



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 |
| Total Cost of Package | \$ 1,247.61 | \$ 2,152.02 | \$ 1,925.92 | \$ 2,830.33 |
| Yakima County Maximum Contribution For Premium: | \$ 1,247.61 | \$ 2,016.36 | \$ 1,824.17 | \$ 2,592.92 |
| Employee Monthly Premium Rates (Your Cost) | \$ - | \$ 135.66 | \$ 101.75 | \$ 237.41 |

| 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 |
| Total Cost of Package | \$ 1,272.46 | \$ 2,201.72 | \$ 1,969.41 | \$ 2,898.67 |
| Yakima County Maximum Contribution For Premium: | \$ 1,247.61 | \$ 2,016.36 | \$ 1,824.17 | \$ 2,592.92 |
| Employee Monthly Premium Rates (Your Cost) | \$ 24.85 | \$ 185.36 | \$ 145.24 | \$ 305.75 |

| 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 |
| Total Cost of Package | \$ 1,165.51 | \$ 1,986.46 | \$ 1,795.81 | \$ 2,558.43 |
| Yakima County Maximum Contribution For Premium: | \$ 1,247.61 | \$ 2,016.36 | \$ 1,824.17 | \$ 2,592.92 |
| Employee Monthly Premium Rates (Your Cost) | \$ - | \$ - | \$ - | \$ - |

| 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 |
| Total Cost of Package | \$ 1,197.01 | \$ 2,050.82 | \$ 1,837.37 | \$ 2,691.18 |
| Yakima County Maximum Contribution For Premium: | \$ 1,247.61 | \$ 2,016.36 | \$ 1,824.17 | \$ 2,592.92 |
| Employee Monthly Premium Rates (Your Cost) | \$ - | \$ 34.46 | \$ 13.20 | \$ 98.26 |

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

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 |
| Total Cost of Package | \$ 1,242.49 | \$ 2,141.77 | \$ 1,916.95 | \$ 2,816.24 |
| Yakima County Maximum Contribution For Premium: | \$ 1,247.61 | \$ 2,016.36 | \$ 1,824.17 | \$ 2,592.92 |
| Employee Monthly Premium Rates (Your Cost) | \$ - | \$ 125.41 | \$ 92.78 | \$ 223.32 |

| 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 |
| Total Cost of Package | \$ 1,232.77 | \$ 2,122.33 | \$ 1,899.94 | \$ 2,789.51 |
| Yakima County Maximum Contribution For Premium: | \$ 1,247.61 | \$ 2,016.36 | \$ 1,824.17 | \$ 2,592.92 |
| Employee Monthly Premium Rates (Your Cost) | \$ - | \$ 105.97 | \$ 75.77 | \$ 196.59 |

| 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 |
| Total Cost of Package | \$ 1,144.46 | \$ 1,944.36 | \$ 1,758.97 | \$ 2,500.54 |
| Yakima County Maximum Contribution For Premium: | \$ 1,247.61 | \$ 2,016.36 | \$ 1,824.17 | \$ 2,592.92 |
| Employee Monthly Premium Rates (Your Cost) | \$ - | \$ - | \$ - | \$ - |

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