

Roads (Teamsters Local 839)

2020 Monthly Insurance Summary

County Contribution \$ 1,139.70

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	Premium
United Employees Benefit Trust (UEBT) –D-8 Family Coverage	\$141.00
UEBT Dental has a mandatory orthodontia 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.	

Vision	Premium
Northwest Administrator's Vision EXT	\$17.10

Basic Life Insurance	Premium
Standard Basic Life Insurance –\$24,000	\$3.60

EMPLOYEE ONLY COVERAGE SCENARIOS

	Premium	Employer Paid	Employee Paid
UEBT Medical and Dental, NWA Vision, and Standard Basic Life	\$1,139.70	\$1,139.70	\$0.00
Kaiser Medical, UEBT Dental, NWA Vision, and Standard Basic Life	\$1,037.70	\$1,139.70	(\$102.00) ★

FAMILY COVERAGE SCENARIOS (EMPLOYEE + SPOUSE)

	Premium	Employer Paid	Employee Paid
UEBT Medical and Dental, NWA Vision, and Standard Basic Life	\$1,139.70	\$1,139.70	\$0.00
Kaiser Medical, UEBT Dental, NWA Vision, and Standard Basic Life	\$1,949.85	\$1,139.70	\$810.15

FAMILY COVERAGE SCENARIOS (EMPLOYEE + CHILDREN)

	Premium	Employer Paid	Employee Paid
UEBT Medical and Dental, NWA Vision, and Standard Basic Life	\$1,139.70	\$1,139.70	\$0.00
Kaiser Medical, UEBT Dental, NWA Vision, and Standard Basic Life	\$1,732.68	\$1,139.70	\$592.98

FULL FAMILY COVERAGE SCENARIOS (EMPLOYEE + SPOUSE + CHILDREN)

	Premium	Employer Paid	Employee Paid
UEBT Medical and Dental, NWA Vision, and Standard Basic Life	\$1,139.70	\$1,139.70	\$0.00
Kaiser Medical, UEBT Dental, NWA Vision, and Standard Basic Life	\$2,644.83	\$1,139.70	\$1,505.13

★ This amount will be applied to dependent coverage if applicable, then to the employees 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.