



## Yakima County Medical Rates

YSO Management

You are eligible to enroll in any PEBB plan offered. Plans listed are the most common plans. Other plan rates will apply.

Effective Date: 01-01-2025

\*If you waive medical coverage, you must enroll in Dental, Basic Life/ AD&D and Basic LTD

PEBB Uniform Medical Plan Classic with Dental					
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	
PEBB Uniform Medical Plan Classic	\$ 1,076.01	\$ 1,980.42	\$ 1,754.32	\$ 2,658.73	
PEBB Dental ER	\$ 165.54	\$ 165.54	\$ 165.54	\$ 165.54	
PEBB Basic Life	\$ 3.96	\$ 3.96	\$ 3.96	\$ 3.96	
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10	
<b>Total Cost of Package</b>	<b>\$ 1,247.61</b>	<b>\$ 2,152.02</b>	<b>\$ 1,925.92</b>	<b>\$ 2,830.33</b>	
<b>Yakima County Maximum Contribution For Premium:</b>	<b>\$ 1,247.61</b>	<b>\$ 2,016.36</b>	<b>\$ 1,824.17</b>	<b>\$ 2,592.92</b>	
<b>Employee Monthly Premium Rates (Your Cost)</b>	<b>\$ -</b>	<b>\$ 135.66</b>	<b>\$ 101.75</b>	<b>\$ 237.41</b>	

PEBB Uniform Medical Plan Plus-PSHVN with Dental					
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	
PEBB Uniform Medical Plan Plus-PSHVN	\$ 1,100.86	\$ 2,030.12	\$ 1,797.81	\$ 2,727.07	
PEBB Dental ER	\$ 165.54	\$ 165.54	\$ 165.54	\$ 165.54	
PEBB Basic Life	\$ 3.96	\$ 3.96	\$ 3.96	\$ 3.96	
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10	
<b>Total Cost of Package</b>	<b>\$ 1,272.46</b>	<b>\$ 2,201.72</b>	<b>\$ 1,969.41</b>	<b>\$ 2,898.67</b>	
<b>Yakima County Maximum Contribution For Premium:</b>	<b>\$ 1,247.61</b>	<b>\$ 2,016.36</b>	<b>\$ 1,824.17</b>	<b>\$ 2,592.92</b>	
<b>Employee Monthly Premium Rates (Your Cost)</b>	<b>\$ 24.85</b>	<b>\$ 185.36</b>	<b>\$ 145.24</b>	<b>\$ 305.75</b>	

PEBB Uniform Medical Plan CDHP with Dental					
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	
PEBB Uniform Medical Plan CDHP	\$ 993.91	\$ 1,814.86	\$ 1,624.21	\$ 2,386.83	
PEBB Dental ER	\$ 165.54	\$ 165.54	\$ 165.54	\$ 165.54	
PEBB Basic Life	\$ 3.96	\$ 3.96	\$ 3.96	\$ 3.96	
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10	
<b>Total Cost of Package</b>	<b>\$ 1,165.51</b>	<b>\$ 1,986.46</b>	<b>\$ 1,795.81</b>	<b>\$ 2,558.43</b>	
<b>Yakima County Maximum Contribution For Premium:</b>	<b>\$ 1,247.61</b>	<b>\$ 2,016.36</b>	<b>\$ 1,824.17</b>	<b>\$ 2,592.92</b>	
<b>Employee Monthly Premium Rates (Your Cost)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

PEBB Uniform Medical Plan Select with Dental					
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	
PEBB Uniform Medical Plan Select	\$ 1,025.41	\$ 1,879.22	\$ 1,665.77	\$ 2,519.58	
PEBB Dental ER	\$ 165.54	\$ 165.54	\$ 165.54	\$ 165.54	
PEBB Basic Life	\$ 3.96	\$ 3.96	\$ 3.96	\$ 3.96	
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10	
<b>Total Cost of Package</b>	<b>\$ 1,197.01</b>	<b>\$ 2,050.82</b>	<b>\$ 1,837.37</b>	<b>\$ 2,691.18</b>	
<b>Yakima County Maximum Contribution For Premium:</b>	<b>\$ 1,247.61</b>	<b>\$ 2,016.36</b>	<b>\$ 1,824.17</b>	<b>\$ 2,592.92</b>	
<b>Employee Monthly Premium Rates (Your Cost)</b>	<b>\$ -</b>	<b>\$ 34.46</b>	<b>\$ 13.20</b>	<b>\$ 98.26</b>	

<i>*Premiums do not include Tobacco and Spouse Waiver Surcharges. Spouse surcharge only applies if spouse elects coverage with County and</i>	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child(ren)</b>	<b>Employee &amp; Family</b>
Tobacco Surcharge	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
Spousal Surcharge	\$ -	\$ 50.00	\$ -	\$ 50.00

Yakima County Maximum Contribution for Premium (YSO Management based on PEBB Uniform Medical Plan Classic)	100% of Employee Only Premium	85% of Employee & Spouse Premium	85% of Employee & Child(ren) Premium	85% of Employee & Family Premium
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Note: Employer contributions and employee out of pocket amounts are subject to change based on agreements reached through the collective bargaining process.



