

Juvenile Detention (Teamsters Local 839)

2020 Monthly Insurance Summary

County Contribution \$ 1,147.80

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 and Vision	
United Employees Benefit Trust (UEBT) Family Coverage	\$159.00
<small>UEBT Dental has a mandatory othodontia rider. UEBT Dental also includes a Willamette Option, which must be chosen within 30 days after enrollment. There is no difference in premium cost, if electing for the Willamette Option.</small>	

Basic Life Insurance	
Standard Basic Life Insurance –\$12,000	\$1.80

Time Loss	
United Employees Benefit Trust Time Loss Plan	\$9.00

EMPLOYEE ONLY COVERAGE SCENARIOS			
	Premium	Employer Paid	Employee Paid
UEBT Medical, Dental, Vision, and Basic Life, and Time Loss	\$1,147.80	\$1,147.80	\$0.00
Kaiser Medical, UEBT Dental, Vision, and Basic Life, and Time Loss	\$1,045.80	\$1,147.80	(\$102.00) ★

FAMILY COVERAGE SCENARIOS (EMPLOYEE + SPOUSE)			
	Premium	Employer Paid	Employee Paid
UEBT Medical, Dental, Vision, and Basic Life, and Time Loss	\$1,147.80	\$1,147.80	\$0.00
Kaiser Medical, UEBT Dental, Vision, and Basic Life, and Time Loss	\$1,957.95	\$1,147.80	\$810.15

FAMILY COVERAGE SCENARIOS (EMPLOYEE + CHILDREN)			
	Premium	Employer Paid	Employee Paid
UEBT Medical, Dental, Vision, and Basic Life, and Time Loss	\$1,147.80	\$1,147.80	\$0.00
Kaiser Medical, UEBT Dental, Vision, and Basic Life, and Time Loss	\$1,740.78	\$1,147.80	\$592.98

FULL FAMILY COVERAGE SCENARIOS (EMPLOYEE + SPOUSE + CHILDREN)			
	Premium	Employer Paid	Employee Paid
UEBT Medical, Dental, Vision, and Basic Life, and Time Loss	\$1,147.80	\$1,147.80	\$0.00
Kaiser Medical, UEBT Dental, Vision, and Basic Life, and Time Loss	\$2,652.93	\$1,147.80	\$1,505.13

★ This amount will be applied to dependent coverage if applicable.

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

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.