



*Human Resources*

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**To:** Board of County Commissioners  
 Ryan Barrett, County Manager

**From:** Angie Hodge, Human Resources Director

**Date:** September 26, 2025

**Subject:** Recommendation to pursue alternate insurance for County employees on PEBB or WCIF

**Recommendation**

The Human Resources Department is recommending that the Board of County Commissioners approve a motion to file notice of intent to terminate insurance contracts with the Washington Counties Insurance Fund (WCIF) and Public Employees Benefits Board (PEBB) for 2026, with the intent to enter into a contract with Hub International who has provided us with competitive insurance rates with a different carrier for 2026 that could result in a **cost savings of approximately \$550,000 to \$1.35 million in insurance premiums for 2026.**

WCIF requires us to provide them with 90 days’ notice of our intent to terminate medical insurance coverage and 30 days’ notice for all other lines of coverage, so **a decision to end a contract with WCIF must be made and communicated no later than October 2.** PEBB requires 60 days’ notice, so **a decision to end a contract with PEBB must be made and communicated no later than October 31.** Additionally, we must be prepared with new benefits plan choices in November so that employees can enroll in benefits that will begin in January 2026.

**Background**

WCIF provides medical, dental, vision, and life insurance to approximately **61 employees** in two represented groups in the **Lewis County Sheriff’s Office:** Deputies Guild and Corrections Guild. The monthly cost for WCIF medical, dental, and vision insurance has increased by **\$1,467** per month per employee over a six-year period, which represents a **66% increase in cost.** The monthly premiums are shared between the County and the Employee as outlined in each group’s collective bargaining agreement, with a *minimum* of 95% of the cost being paid by the County.

<b>WCIF</b>	2020	2021	2022	2023	2024	2025	2026
Medical							
Dental							
Vision	\$2,199	\$2,395	\$2,613	\$2,802	\$3,025	\$3,205	\$3,666
% increase over former year	n/a	8.90%	9.14%	7.20%	7.98%	5.94%	14.39%

\*Note WCIF charges the same “composite” rate for full family, employee plus spouse, employee plus kids, employee only.

PEBB provides medical, dental, vision, and life insurance to approximately **266 employees**, made up of **non-represented employees** and two represented groups in the County: Public Works and Community Development

(AFSCME), and the **911 Dispatchers** guild. The monthly cost for PEBB medical, dental, and vision insurance has increased by **\$823\*** per month per employee over a six-year period, which represents a **40% increase in cost**. The employees covered by PEBB do not have an agreement to share the cost of insurance premiums with a percentage split, which means that the increased insurance costs that occurred in 2024 and 2025 were largely borne by the employee. Many employees on PEBB insurance have mentioned to Human Resources or management that they experienced a “pay cut”, meaning, a decrease in take-home pay when their insurance rates jumped last year. The 3% Cost of Living Adjustment (COLA) from January 1, 2025, did not cover the rise in the employee portion of medical premiums, even as employees received annual step increases of 2.5%.

PEBB	2020	2021	2022	2023	2024	2025	2026
Medical							
Dental							
Vision	\$2,043	\$2,076	\$2,155	\$2,392	\$2,461	\$2,659	\$2,866
% increase over former year		1.61%	3.82%	11.00%	2.88%	8.04%	7.78%

\*Note PEBB charges different “tiered” rates for full family, employee plus spouse, employee plus kids, employee only. The rates reflected above are based on Uniform Medical Plan – Classic – Full Family and are illustrative of the percentage increases for other tiers and other plans.

These rate increases negatively impact both the County and the employee. In February, Lewis County Human Resources began working with Hub International, an insurance broker, to determine if we could find the same or similar insurance coverage at a better rate. Hub states that Counties of this size typically will opt for a ‘self-funded’ model of insurance with stop-loss coverage, because of the cost savings associated with this approach. Unfortunately, because of the limited “claims experience data” available to Lewis County from both PEBB and WCIF, we could not explore the pros and cons of transitioning to a self-funded insurance plan for 2026.