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PEBB Kaiser Permanente WA Classic with Dental					
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	
PEBB Kaiser Permanente WA Classic	\$ 1,070.89	\$ 1,970.17	\$ 1,745.35	\$ 2,644.64	
PEBB Dental ER	\$ 165.54	\$ 165.54	\$ 165.54	\$ 165.54	
PEBB Basic Life	\$ 3.96	\$ 3.96	\$ 3.96	\$ 3.96	
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10	
<b>Total Cost of Package</b>	<b>\$ 1,242.49</b>	<b>\$ 2,141.77</b>	<b>\$ 1,916.95</b>	<b>\$ 2,816.24</b>	
<b>Yakima County Maximum Contribution For Premium:</b>	<b>\$ 1,247.61</b>	<b>\$ 2,016.36</b>	<b>\$ 1,824.17</b>	<b>\$ 2,592.92</b>	
<b>Employee Monthly Premium Rates (Your Cost)</b>	<b>\$ -</b>	<b>\$ 125.41</b>	<b>\$ 92.78</b>	<b>\$ 223.32</b>	

PEBB Kaiser Permanente WA Value with Dental					
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	
PEBB Kaiser Permanente WA Value	\$ 1,061.17	\$ 1,950.73	\$ 1,728.34	\$ 2,617.91	
PEBB Dental ER	\$ 165.54	\$ 165.54	\$ 165.54	\$ 165.54	
PEBB Basic Life	\$ 3.96	\$ 3.96	\$ 3.96	\$ 3.96	
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10	
<b>Total Cost of Package</b>	<b>\$ 1,232.77</b>	<b>\$ 2,122.33</b>	<b>\$ 1,899.94</b>	<b>\$ 2,789.51</b>	
<b>Yakima County Maximum Contribution For Premium:</b>	<b>\$ 1,247.61</b>	<b>\$ 2,016.36</b>	<b>\$ 1,824.17</b>	<b>\$ 2,592.92</b>	
<b>Employee Monthly Premium Rates (Your Cost)</b>	<b>\$ -</b>	<b>\$ 105.97</b>	<b>\$ 75.77</b>	<b>\$ 196.59</b>	

PEBB Kaiser Permanente CDHP with Dental					
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	
PEBB Kaiser Permanente CDHP	\$ 972.86	\$ 1,772.76	\$ 1,587.37	\$ 2,328.94	
PEBB Dental ER	\$ 165.54	\$ 165.54	\$ 165.54	\$ 165.54	
PEBB Basic Life	\$ 3.96	\$ 3.96	\$ 3.96	\$ 3.96	
PEBB LTD ER	\$ 2.10	\$ 2.10	\$ 2.10	\$ 2.10	
<b>Total Cost of Package</b>	<b>\$ 1,144.46</b>	<b>\$ 1,944.36</b>	<b>\$ 1,758.97</b>	<b>\$ 2,500.54</b>	
<b>Yakima County Maximum Contribution For Premium:</b>	<b>\$ 1,247.61</b>	<b>\$ 2,016.36</b>	<b>\$ 1,824.17</b>	<b>\$ 2,592.92</b>	
<b>Employee Monthly Premium Rates (Your Cost)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

<i>*Premiums do not include Tobacco and Spouse Waiver Surcharges. Spouse surcharge only applies if spouse elects coverage with County and</i>	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child(ren)</b>	<b>Employee &amp; Family</b>
<i>Tobacco Surcharge</i>	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
<i>Spousal Surcharge</i>	\$ -	\$ 50.00	\$ -	\$ 50.00

<b>Yakima County Maximum Contribution for Premium (YSO Management based on PEBB Uniform Medical Plan Classic)</b>	<b>100% of Employee Only Premium</b>	<b>85% of Employee &amp; Spouse Premium</b>	<b>85% of Employee &amp; Child(ren) Premium</b>	<b>85% of Employee &amp; Family Premium</b>
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