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2017 – 2014 Contribution Rates

ACTIVE MEDICAL	Rate 1/1/2017	Rate 1/1/2016	Rate 1/1/2015	Rate 1/1/2014
<i>Composite Rate</i>				
• A4 Plan (no longer available as of 1/1/2017)	n/a	1,872.00	1,847.00	1,815.50
• A4 Plan – LEOFF 1	n/a	2,463.00	2,427.00	2,384.00
• A5 Plan	1,376.00	1,376.00	1,361.00	1,339.00
• A5 Plan – LEOFF 1	1,866.00	1,866.00	1,841.00	1,809.25
• A6 Plan	978.00	978.00	971.00	956.50
• HD1 Plan, effective 7/1/2013	782.00	782.00	779.00	768.00
• AV8 Plan (medical with routine vision)	994.00	-	-	-
• AV9 Plan (medical with routine vision, OV 100%)	1,050.00	-	-	-
<i>Tiered Rate</i>				
• A5 Plan - Employee only	757.00	757.00	746.00	732.50
• A5 Plan - Employee + Spouse	1,514.00	1,514.00	1,492.00	1,465.25
• A5 Plan - Employee + Child(ren)	1,437.00	1,437.00	1,417.00	1,392.00
• A5Plan - Family	2,271.00	2,271.00	2,238.00	2,198.00
RETIREE MEDICAL (no longer available as of 1/1/2017)				
<i>Non Medicare</i>				
• A5 Plan - Retiree only or LEOFF retiree dependent	n/a	1,376.00	1,353.00	1,328.25
• A5 Plan - Retiree with one or more dependents	n/a	2,753.00	2,707.00	2,656.50
• A5 Plan - LEOFF retiree (employer paid)	n/a	2,594.00	2,547.00	2,498.75
<i>Medicare -</i>				
• Plan 50 - Per person	n/a	631.00	619.00	607.00
• Plan 50 - LEOFF retiree	n/a	1,054.00	1,033.00	1,012.25
DENTAL				
• D5 Plan	90.00	84.00	84.00	84.00
• D7 Plan	110.00	107.00	107.00	107.00
• D8 Plan	130.00	125.00	125.00	118.00
• Orthodontia Ryder	11.00	11.00	11.00	11.00
TIME LOSS				
• TL2 Plan	9.00	9.00	9.00	9.00
• TL4 Plan	25.00	25.00	25.00	25.00
VISION				
• Vision 3 Plan	16.00	16.00	16.00	16.00