However, this week, Hub provided us with ‘fully-insured’ options that could benefit both the County and employees by choosing different carriers for medical, dental, vision, and life insurance. By choosing a different insurance carrier, the County and Employees could share significant cost savings for 2026. **The expectation would be that some of the cost savings would be redirected into employees’ salaries/benefits for 2026-2028.** This change would also allow us to gain access to the claims experience data that we cannot currently get from WCIF and PEBB. This data enables the insurance market to compete for our business in future years, regardless of whether we continue in a fully insured model or explore self-funded options. We also will have time to learn from the experience of other self-funded counties, such as Grant and Yakima.

One drawback with this plan is that we have some former employees using PEBB retiree benefits, and we will need to comply with PEBB requirements to notify them that they will no longer be eligible for those benefits and provide them with COBRA information. However, the insurance broker may be able to provide resources to current and upcoming retirees to ensure they take full advantage of their Medicare benefits. Although this is unfortunate, our commitment really should be to the employees who continue to work for Lewis County.

The future costs (beyond 2026) for insurance would still be unknown, just as they are unknown by remaining with PEBB or WCIF. However, we know that the insurance provider has good availability for employees working in and living near Lewis County, and we have a guaranteed opportunity for significant savings in 2026.

Making this decision now will allow us to move forward with impact bargaining and give Human Resources and the insurance carriers time to help employees understand and adapt to these overall positive changes.

**Attachment**

## Attachments

*The following pages are for illustrative purposes only, based on the data available on September 25, 2025.*

*The actual savings and benefits coverages are subject to change after receiving more recent claims experience data in October.*

*Summaries of benefits coverages do not include all the terms, coverages, exclusions, limitations and conditions of actual contract language.*

- Page 2 shows the estimated annual cost savings for 2026 of approximately \$550,000 for our PEBB group switching to Aetna.
- Pages 3 and 4 show the estimated cost savings for each group if “Aetna for all” is decided. Note: If the employees in the Sheriff’s Office (deputies and corrections) who are currently using WCIF are added into the Aetna plan identified for current employees covered by PEBB, the rates for PEBB employees increase due to the higher risk associated with the law enforcement population.
  - The Sheriff’s Deputies savings could be \$481,224.
  - The Corrections Deputies savings could be \$645,552.
  - The PEBB group savings would be less than if they were in their own group, about \$220,229.
  - Total estimated annual cost savings for 2026 would be \$1,347,005.
- Pages 5 through 8 show summaries of benefits, comparing the PEBB plan to Aetna for medical, Metlife for dental, vision, and \$35,000 guaranteed coverage life insurance, with \$35,000 accidental death & dismemberment insurance.

Additional information is forthcoming.

- Hub is expecting a quote from another provider (Regence) which shares the same network as Premera, which is what the Sheriff’s Office uses through WCIF.
- We have also asked Aetna to quote the Sheriff’s Office group as a separate group.

