

2021 RATES

EXEMPT EXCLUDED-EMPLOYEES RATES ARE IN ACCORDANCE WITH RESOLUTION CE 19-48 & TLS 19-48

| MEDICAL | UMP CLASSIC PPO | | | UMP SELECT PPO | | |
|--|----------------------|-----------------------|---------------|----------------------|-----------------------|---------------|
| Deductible (individual) | \$250 | | | \$750 | | |
| Coinsurance (insurance company pays) | 85% | | | 80% | | |
| Coinsurance Maximum (member liability) | \$2,000 | | | \$3,500 | | |
| Office Visit Copay | 85% after deductible | | | 80% after deductible | | |
| | County Pays Monthly | Employee Pays Monthly | Total Premium | County Pays Monthly | Employee Pays Monthly | Total Premium |
| Employee | \$786.27 | \$0.00 | \$786.27 | \$716.34 | \$0.00 | \$716.34 |
| Employee & Spouse | \$966.80 | \$535.06 | \$1,501.86 | \$966.80 | \$295.22 | \$1,362.02 |
| Employee & Children | \$966.80 | \$356.16 | \$1,322.96 | \$966.80 | \$233.80 | \$1,200.60 |
| Employee, Spouse and Children | \$966.80 | \$1071.76 | \$2,038.56 | \$966.80 | \$879.48 | \$1,846.28 |

| MEDICAL | *NEW* UMP PLUS PPO | | | UMP CDHP HSA PLAN | | |
|--|----------------------|-----------------------|---------------|--|-----------------------|---------------|
| Deductible (individual) | \$125 | | | \$1,400 if enrolled as employee only, \$2,800 if enrolled as employee and dependents | | |
| Coinsurance (insurance company pays) | 85% | | | 85% | | |
| Coinsurance Maximum (member liability) | \$2,000 | | | \$4,200 if enrolled as employee only, \$8,400 if enrolled as employee and dependents | | |
| Office Visit Copay | 85% after deductible | | | 85% after deductible | | |
| | County Pays Monthly | Employee Pays Monthly | Total Premium | County Pays Monthly* | Employee Pays Monthly | Total Premium |
| Employee | \$752.51 | \$0.00 | \$752.51 | \$711.24 | \$0.00 | \$711.24 |
| Employee & Spouse | \$966.80 | \$467.57 | \$1,434.37 | \$893.64 | \$452.88 | \$1,346.52 |
| Employee & Children | \$966.80 | \$297.11 | \$1,263.91 | \$893.64 | \$309.01 | \$1,202.65 |
| Employee, Spouse and Children | \$966.80 | \$978.96 | \$1945.76 | \$893.64 | \$884.51 | \$1,778.15 |

*For those enrolled on the UMP CDHP HSA PLAN, the County also contributes an additional dollar amount per month to the Health Savings Account.

The rates shown in this guide are illustrative only. To the extent the rates contained herein differ from those in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the rates in the underlying insurance documents will govern in all cases.

2021 RATES. CONTINUED

EXEMPT EXCLUDED-EMPLOYEES RATES ARE IN ACCORDANCE WITH RESOLUTION CE 19-48 & TLS 19-48

| DENTAL | DELTA DENTAL OF WASHINGTON | | |
|-------------------------------------|----------------------------|-----------------------|---------------|
| | County Pays Monthly | Employee Pays Monthly | Total Premium |
| Employee only | \$61.02 | \$0.00 | \$ 61.02 |
| Employee and Dependents (1 or more) | \$61.02 | \$109.84 | \$170.86 |
| VOLUNTARY VISION | VSP | | |
| | County Pays Monthly | Employee Pays Monthly | Total Premium |
| Employee | \$0.00 | \$9.62 | \$9.62 |
| Employee and 1 Dependent | \$0.00 | \$15.39 | \$15.39 |
| Employee and Children | \$0.00 | \$15.71 | \$15.71 |
| Employee, Spouse and Children | \$0.00 | \$25.34 | \$25.34 |

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