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2025 Contribution Rates

Rate changes effective January 1, 2025	2025 Rate	Increase (Decrease)	2024 Rate
MEDICAL (brief plan description)			
Composite Rate			
<ul style="list-style-type: none"> • AV9 - \$300 deductible; \$25 copay; 80%/100% PPO Includes routine vision coverage through VSP 	1,125.00	2.0% / 22.00	1,103.00
<ul style="list-style-type: none"> • AV8 - \$300 deductible; \$25 copay; 80% PPO Includes routine vision coverage through VSP 	1,065.00	2.0% / 21.00	1,044.00
<ul style="list-style-type: none"> • A6 - \$300 deductible; \$25 copay; 80% PPO 	1,048.00	2.0% / 21.00	1,027.00
<ul style="list-style-type: none"> • A5 - \$200 deductible; \$20 copay; 90% PPO 	1,438.00	2.0% / 28.00	1,410.00
<ul style="list-style-type: none"> • A5 - LEOFF 	1,951.00	2.0% / 38.00	1,913.00
Tiered Rate			
<ul style="list-style-type: none"> • A5 – Employee only 	792.00	2.0% / 16.00	776.00
<ul style="list-style-type: none"> • A5 – Employee + Spouse 	1,583.00	2.0% / 31.00	1,552.00
<ul style="list-style-type: none"> • A5 – Employee + Children 	1,502.00	2.0% / 29.00	1,473.00
<ul style="list-style-type: none"> • A5 – Family 	2,375.00	2.0% / 47.00	2,328.00
DENTAL			
<ul style="list-style-type: none"> • D5 - \$1,000 annual max; Ortho children \$2,500 lifetime max 	80.00	No Change	80.00
<ul style="list-style-type: none"> • D7 - \$1,500 annual max; Ortho children \$2,500 lifetime max 	100.00	No Change	100.00
<ul style="list-style-type: none"> • D8 - \$2,500 annual max; Ortho children \$2,500 lifetime max 	120.00	No Change	120.00
TIME LOSS			
<ul style="list-style-type: none"> • TL2 - \$250 per week, up to 26 weeks 	9.00	No Change	9.00
<ul style="list-style-type: none"> • TL4 - \$250 weeks 1, 2 and 3; then 60% of wage to \$600 max beginning 4th week; if an on-the-job injury benefit is \$150 weeks 1, 2 and 3 then 60% of wage up to \$250 max beginning 4th week. Benefit is up to 52 weeks. 	25.00	No Change	25.00
VISION			
<ul style="list-style-type: none"> • V3 – VSP 	20.00	No Change	20.00

January 2025 contribution is based on December 2024 hours. The above plans are available for new or renewing labor agreements. New groups will need to submit an Application for Participation prior to bargaining into one of the Trust's benefit plans.

Medical Plans use the Premera Provider Network and MaxorPlus for pharmacy.

Time Loss Plans are only available to groups that participate in a UEBT Medical Plan, effective January 1, 2023.

Dental Plans use the Delta Dental Network. Participants have an individual choice between Delta Dental Network and Willamette Dental of WA. Dental Plan D8 increased the annual maximum to \$2,500, effective January 1, 2025.

Vision Plan V3 and **Medical Plans AV8** and **AV9** use the Vision Source Plan (VSP).