# LEWIS COUNTY

## Contribution Analysis - County Employees Only

includes non-represented, AFSCME (Public Works/Comm Dev), 911 Dispatchers



	2026 Rates					Aetna / MetLife (High Dental)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Annual Total	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Annual Total
	<b>Classic \$250</b>					<b>Managed Choice \$500</b>				
Enrollment	56	20	19	12	107	56	20	19	12	107
Total Premium	\$1,156.32	\$2,133.00	\$1,888.83	\$2,865.51	<b>\$2,132,254</b>	\$1,030.22	\$1,898.10	\$1,699.54	\$2,576.99	<b>\$1,906,434</b>
Employer Cost	\$971.07	\$1,440.00	\$1,440.00	\$1,740.00	<b>\$1,577,039</b>	\$971.07	\$1,440.00	\$1,440.00	\$1,740.00	<b>\$1,577,039</b>
Employee Cost	\$185.25	\$693.00	\$448.83	\$1,125.51	<b>\$555,215</b>	\$59.15	\$458.10	\$259.54	\$836.99	<b>\$329,394</b>
	<b>CDHP \$1,700</b>					<b>CDHP \$2,000</b>				
Enrollment	49	31	24	28	132	49	31	24	28	132
Total Premium	\$1,073.72	\$1,966.54	\$1,757.92	\$2,592.41	<b>\$2,740,231</b>	\$959.61	\$1,755.13	\$1,588.03	\$2,339.37	<b>\$2,460,540</b>
Employer Cost	\$919.16	\$1,438.09	\$1,417.13	\$1,740.00	<b>\$2,068,209</b>	\$919.16	\$1,438.09	\$1,417.13	\$1,740.00	<b>\$2,068,209</b>
Employee Cost	\$154.56	\$528.45	\$340.79	\$852.41	<b>\$672,022</b>	\$40.45	\$317.04	\$170.90	\$599.37	<b>\$392,331</b>
	<b>Select \$750</b>					<b>Managed Choice \$1,000</b>				
Enrollment	11	5	6	5	27	11	5	6	5	27
Total Premium	\$1,093.39	\$2,007.14	\$1,778.70	\$2,692.45	<b>\$554,369</b>	\$1,000.77	\$1,836.57	\$1,646.05	\$2,491.07	<b>\$510,276</b>
Employer Cost	\$928.89	\$1,440.00	\$1,419.93	\$1,740.00	<b>\$415,648</b>	\$928.89	\$1,440.00	\$1,419.93	\$1,740.00	<b>\$415,648</b>
Employee Cost	\$164.50	\$567.14	\$358.77	\$952.45	<b>\$138,721</b>	\$71.88	\$396.57	\$226.12	\$751.07	<b>\$94,627</b>
	<b>Combined Annual Premium</b>					<b>Combined Annual Premium</b>				
	\$5,426,854					\$4,877,249				
						% Change				
						-10.1%				
						\$ Change				
						-\$549,605				
	<b>Combined Annual Employer Cost</b>					<b>Combined Annual Employer Cost</b>				
	\$4,060,896					\$4,060,896				
						% Change				
						0.0%				
						\$ Change				
						\$0				
	<b>Combined Annual Employee Cost</b>					<b>Combined Annual Employee Cost</b>				
	\$1,365,957					\$816,353				
						% Change				
						-40.2%				
						\$ Change				
						-\$549,605				

## LEWIS COUNTY

### Contribution Analysis -Deputy Sheriffs



	2026 Rates - Deputy Sheriffs					Aetna / MetLife (High Dental)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Annual Total	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Annual Total
	<b>WCIF 500</b>					<b>Managed Choice \$500</b>				
Enrollment	5	2	4	18	29	5	2	4	18	29
Total Premium	\$3,668.43	\$3,668.43	\$3,668.43	\$3,668.43	<b>\$1,276,614</b>	\$1,098.13	\$2,025.96	\$1,812.44	\$2,749.45	<b>\$795,389</b>
									% Change	-37.7%
									\$ Change	-\$481,224
Employer Cost	\$3,558.38	\$3,558.38	\$3,558.38	\$3,558.38	<b>\$1,238,316</b>	\$1,065.19	\$1,965.18	\$1,758.07	\$2,666.97	<b>\$771,529</b>
									% Change	-37.7%
									\$ Change	-\$466,788
Employee Cost	\$110.05	\$110.05	\$110.05	\$110.05	<b>\$38,297</b>	\$32.94	\$60.78	\$54.37	\$82.48	<b>\$23,861</b>
									% Change	-37.7%
									\$ Change	-\$14,437

## LEWIS COUNTY

### Contribution Analysis - Correctional Officers



	2026 Rates - Correctional Officers					Aetna / MetLife (High Dental)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Annual Total	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Annual Total
	<b>WCIF 500</b>					<b>Managed Choice \$500</b>				
Enrollment	10	7	3	12	32	10	7	3	12	32
Total Premium	\$3,668.43	\$3,668.43	\$3,668.43	\$3,668.43	<b>\$1,408,677</b>	\$1,098.13	\$2,025.96	\$1,812.44	\$2,749.45	<b>\$763,125</b>
									% Change	-45.8%
									\$ Change	-\$645,552
Employer Cost	\$3,485.01	\$3,485.01	\$3,485.01	\$3,485.01	<b>\$1,338,244</b>	\$1,043.22	\$1,924.66	\$1,721.82	\$2,611.98	<b>\$724,968</b>
									% Change	-45.8%
									\$ Change	-\$613,275
Employee Cost	\$183.42	\$183.42	\$183.42	\$183.42	<b>\$70,433</b>	\$54.91	\$101.30	\$90.62	\$137.47	<b>\$38,156</b>
									% Change	-45.8%
									\$ Change	-\$32,277

## LEWIS COUNTY



## Contribution Analysis - County Employees Only if Deputy Sheriffs &amp; Correctional Officers Move to Aetna

(The plan is more expensive for employees transitioning off PEBB if Sheriff's Office is included in the same group.)

