



Yakima County Medical Rates

Court Protection Unit

Effective Date: 01-01-2025

	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
Washington Teamsters WelfareTrust Vision Plan EXT	\$ 17.10	\$ 17.10	\$ 17.10	\$ 17.10
United Employees Benefit Trust Dental Plan D5	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00
Symetra	\$ 2.40	\$ 2.40	\$ 2.40	\$ 2.40
Total Cost of Package	\$ 1,147.50	\$ 1,147.50	\$ 1,147.50	\$ 1,147.50
Yakima County Maximum Contribution For Premium:	\$ 1,150.00	\$ 1,150.00	\$ 1,150.00	\$ 1,150.00
Employee Monthly Premium Rates (Your Cost)	\$ -	\$ -	\$ -	\$ -

YAKIMA COUNTY MAXIMUM CONTRIBUTION FOR PREMIUM:	\$ 1,150.00
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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.