



Yakima County Medical Rates

Department of Corrections

Effective Date: 01-01-2025

DOC Clerical				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
United Employees Benefit Trust Medical Plan A9	\$ 1,125.00	\$ 1,125.00	\$ 1,125.00	\$ 1,125.00
United Employees Benefit Trust Dental Plan D5	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00
Symetra Term Life/ADD for EE and Dependents *	\$ 2.40	\$ 2.40	\$ 2.40	\$ 2.40
Total Cost of Package	\$ 1,207.40	\$ 1,207.40	\$ 1,207.40	\$ 1,207.40
Yakima County Maximum Contribution For Premium:	\$ 1,150.00	\$ 1,150.00	\$ 1,150.00	\$ 1,150.00
Employee Monthly Premium Rates (Your Cost)	\$ 57.40	\$ 57.40	\$ 57.40	\$ 57.40

YAKIMA COUNTY MAXIMUM CONTRIBUTION FOR PREMIUM:	\$ 1,150.00
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*Premium paid by employer

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