	2026 Rates					Aetna / MetLife (High Dental)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Annual Total	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	Annual Total
	<b>Classic \$250</b>					<b>Managed Choice \$500</b>				
Enrollment	56	20	19	12	107	56	20	19	12	107
Total Premium	\$1,156.32	\$2,133.00	\$1,888.83	\$2,865.51	<b>\$2,132,254</b>	\$1,101.40	\$2,029.27	\$1,815.73	\$2,752.82	<b>\$2,037,558</b>
Employer Cost	\$971.07	\$1,440.00	\$1,440.00	\$1,740.00	<b>\$1,577,039</b>	\$971.07	\$1,440.00	\$1,440.00	\$1,740.00	<b>\$1,577,039</b>
Employee Cost	\$185.25	\$693.00	\$448.83	\$1,125.51	<b>\$555,215</b>	\$130.33	\$589.27	\$375.73	\$1,012.82	<b>\$460,519</b>
	<b>CDHP \$1,700</b>					<b>CDHP \$2,000</b>				
Enrollment	49	31	24	28	132	49	31	24	28	132
Total Premium	\$1,073.72	\$1,966.54	\$1,757.92	\$2,592.41	<b>\$2,740,231</b>	\$1,024.23	\$1,873.07	\$1,693.59	\$2,494.49	<b>\$2,624,932</b>
Employer Cost	\$919.16	\$1,438.09	\$1,417.13	\$1,740.00	<b>\$2,068,209</b>	\$919.16	\$1,438.09	\$1,417.13	\$1,740.00	<b>\$2,068,209</b>
Employee Cost	\$154.56	\$528.45	\$340.79	\$852.41	<b>\$672,022</b>	\$105.07	\$434.98	\$276.46	\$754.49	<b>\$556,723</b>
	<b>Select \$750</b>					<b>Managed Choice \$1,000</b>				
Enrollment	11	5	6	5	27	11	5	6	5	27
Total Premium	\$1,093.39	\$2,007.14	\$1,778.70	\$2,692.45	<b>\$554,369</b>	\$1,067.64	\$1,959.12	\$1,754.68	\$2,655.38	<b>\$544,135</b>
Employer Cost	\$928.89	\$1,440.00	\$1,419.93	\$1,740.00	<b>\$415,648</b>	\$928.89	\$1,440.00	\$1,419.93	\$1,740.00	<b>\$415,648</b>
Employee Cost	\$164.50	\$567.14	\$358.77	\$952.45	<b>\$138,721</b>	\$138.75	\$519.12	\$334.75	\$915.38	<b>\$128,487</b>
	<b>Combined Annual Premium \$5,426,854</b>					<b>Combined Annual Premium \$5,206,625</b>				
						<b>% Change -4.1%</b>				
						<b>\$ Change -\$220,229</b>				
	<b>Combined Annual Employer Cost \$4,060,896</b>					<b>Combined Annual Employer Cost \$4,060,896</b>				
						<b>% Change 0.0%</b>				
						<b>\$ Change \$0</b>				
	<b>Combined Annual Employee Cost \$1,365,957</b>					<b>Combined Annual Employee Cost \$1,145,729</b>				
						<b>% Change -16.1%</b>				
						<b>\$ Change -\$220,229</b>				

