

2016 Whitman County
 Monthly Benefit Premiums (Non-Rep, CBU, SWBU)
 January 1, 2016 – December 31, 2016

WASHINGTON COUNTIES INSURANCE FUND

Medical Plan	EMPLOYEE	EE/SPOUSE	EE/CHILD(REN)	EE/SP/CHILD(REN)
HMO \$750.00 Deductible	\$634.53	\$1,141.84	\$1,1092.91	\$1,696.32
HDHP \$1,500.00 Deductible	\$552.85	\$994.09	\$951.52	\$1,476.34

Dental Insurance Carrier	PLAN	EMPLOYEE	EE/1 DEPENDENT	EE/2+DEPENDENTS
Washington Dental Service	D-4	\$55.87	\$98.98	\$178.48

Vision Insurance Carrier	PLAN	EMPLOYEE	EE/SPOUSE	EE/CHILD(REN)	EE/SP/CHILD(REN)
Vision Service Plan	Standard	\$8.09	\$16.18	\$17.31	\$27.66

Life Insurance Carrier	PLAN	EMPLOYEE+DEPENDENTS
Standard Life	Basic Life	\$2.20

Unless otherwise determined by a bargaining unit agreement, Whitman County's maximum combined premium for full-time and part-time employees hired **prior** to January 1, 2007, working at least 50% time, for medical, dental, vision and life insurance will be \$695.00. Part-time employees hired after January 1, 2007 receive a pro-rated contribution. Full-time and part-time employees are eligible for an Employer Contribution to an individual HRA/VEBA or H.S.A. account in the amount equal to 100% of the difference between the combined cost of medical, dental, vision and life coverage and the \$695.00 maximum premium contribution, or the difference may be applied to dependent health premiums. Any amount over the \$695.00 maximum is the responsibility of the employee and will be paid by payroll deduction.