

2021 RATES, UNIFORMED SHERIFF'S GUILD

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	\$1394.52	\$107.34	\$1,501.86	\$1265.17	\$96.85	\$1,362.02
Employee & Children	\$1242.46	\$80.50	\$1,322.96	\$1127.96	\$72.64	\$1,200.60
Employee, Spouse and Children	\$1850.72	\$187.84	\$2,038.56	\$1676.79	\$169.49	\$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	\$1332.09	\$102.28	\$1,434.37	\$1251.23	\$95.29	\$1,346.52
Employee & Children	\$1187.20	\$76.71	\$1,263.91	\$1128.94	\$73.71	\$1,202.65
Employee, Spouse and Children	\$1766.77	\$178.99	\$1945.76	\$1618.11	\$160.04	\$1,778.15

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, UNIFORMED SHERIFF'S GUILD, CONTINUED

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)	\$154.38	\$ 16.48	\$170.86
VOLUNTARY VISION	VSP		
	County Pays Monthly	Employee Pays Monthly	Total Premium
Employee	\$9.62	\$0.00	\$9.62
Employee and 1 Dependent	\$14.52	\$0.87	\$15.39
Employee and Children	\$14.80	\$0.91	\$15.71
Employee, Spouse and Children	\$22.98	\$2.36	\$25.34

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