Lewis County

Medical

Current - 01/01/25

Aetna Option



Plan Name	pebb			pebb			pebb			aetna		aetna		aetna										
	1 - UMB - Classic - Regence		2 - UMB - Select - Regence		3 - UMB - CDHP - Regence		1 - Managed Choice \$500		2 - Managed Choice \$1000		3 - CDHP \$2000													
Funding Type	Fully Insured			Fully Insured			Fully Insured			Fully Insured		Fully Insured		Fully Insured										
Network	UMB Classic			UMB Select			UMB CDHP			Open Access Managed		Open Access Managed		Open Access Managed										
HSA Eligible	No			No			QHDHP			No		No		QHDHP										
Deductible (Ind. / Fam.)	In	\$250 / \$750 EMB	\$750 / \$2,250 EMB	\$1,650 / \$3,300 AGG	\$500 / \$1,500 EMB	\$1,000 / \$3,000 EMB	\$2,000 / \$4,000 AGG	\$250 / \$750 EMB	\$750 / \$2,250 EMB	\$1,650 / \$3,300 AGG	\$500 / \$1,500 EMB	\$1,000 / \$3,000 EMB	\$2,000 / \$4,000 AGG	\$250 / \$750 EMB	\$750 / \$2,250 EMB	\$1,650 / \$3,300 AGG								
OOP Max. (Ind. / Fam.)	In	\$2,000 / \$4,000	\$3,500 / \$7,000	\$4,200 / \$8,400	\$2,500 / \$5,000	\$4,000 / \$8,000	\$4,500 / \$7,000 ind \$9000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$4,200 / \$8,400	\$2,500 / \$5,000	\$4,000 / \$8,000	\$4,500 / \$7,000 ind \$9000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$4,200 / \$8,400								
Deductible (Ind. / Fam.)	Out	\$250 / \$750 EMB	\$750 / \$2,250 EMB	\$1,650 / \$3,300 AGG	\$500 / \$1,500 EMB	\$1,000 / \$3,000 EMB	\$2,000 / \$4,000 AGG	\$250 / \$750 EMB	\$750 / \$2,250 EMB	\$1,650 / \$3,300 AGG	\$500 / \$1,500 EMB	\$1,000 / \$3,000 EMB	\$2,000 / \$4,000 AGG	\$250 / \$750 EMB	\$750 / \$2,250 EMB	\$1,650 / \$3,300 AGG								
OOP Max. (Ind. / Fam.)	Out	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited	Unlimited / Unlimited								
Coinsurance	Out	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%								
<b>Schedule of Benefits</b>	<b>In Network</b>		<b>In Network</b>		<b>In Network</b>		<b>In Network</b>		<b>In Network</b>		<b>In Network</b>		<b>In Network</b>		<b>In Network</b>									
Primary Care Visit	15% AD		20% AD		15% AD		\$25		\$25		20%		\$25		20%									
Specialist Visit	15% AD		20% AD		15% AD		\$50		\$50		20%		\$50		20%									
Telehealth	Varies		varies		15% AD		\$0		\$0		20% AD		\$0		20% AD									
Chiropractic	\$15		\$15		15% AD		\$25		\$25		20% AD		\$25		20% AD									
Preventative Care	Covd. 100%		Covd. 100%		Covd. 100%		Covd. 100%		Covd. 100%		Covd. 100%		Covd. 100%		Covd. 100%									
Diag. (X-Ray, Blood Work)	15% AD		20% AD		15% AD		20% AD		20% AD		20% AD		20% AD		20% AD									
Imaging (CT/PET Scans, MRIs)	15% AD		20% AD		15% AD		20% AD		20% AD		20% AD		20% AD		20% AD									
Outpatient Surgery	15% AD		20% AD		15% AD		20% AD		20% AD		20% AD		20% AD		20% AD									
Emergency Room	\$75 + 15% AD		\$75 + 20% AD		15% AD		\$100 + 20%		\$100 + 20%		20% AD		\$100 + 20%		20% AD									
Urgent Care	15% AD		20% AD		15% AD		\$100 AD		\$100 AD		20% AD		\$100 AD		20% AD									
Inpatient Hospital	\$200/day up to \$600		\$200/day up to \$600		15% AD		20% AD		20% AD		20% AD		20% AD		20% AD									
Outpatient Mental Health	15% AD		20% AD		15% AD		\$50		\$50		20% AD		\$50		20% AD									
Inpatient Mental Health	\$200/day up to \$600		\$200/day up to \$600		15% AD		20% AD		20% AD		20% AD		20% AD		20% AD									
