

Corrections

2027 Monthly Insurance Summary

County Contribution \$ 2,017.42

Insurance Plans	Premium
Medical Plan (Family Coverage)	
Washington Teamsters Welfare Trust Medical Plan B - Family Plan	\$1,779.80
Dental and Vision	
Washington Teamsters Welfare Trust Dental A and Vision EXT - Family Plan	\$137.60
Basic Life Insurance	
WCIF - Standard Basic Life Insurance –\$12,000	\$1.80
Time Loss	
Washington Teamsters Welfare Trust Time Loss Plan A	\$18.00
Waiver of Contributions	
Washington Teamsters Welfare Trust 9 -month Disability Waiver of Contributions Extension	\$11.40
Retiree Medical	
Washington Teamsters Retiree's Welfare Trust RWT-Plus XL plan	\$175.00

Coverage Summary - Full Family Coverage, Employee Only Coverage			
	Premium	Employer Paid	Employee Paid
Medical, Dental, Vision, Basic Life, Time Loss, Waiver of Contributions, and Retiree Medical	\$2,123.60	\$2,017.42	\$106.18

NOTE: The employer will pay 95% of the cost of the premiums for medical, dental, vision, time loss, basic life insurance, and the waiver of contributions. The employee portion of 5% will be paid by payroll deduction. Any additional amounts above the 95% employer contribution necessary to pay insurance premiums for coverage elected by the employee shall be paid by the employee through payroll deduction. The employer agrees to pay \$166.25 towards the premiums for the retiree medical plan.

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.