

**Letter of Agreement  
Between  
Spokane Regional Health District (SRHD) and  
International Federation of Professional and Technical Engineers (IFPTE), Local 17**

The parties agree to adopt the Public Employee's Benefit Board (PEBB) as the sole medical insurance provider for IFPTE represented staff beginning in 2011. The parties further agree to implement the health insurance premium schedule as proposed by the IFPTE (attachment A) whereby the IFPTE adjusted the PEBB 2011 health insurance rates to reflect the intent and provisions defined within Article 20.1.

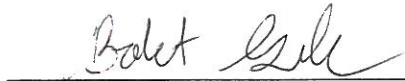
Further, the parties recognize that, per WAC 182-12, Medicare eligible retirees may participate in PEBB. The parties agree that Article 20.2 has no applicability to Medicare eligible retirees, and understand that Medicare eligible retirees will pay 100% of the cost of PEBB health insurance.

Except for the provisions defined within this agreement, the terms of the current contract remain in full force and effect.

Dated this 28<sup>th</sup> day of October, 2010



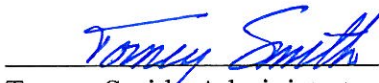
Donald Briscoe, IFPTE Local 17 Union Representative



Robert Gaulke, IFPTE Local 17



Barbara Lorang, HR Manager SRHD



Torney Smith, Administrator, SRHD

**Spokane Regional Health District**  
**IFPTE**  
**2011 Benefit Costs by FTE**  
**(1/11 - 12/11)**

CARRIER	SRHD/EMP PAY	0.5 FTE	0.55 FTE	0.6 FTE	0.65 FTE	0.7 FTE	0.75 - 1.0 FTE
<b>PEBB Group Health Classic HMO</b>							
<b>Employee Only</b> \$759.19	SRHD	\$ 337.00	\$ 370.70	\$ 404.40	\$ 438.10	\$ 471.80	\$ 674.00
	Employee	\$ 422.19	\$ 388.49	\$ 354.79	\$ 321.09	\$ 287.39	\$ 85.19
<b>Employee/Child(ren)</b> \$759.19	SRHD	\$ 337.00	\$ 370.70	\$ 404.40	\$ 438.10	\$ 471.80	\$ 674.00
	Employee	\$ 422.19	\$ 388.49	\$ 354.79	\$ 321.09	\$ 287.39	\$ 85.19
<b>Employee/Spouse</b> \$1,080.16	SRHD	\$ 337.00	\$ 370.70	\$ 404.40	\$ 438.10	\$ 471.80	\$ 674.00
	Employee	\$ 743.16	\$ 709.46	\$ 675.76	\$ 642.06	\$ 608.36	\$ 406.16
<b>Emp/Spouse/Child(ren)</b> \$1,465.33	SRHD	\$ 337.00	\$ 370.70	\$ 404.40	\$ 438.10	\$ 471.80	\$ 674.00
	Employee	\$ 1,128.33	\$ 1,094.63	\$ 1,060.93	\$ 1,027.23	\$ 993.53	\$ 791.33
<b>PEBB Group Health Value HMO</b>							
<b>Employee Only</b> \$703.48	SRHD	\$ 337.00	\$ 370.70	\$ 404.40	\$ 438.10	\$ 471.80	\$ 674.00
	Employee	\$ 366.48	\$ 332.78	\$ 299.08	\$ 265.38	\$ 231.68	\$ 29.48
<b>Employee/Child(ren)</b> \$703.49	SRHD	\$ 337.00	\$ 370.70	\$ 404.40	\$ 438.10	\$ 471.80	\$ 674.00
	Employee	\$ 366.49	\$ 332.79	\$ 299.09	\$ 265.39	\$ 231.69	\$ 29.49
<b>Employee/Spouse</b> \$999.14	SRHD	\$ 337.00	\$ 370.70	\$ 404.40	\$ 438.10	\$ 471.80	\$ 674.00
	Employee	\$ 662.14	\$ 628.44	\$ 594.74	\$ 561.04	\$ 527.34	\$ 325.14
<b>Emp/Spouse/Child(ren)</b> \$1,353.93	SRHD	\$ 337.00	\$ 370.70	\$ 404.40	\$ 438.10	\$ 471.80	\$ 674.00
	Employee	\$ 1,016.93	\$ 983.23	\$ 949.53	\$ 915.83	\$ 882.13	\$ 679.93
<b>PEBB Uniform Medical Plan</b>							
<b>Employee Only</b> \$745.20	SRHD	\$ 337.00	\$ 370.70	\$ 404.40	\$ 438.10	\$ 471.80	\$ 674.00
	Employee	\$ 408.20	\$ 374.50	\$ 340.80	\$ 307.10	\$ 273.40	\$ 71.20
<b>Employee/Child(ren)</b> \$745.20	SRHD	\$ 337.00	\$ 370.70	\$ 404.40	\$ 438.10	\$ 471.80	\$ 674.00
	Employee	\$ 408.20	\$ 374.50	\$ 340.80	\$ 307.10	\$ 273.40	\$ 71.20
<b>Employee/Spouse</b> \$1,059.82	SRHD	\$ 337.00	\$ 370.70	\$ 404.40	\$ 438.10	\$ 471.80	\$ 674.00
	Employee	\$ 722.82	\$ 689.12	\$ 655.42	\$ 621.72	\$ 588.02	\$ 385.82
<b>Emp/Spouse/Child(ren)</b> \$1,437.36	SRHD	\$ 337.00	\$ 370.70	\$ 404.40	\$ 438.10	\$ 471.80	\$ 674.00
	Employee	\$ 1,100.36	\$ 1,066.66	\$ 1,032.96	\$ 999.26	\$ 965.56	\$ 763.36
<b>WDS DENTAL - PPO</b>							
<b>Family</b> \$116.00	SRHD	\$ 58.00	\$ 63.80	\$ 69.60	\$ 75.40	\$ 81.20	\$ 116.00
	Employee	\$ 58.00	\$ 52.20	\$ 46.40	\$ 40.60	\$ 34.80	\$ -
<b>WILLAMETTE DENTAL</b>							
<b>Family</b> \$114.90	SRHD	\$ 57.45	\$ 63.20	\$ 68.94	\$ 74.69	\$ 80.43	\$ 114.90
	Employee	\$ 57.45	\$ 51.70	\$ 45.96	\$ 40.21	\$ 34.47	\$ -