Rehabilitation Services	15% AD		20% AD		15% AD		\$50		\$50		20% AD		\$50		20% AD									
<b>Prescription Drugs</b>	<b>In Network</b>		<b>In Network</b>		<b>In Network</b>		<b>In Network</b>		<b>In Network</b>		<b>In Network</b>		<b>In Network</b>		<b>In Network</b>									
Pharmacy Ded. (Ind. / Fam.)	\$100 / \$300		\$250 / \$750		Medical Ded. Applies		None		None		Medical Ded. Applies		\$100 / \$300		Medical Ded. Applies									
Tier 1	Generic - 5% Up to \$10 AD		Generic - 10% Up to \$25 AD		Generic - 15% AD		Generic - \$10		Generic - \$10		Generic - 20% AD		Generic - 5% Up to \$10 AD		Generic - 10% Up to \$25 AD									
Tier 2	Preferred... - 30% Up to \$75 AD		Preferred... - 30% Up to \$75 AD		Preferred... - 15% AD		Preferred... - \$25		Preferred... - \$25		Preferred... - 20% AD		Preferred... - 30% Up to \$75 AD		Preferred... - 30% Up to \$75 AD									
Tier 3	N/A		N/A		N/A		Non-Prefe... - \$75		Non-Prefe... - \$75		Non-Prefe... - 20% AD		N/A		N/A									
Tier 4	N/A		N/A		N/A		Specialty - 30%		Specialty - 30%		N/A - \$0		N/A		N/A									
<b>Costs</b>	<b>107 Enrolled</b>		<b>27 Enrolled</b>		<b>132 Enrolled</b>		<b>107 Enrolled</b>		<b>27 Enrolled</b>		<b>132 Enrolled</b>		<b>107 Enrolled</b>		<b>27 Enrolled</b>		<b>132 Enrolled</b>							
Employee Only	116	\$1,076.01	56	\$1,025.41	11	\$993.91	49	\$980.01	56	\$950.56	11	\$909.40	49	\$980.01	56	\$950.56	11	\$909.40						
Employee + Spouse	56	\$1,980.42	20	\$1,879.22	5	\$1,814.86	31	\$1,803.57	20	\$1,742.04	5	\$1,660.60	31	\$1,803.57	20	\$1,742.04	5	\$1,660.60						
Employee + Child(ren)	49	\$1,754.32	19	\$1,665.77	6	\$1,624.21	24	\$1,597.66	19	\$1,544.17	6	\$1,486.15	24	\$1,597.66	19	\$1,544.17	6	\$1,486.15						
Employee + Family	45	\$2,658.73	12	\$2,519.58	5	\$2,386.83	28	\$2,421.57	12	\$2,335.65	5	\$2,186.15	28	\$2,421.57	12	\$2,335.65	5	\$2,186.15						
Monthly Costs   PEPM	266	\$165,102   \$1,544	\$43,269   \$1,603	\$210,775   \$1,597	\$150,367   \$1,406	\$40,110   \$1,486	\$192,919   \$1,462	\$150,367   \$1,406	\$40,110   \$1,486	\$192,919   \$1,462	\$150,367   \$1,406	\$40,110   \$1,486	\$192,919   \$1,462	\$150,367   \$1,406	\$40,110   \$1,486	\$192,919   \$1,462								
Annual Costs   PEPY	266	\$1,981,222   \$18,517	\$519,218   \$19,231	\$2,529,295   \$19,162	\$1,804,397   \$16,864	\$481,316   \$17,827	\$2,315,028   \$17,539	\$1,804,397   \$16,864	\$481,316   \$17,827	\$2,315,028   \$17,539	\$1,804,397   \$16,864	\$481,316   \$17,827	\$2,315,028   \$17,539	\$1,804,397   \$16,864	\$481,316   \$17,827	\$2,315,028   \$17,539								
<b>%   \$ From Current</b>							↓ -8.9%   -\$176,825						↓ -7.3%   -\$37,902						↓ -8.5%   -\$214,266					
<b>Combined Costs</b>							266 Enrolled						266 Enrolled											
Comb. Monthly Costs   PEPM							\$419,145   \$1,576						\$383,395   \$1,442											
Comb. Annual Costs   PEPY							\$5,029,734   \$18,909						\$4,600,740   \$17,297											
<b>%   \$ From Current</b>							↓ -8.5%   -\$428,993						↓ -8.5%   -\$428,993											
Rate Guarantee	01/01/24 - 01/01/25		01/01/24 - 01/01/25		01/01/24 - 01/01/25		01/01/24 - 01/01/25		01/01/26 - 01/01/27		01/01/26 - 01/01/27		01/01/26 - 01/01/27		01/01/26 - 01/01/27									





