



Yakima County Medical Rates

YSO Deputies Guild

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	\$ 2,061.58	\$ 1,858.09	\$ 2,672.06
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 90.44	\$ 67.83	\$ 158.27

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	\$ 2,061.58	\$ 1,858.09	\$ 2,672.06
Employee Monthly Premium Rates (Your Cost)	\$ 24.85	\$ 140.14	\$ 111.32	\$ 226.61

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	\$ 2,061.58	\$ 1,858.09	\$ 2,672.06
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	\$ 2,061.58	\$ 1,858.09	\$ 2,672.06
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ -	\$ -	\$ 19.12

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

Yakima County Maximum Contribution for Premium (YSO Guild based on PEBB Uniform Medical Plan Classic)	100% of Employee Only Premium	90% of Employee & Spouse Premium	90% of Employee & Child(ren) Premium	90% 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	
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	\$ 2,061.58	\$ 1,858.09	\$ 2,672.06	
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 80.19	\$ 58.86	\$ 144.18	

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	\$ 2,061.58	\$ 1,858.09	\$ 2,672.06	
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ 60.75	\$ 41.85	\$ 117.45	

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	\$ 2,061.58	\$ 1,858.09	\$ 2,672.06	
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 has comparable coverage with employer</i>	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Tobacco Surcharge	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
Spousal Surcharge	\$ -	\$ 50.00	\$ -	\$ 50.00

Yakima County Maximum Contribution for Premium (YSO Guild based on PEBB Uniform Medical Plan Classic)	100% of Employee Only Premium	90% of Employee & Spouse Premium	90% of Employee & Child(ren) Premium	90% of Employee & Family Premium
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