

Bi-County Non-Bargaining
 2026 Monthly Insurance Summary
County Contribution \$ 1,238.60

Insurance Plans	Premium
Medical Options - Choose One of The Following	
1. United Employees Benefit Trust (UEBT) A6 Plan – Family Coverage	\$1,090.00
2. WCIF - Kaiser Core HSA 1700 - Employee Coverage (Includes LTD)	\$878.60
a. Optional Employee Plus Spouse Coverage	\$1,793.48
b. Optional Employee Plus Child(ren) Coverage	\$1,575.65
c. Optional Employee Plus Spouse and Child(ren) Coverage	\$2,490.54

Dental and Vision	
United Employees Benefit Trust Delta or Willamette/VSP Vision – Family Coverage	\$145.00
UEBT Dental 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.	

Basic Life Insurance	
WCIF - Standard Basic Life Insurance –\$24,000	\$3.60

EMPLOYEE ONLY COVERAGE SCENARIOS

	Premium	Employer Paid	Employee Paid
UEBT Medical, Dental, and Vision, and Standard Basic Life	\$1,238.60	\$1,238.60	\$0.00
Kaiser Medical, UEBT Dental and Vision, and Standard Basic Life	\$1,027.20	\$1,238.60	(\$211.40)

FAMILY COVERAGE SCENARIOS (EMPLOYEE + SPOUSE)

	Premium	Employer Paid	Employee Paid
UEBT Medical, Dental, and Vision, and Standard Basic Life	\$1,238.60	\$1,238.60	\$0.00
Kaiser Medical, UEBT Dental and Vision, and Standard Basic Life	\$1,942.08	\$1,238.60	\$703.48

FAMILY COVERAGE SCENARIOS (EMPLOYEE + CHILDREN)

	Premium	Employer Paid	Employee Paid
UEBT Medical, Dental, and Vision, and Standard Basic Life	\$1,238.60	\$1,238.60	\$0.00
Kaiser Medical, UEBT Dental and Vision, and Standard Basic Life	\$1,724.25	\$1,238.60	\$485.65

FULL FAMILY COVERAGE SCENARIOS (EMPLOYEE + SPOUSE + CHILDREN)

	Premium	Employer Paid	Employee Paid
UEBT Medical, Dental, and Vision, and Standard Basic Life	\$1,238.60	\$1,238.60	\$0.00
Kaiser Medical, UEBT Dental and Vision, and Standard Basic Life	\$2,639.14	\$1,238.60	\$1,400.54

The county contribution is applied first toward employee basic life, vision, dental and medical insurance. Any remaining amount is applied monthly to any additional insurance or dependent coverage elected by the Elected official or full time benefit employee or deposited into eligible employees HRA VEBA account. Any amount necessary to pay medical and dental, vision insurance premiums above the County contribution are the responsibility of Elected official or employee and paid by 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 County website.