Lewis County

### Dental (In Networks)

Current - 01/01/25

Renewal

Metlife Dental Option

								
Plan Name	1 - Uniform Dental PPO		1 - Uniform Dental PPO		1 - MetLife Dental Low Plan		2 - MetLife Dental High Plan	
Funding Type	Fully Insured		Fully Insured		Fully Insured		Fully Insured	
Plan Type	PPO		PPO		PPO		PPO	
Schedule Of Benefits	Delta Dental PPO	Non-PPO in W...	Delta Dental PPO	Non-PPO in W...	Metlife PPO		MetLife PPO	
Deductible (Ind. / Fam.)	\$50 / \$150 Pl...	\$50 / \$150 Pl...	\$50 / \$150 Pl...	\$50 / \$150 Pl...	\$50 / \$150 Plan YR.		\$50 / \$150 Plan YR.	
Annual Maximum	\$1,750	\$1,750	\$1,750	\$1,750	\$1,750		\$2,500	
Preventive (I)	0%	20%	0%	20%	0%		0%	
Basic (II)	20% AD	30% AD	20% AD	30% AD	20% AD		20% AD	
Major (III)	50% AD	60% AD	50% AD	60% AD	50% AD		50% AD	
Orthodontics (IV)	50%	50%	50%	50%	50%		50%	
Lifetime Ortho Max	\$1,750	\$1,750	\$1,750	\$1,750	\$1,750		\$1,750	
Additional Details	Delta Dental PPO	Non-PPO in W...	Delta Dental PPO	Non-PPO in W...	Metlife PPO		MetLife PPO	
Exams	0%	20%	0%	20%	0%		0%	
Cleanings	0%	20%	0%	20%	0%		0%	
X-Rays	0%	20%	0%	20%	0%		0%	
Basic Filling	20% AD	30% AD	20% AD	30% AD	20% AD		20% AD	
Oral Surgery	20% AD	30% AD	20% AD	30% AD	20% AD		20% AD	
Endodontics	20% AD	30% AD	20% AD	30% AD	20% AD		20% AD	
Periodontics	20% AD	30% AD	20% AD	30% AD	20% AD		20% AD	
Crowns	50% AD	60% AD	50% AD	60% AD	50% AD		50% AD	
Bridges	50% AD	60% AD	50% AD	60% AD	50% AD		50% AD	
Dentures	50% AD	60% AD	50% AD	60% AD	50% AD		50% AD	
Implants	50% AD	60% AD	50% AD	60% AD	50% AD		50% AD	
Cost / Fee	266 Enrolled		266 Enrolled		266 Enrolled		- Enrolled	
Employee 116	\$0.00	116	\$0.00	116	\$33.73	116	\$33.98	0
Employee + Spouse 56	\$0.00	56	\$0.00	56	\$67.06	56	\$67.58	0
Employee + Child(ren) 49	\$0.00	49	\$0.00	49	\$78.89	49	\$78.21	0
Employee + Family 45	\$0.00	45	\$0.00	45	\$120.62	45	\$120.01	0
Monthly Costs   PEPM	\$0   \$0		\$0   \$0		\$16,962   \$64		\$0   \$0	
Annual Costs   PEPY	\$0   \$0		\$0   \$0		\$203,539   \$766		\$0   \$0	
%   \$ From Current			0.0%   \$0		0.0%   \$203,539		0.0%   \$0	
Combined Costs	266 Enrolled		266 Enrolled		266 Enrolled			
Comb. Monthly Costs   PEPM	\$0   \$0		\$0   \$0		\$16,962   \$64			
Comb. Annual Costs   PEPY	\$0   \$0		\$0   \$0		\$203,539   \$766			
%   \$ From Current			0.0%   \$0		0.0%   \$203,539			
Rate Guarantee	01/01/24 - 01/01/25		01/01/25 - 01/01/26		01/01/26 - 01/01/27		01/01/26 - 01/01/27	

