

JA and Bailiff (Teamsters Local 839)

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 contribution above will be applied first towards employee life, vision, dental, and medical insurance. Any remaining balance will be applied toward any dependent coverage or the the employee's VEBA account. Any additional amounts above the Employer's contribution necessary to pay medical, dental, and vision insurance premiums shall be the sole responsibility of the employee and will be accomplished 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.