



## 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
<b>Total Cost of Package</b>	<b>\$ 1,207.40</b>	<b>\$ 1,207.40</b>	<b>\$ 1,207.40</b>	<b>\$ 1,207.40</b>
<b>Yakima County Maximum Contribution For Premium:</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>	<b>\$ 1,150.00</b>
<b>Employee Monthly Premium Rates (Your Cost)</b>	<b>\$ 57.40</b>	<b>\$ 57.40</b>	<b>\$ 57.40</b>	<b>\$ 57.40</b>

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

\*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.