## Vision (In Networks)

Current - 01/01/25

Renewal

Metlife Vision Option - Direct



Plan Name	1 - Metlife Vision	1 - Metlife Vision	1 - Metlife Vision
Funding Type	Fully Insured	Fully Insured	Fully Insured
Voluntary / Contributory	Contributory	Contributory	Contributory
<b>Benefit Frequency</b>	<b>VSP</b>	<b>VSP</b>	<b>VSP</b>
Benefit Basis	Calendar Year	Calendar Year	Plan Year <span style="color: orange;">●</span>
Eye Exam	1 PCY	1 PCY	1 Per 12 Months <span style="color: orange;">●</span>
Frames	1 / Odd CY	1 / Odd CY	1 Per 24 Months* <span style="color: orange;">●</span>
Lenses	1 PCY	1 PCY	1 Per 12 Months <span style="color: orange;">●</span>
Contacts (in Lieu of glasses)	1 / Odd CY	1 / Odd CY	1 Per 12 Months* <span style="color: orange;">●</span>
<b>Plan Provisions</b>	<b>VSP</b>	<b>VSP</b>	<b>VSP</b>
Eye Exam	\$0 Copay	\$0 Copay	\$0 Copay
Single Vision Lenses	\$0 Copay	\$0 Copay	\$0 Copay
Bifocal Lenses	\$0 Copay	\$0 Copay	\$0 Copay
Trifocal Lenses	\$0 Copay	\$0 Copay	\$0 Copay
Contacts In Lieu Of Glasses	Yes	Yes	Yes
Contacts Allowance - Elective	\$200	\$200	\$200
Contacts - Visually Necessary	Covered in Full	Covered in Full	Covered in Full
Contacts Above Allowance	N/A	N/A	Second Pair Rider <span style="color: orange;">●</span>
<b>Frames</b>	<b>VSP</b>	<b>VSP</b>	<b>VSP</b>
Coverage Allowance	\$200 Allowance	\$200 Allowance	\$200 Allowance
Coverage Above Allowance	20% Discount	20% Discount	20% Discount
<b>Corrective Vision Services</b>	<b>VSP</b>	<b>VSP</b>	<b>VSP</b>
Lasik Vision Correction	15% savings	15% savings	15% savings
<b>Cost / Fee</b>	<b>262 Enrolled</b>	<b>262 Enrolled</b>	<b>262 Enrolled</b>
Employee	\$0.00 116	\$0.00 116	\$10.66 116
Employee + Spouse	\$0.00 56	\$0.00 56	\$21.38 56
Employee + Child(ren)	\$0.00 49	\$0.00 49	\$18.10 49
Employee + Family	\$0.00 41	\$0.00 41	\$29.84 41
<b>Monthly Costs   PEPM</b>	<b>\$0   \$0</b>	<b>\$0   \$0</b>	<b>\$4,545   \$18</b>
<b>Annual Costs   PEPY</b>	<b>\$0   \$0</b>	<b>\$0   \$0</b>	<b>\$54,531   \$209</b>
<b>%   \$ From Current</b>		<b>0.0%   \$0</b>	<b>0.0%   \$54,531</b>
Rate Guarantee	01/01/24 - 01/01/25	01/01/25 - 01/01/26	01/01/25 - 01/01/26

## Basic Life & AD&D

Current - 01/01/25

Renewal

MetLife Direct



Plan Name	1 - MetLife Life/AD&D - County	1 - MetLife Life/AD&D - County	1 - MetLife Life/AD&D - Direct
<b>Employee Coverage</b>	<b>Basic Life &amp; AD&amp;D</b>	<b>Basic Life &amp; AD&amp;D</b>	<b>Basic Life &amp; AD&amp;D</b>
1 - All Employees	\$35,000	\$35,000	\$35,000
Portability	✓	✓	✓
Conversion	✓	✓	✓
<b>AD&amp;D Benefit</b>			
1 - All Employees	\$4,900	\$4,900	\$35,000 <span style="color: orange;">●</span>
<b>Rates</b>	<b>271 Enrolled</b>	<b>271 Enrolled</b>	<b>271 Enrolled</b>
Life Volume	\$9,299,500	\$9,299,500	\$9,299,500
AD&D Volume	\$9,299,500	\$9,299,500	\$9,299,500
Life Rate /per \$1,000	- 271	- 271	\$0.139 271
AD&D Rate /per \$1,000	- 271	- 271	\$0.020 271
<b>Monthly Costs   PEPM</b>	<b>\$0   \$0</b>	<b>\$0   \$0</b>	<b>\$1,479   \$6</b>
<b>Annual Costs   PEPY</b>	<b>\$0   \$0</b>	<b>\$0   \$0</b>	<b>\$17,744   \$66</b>
<b>%   \$ From Current</b>		<b>0.0%   \$0</b>	<b>0.0%   \$17,744</b>
Rate Guarantee	01/01/24 - 01/01/25	01/01/25 - 01/01/26	01/01/26 - 01/01/29