

# HUMAN SERVICES, SUPERIOR COURT & JUVENILE NON-BARGAINING BI-COUNTY

## 2016 Monthly Benefit Rates

Benton County's Total Monthly Employer Contribution: **\$1045.56**

| AVAILABLE PLANS   | MONTHLY RATES |
|---|---------------|
| <b>MEDICAL PLANS</b>  |               |
| <b>Choose one of the following medical options:</b>                               |               |
| United Employees Benefit Trust (UEBT) A6 Plan - Composite (Employee & Dependents) | \$ 978.00     |
| Group Health Options A - Employee only (Premium includes LTD)                     | \$ 1,033.90   |
| Group Health Options HDHP - Employee only (Premium includes LTD)                  | \$ 649.59     |

|  |          |
|--|----------|
| <b>DENTAL PLANS</b>                                |          |
| <b>Choose one of the following dental options:</b> |          |
| Delta Dental of Washington - Employee only         | \$ 55.87 |
| Willamette Dental of Washington - Employee only    | \$ 50.15 |

|                                      |         |
|--------------------------------------|---------|
| <b>VISION PLAN</b>                   |         |
| Vision Service Plan (VSP) - Employee | \$ 8.09 |

|   |                    |
|---|--------------------|
| <b>BASIC LIFE INSURANCE PLAN</b>                          |                    |
| Standard Basic Life Insurance -\$24,000 - Employee        | \$ 3.60            |
| <b>TOTAL with UEBT, Delta Dental, VSP, and Basic Life</b> | <b>\$ 1,045.56</b> |

**NOTE:** The employer contribution will be applied first toward basic life, vision, dental, and medical insurance. Any remaining balance will be applied to any additional insurance, dependent coverage, or to the employee's HRA/VEBA account. Any amount necessary to pay health insurance premiums above the employer contribution is the responsibility of the employee and paid through payroll deduction.

| OPTIONAL DEPENDENT COVERAGE | MONTHLY RATES |            |                     |
|-----------------------------|---------------|------------|---------------------|
| <b>MEDICAL PLAN</b>         |               |            |                     |
|                             | Spouse Only   | Child(ren) | Spouse & Child(ren) |
| Group Health Options A      | \$ 807.03     | \$ 727.93  | \$ 1,703.19         |
| Group Health Options HDHP   | \$ 519.50     | \$ 469.39  | \$ 1,087.29         |

| <b>DENTAL PLANS</b> |               |                        |
|---------------------|---------------|------------------------|
|                     | One Dependent | Two or more Dependents |
| Delta Dental        | \$ 43.11      | \$ 122.61              |
| Willamette Dental   | \$ 33.30      | \$ 83.41               |

| <b>VISION PLAN</b>  |             |            |                     |
|---------------------|-------------|------------|---------------------|
|                     | Spouse Only | Child(ren) | Spouse & Child(ren) |
| Vision Service Plan | \$ 8.09     | \$ 9.22    | \$ 19.57            |

The information in this document is provided as a convenience. Although care has been taken to ensure accuracy, the County does not guarantee the accuracy or completeness, and reserves the right to correct or revise the information without notice. This summary is not a contract. For full coverage provisions including a description of waiting periods, limitations, and exclusions please refer to the applicable summary plan documents posted to on the intranet or in the Personnel Resources Department.