

Corrections (Teamsters Local 839)

2020 Monthly Insurance Summary

County Contribution \$ 1,354.13

Insurance Plans	Premium
Medical Plan (Family Coverage)	
Washington Teamsters Welfare Trust Medical Plan B - Family Plan	\$1,268.00
Dental and Vision	
Washington Teamsters Welfare Trust Dental A and Vision EXT - Family Plan	\$137.60
Basic Life Insurance	
Standard Basic Life Insurance –\$12,000	\$1.80
Time Loss	
Washington Teamsters Welfare Trust Time Loss Plan A	\$18.00

Coverage Summary - Full Family Coverage, Employee Only Coverage

	Premium	Employer Paid	Employee Paid
Medical, Dental, Vision, Life , and Time Loss	\$1,425.40	\$1,354.13	\$69.84

NOTE: The employer will pay 95% of the cost of the premiums for medical, dental, vision, basic life insurance, and time loss. The employee portion of 5% will be paid by payroll deduction. Any additional amounts above the 95% employer contribution necessary to pay insurance premiums for coverage elected by the employee shall be paid by the employee 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.