

Bi-County Non-Bargaining
 2020 Monthly Insurance Summary
County Contribution \$ 1,046.96

Insurance Plans	Premium
Medical Options - Choose One of The Following	
1. United Employees Benefit Trust (UEBT) A6 Plan – Family Coverage	\$978.00
2. Kaiser Options 1500 - Employee Coverage (Includes LTD)	\$876.00
a. Optional Employee Plus Spouse Coverage	\$1,788.15
b. Optional Employee Plus Child(ren) Coverage	\$1,570.98
c. Optional Employee Plus Spouse and Child(ren) Coverage	\$2,483.13
Dental Options - Choose One of The Following	
1. Delta Dental of Washington (Employee Only)	\$57.60
a. Optional Employee Plus Dependent Coverage (One Dependent)	\$102.04
b. Optional Employee Plus Dependent Coverage (Two or More Dependents)	\$184.01
2. Willamette Dental of Washington (Employee Only)	\$63.35
a. Optional Employee Plus Dependent Coverage (One Dependent)	\$105.36
b. Optional Employee Plus Dependent Coverage (Two or More Dependents)	\$168.66
Vision	
Vision Service Plan	\$7.76
a. Optional Employee Plus Spouse Coverage	\$15.53
b. Optional Employee Plus Child(ren) Coverage	\$16.62
c. Optional Employee Plus Spouse and Child(ren) Coverage	\$26.56
Basic Life Insurance	
Standard Basic Life Insurance –\$24,000	\$3.60

SEE BACK PAGE FOR ADDITIONAL INFORMATION AND COVERAGE SCENARIOS

COVERAGE SCENARIOS

EMPLOYEE ONLY COVERAGE SCENARIOS

	Premium	Employer Paid	Employee Paid
UEBT Medical, Delta Dental, Vision, and Standard Basic Life	\$1,046.96	\$1,046.96	\$0.00 ★
UEBT Medical, Willamette Dental, Vision, and Standard Basic Life	\$1,052.71	\$1,046.96	\$5.75
Kaiser Medical, Delta Dental, Vision, and Standard Basic Life	\$944.96	\$1,046.96	(\$102.00) ★
Kaiser Medical, Willamette Dental, Vision, and Standard Basic Life	\$950.71	\$1,046.96	(\$96.25) ★

FAMILY COVERAGE SCENARIOS (EMPLOYEE + SPOUSE)

	Premium	Employer Paid	Employee Paid
UEBT Medical, Delta Dental, Vision, and Standard Basic Life	\$1,099.17	\$1,046.96	\$52.21
UEBT Medical, Willamette Dental, Vision, and Standard Basic Life	\$1,102.49	\$1,046.96	\$55.53
Kaiser Medical, Delta Dental, Vision, and Standard Basic Life	\$1,909.32	\$1,046.96	\$862.36
Kaiser Medical, Willamette Dental, Vision, and Standard Basic Life	\$1,912.64	\$1,046.96	\$865.68

FAMILY COVERAGE SCENARIOS (EMPLOYEE + CHILD)

	Premium	Employer Paid	Employee Paid
UEBT Medical, Delta Dental, Vision, and Standard Basic Life	\$1,100.26	\$1,046.96	\$53.30
UEBT Medical, Willamette Dental, Vision, and Standard Basic Life	\$1,103.58	\$1,046.96	\$56.62
Kaiser Medical, Delta Dental, Vision, and Standard Basic Life	\$1,693.24	\$1,046.96	\$646.28
Kaiser Medical, Willamette Dental, Vision, and Standard Basic Life	\$1,696.56	\$1,046.96	\$649.60

FAMILY COVERAGE SCENARIOS (EMPLOYEE + CHILDREN)

	Premium	Employer Paid	Employee Paid
UEBT Medical, Delta Dental, Vision, and Standard Basic Life	\$1,182.23	\$1,046.96	\$135.27
UEBT Medical, Willamette Dental, Vision, and Standard Basic Life	\$1,166.88	\$1,046.96	\$119.92
Kaiser Medical, Delta Dental, Vision, and Standard Basic Life	\$1,775.21	\$1,046.96	\$728.25
Kaiser Medical, Willamette Dental, Vision, and Standard Basic Life	\$1,759.86	\$1,046.96	\$712.90

FULL FAMILY COVERAGE SCENARIOS (EMPLOYEE + SPOUSE + CHILDREN)

	Premium	Employer Paid	Employee Paid
UEBT Medical, Delta Dental, Vision, and Standard Basic Life	\$1,192.17	\$1,046.96	\$145.21
UEBT Medical, Willamette Dental, Vision, and Standard Basic Life	\$1,176.82	\$1,046.96	\$129.86
Kaiser Medical, Delta Dental, Vision, and Standard Basic Life	\$2,697.30	\$1,046.96	\$1,650.34
Kaiser Medical, Willamette Dental, Vision, and Standard Basic Life	\$2,681.95	\$1,046.96	\$1,634.99

★ This amount will be applied to any additional insurances or dependent coverage, then to the employee's HRA/VEBA.

NOTE: Any amount necessary to pay health insurance premiums above the employer contribution is the responsibility of the employee and paid through payroll deduction.

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 on the intranet or in the Human Resources Department.