

Courthouse

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 employer contributions indicated above will be applied first toward employee life, vision, dental, and medical insurance. Any remaining balance will be applied toward dependent coverage or to the employees HRA/Veba account. Any amounts which are in excess of the dollar amount contribution by the Employer, as set forth above, which are necessary to pay the premiums for the coverages will be the responsibility of the employees and will be carried out 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.