90.00
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 process.