

## Non-Bargaining

2020 Monthly Insurance Summary

**County Contribution    \$ 1,140.60**

Insurance Plans	Premium
<b>Medical Options - Choose One of The Following</b>	
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 <b>Basic Life</b> Insurance –\$24,000	\$3.60

### EMPLOYEE ONLY COVERAGE SCENARIOS

	Premium	Employer Paid	Employee Paid
UEBT Medical, Dental, and Vision, and Standard Basic Life	\$1,140.60	\$1,140.60	\$0.00
Kaiser Medical, UEBT Dental and Vision, and Standard Basic Life	\$1,038.60	\$1,140.60	(\$102.00) ★

### FAMILY COVERAGE SCENARIOS (EMPLOYEE + SPOUSE)

	Premium	Employer Paid	Employee Paid
UEBT Medical, Dental, and Vision, and Standard Basic Life	\$1,140.60	\$1,140.60	\$0.00
Kaiser Medical, UEBT Dental and Vision, and Standard Basic Life	\$1,950.75	\$1,140.60	\$810.15

### FAMILY COVERAGE SCENARIOS (EMPLOYEE + CHILDREN)

	Premium	Employer Paid	Employee Paid
UEBT Medical, Dental, and Vision, and Standard Basic Life	\$1,140.60	\$1,140.60	\$0.00
Kaiser Medical, UEBT Dental and Vision, and Standard Basic Life	\$1,733.58	\$1,140.60	\$592.98

### FULL FAMILY COVERAGE SCENARIOS (EMPLOYEE + SPOUSE + CHILDREN)

	Premium	Employer Paid	Employee Paid
UEBT Medical, Dental, and Vision, and Standard Basic Life	\$1,140.60	\$1,140.60	\$0.00
Kaiser Medical, UEBT Dental and Vision, and Standard Basic Life	\$2,645.73	\$1,140.60	\$1,505.13

★ 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.