



Yakima County Medical Rates

Public Services - Solid Waste

Effective Date: 01-01-2025

Solid Waste (100% FTE)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
United Employees Benefit Trust Medical Plan A6	\$ 1,048.00	\$ 1,048.00	\$ 1,048.00	\$ 1,048.00
United Employees Benefit Trust Vision Plan V3	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
Washington Teamsters Welfare Trust Dental Plan A	\$ 120.50	\$ 120.50	\$ 120.50	\$ 120.50
Symetra	\$ 2.40	\$ 2.40	\$ 2.40	\$ 2.40
Total Cost of Package	\$ 1,190.90	\$ 1,190.90	\$ 1,190.90	\$ 1,190.90
Yakima County Maximum Contribution For Premium:	\$ 1,176.00	\$ 1,176.00	\$ 1,176.00	\$ 1,176.00
Employee Monthly Premium Rates (Your Cost)	\$ 14.90	\$ 14.90	\$ 14.90	\$ 14.90

YAKIMA COUNTY MAXIMUM CONTRIBUTION FOR PREMIUM: \$ 1,176.00

Solid Waste (80% FTE)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
United Employees Benefit Trust Medical Plan A6	\$ 1,048.00	\$ 1,048.00	\$ 1,048.00	\$ 1,048.00
United Employees Benefit Trust Vision Plan V3	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
Washington Teamsters Welfare Trust Dental Plan B	\$ 120.50	\$ 120.50	\$ 120.50	\$ 120.50
Symetra	\$ 2.40	\$ 2.40	\$ 2.40	\$ 2.40
Total Cost of Package	\$ 1,190.90	\$ 1,190.90	\$ 1,190.90	\$ 1,190.90
Yakima County Maximum Contribution For Premium:	\$ 1,003.52	\$ 1,003.52	\$ 1,003.52	\$ 1,003.52
Employee Monthly Premium Rates (Your Cost)	\$ 187.38	\$ 187.38	\$ 187.38	\$ 187.38

YAKIMA COUNTY MAXIMUM CONTRIBUTION FOR PREMIUM: \$ 1,003.52

Solid Waste (75% FTE)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
United Employees Benefit Trust Medical Plan A6	\$ 1,048.00	\$ 1,048.00	\$ 1,048.00	\$ 1,048.00
United Employees Benefit Trust Vision Plan V3	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
Washington Teamsters Welfare Trust Dental Plan B	\$ 120.50	\$ 120.50	\$ 120.50	\$ 120.50
Symetra	\$ 2.40	\$ 2.40	\$ 2.40	\$ 2.40
Total Cost of Package	\$ 1,190.90	\$ 1,190.90	\$ 1,190.90	\$ 1,190.90
Yakima County Maximum Contribution For Premium:	\$ 940.80	\$ 940.80	\$ 940.80	\$ 940.80
Employee Monthly Premium Rates (Your Cost)	\$ 250.10	\$ 250.10	\$ 250.10	\$ 250.10

YAKIMA COUNTY MAXIMUM CONTRIBUTION FOR PREMIUM: \$ 940.80

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