Oregon Nurses Association (ONA) Full Time Employee Health Care Premium Costs

January 1, 2022 - December 31, 2022

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium			
Medical - Cigna PPO 400 Plan							
Employee Only	\$25.70	\$51.40	\$710.12	\$761.52			
Employee + 1 Dependent	\$51.40	\$102.80	\$1,420.20	\$1,523.00			
Employee + 2 or more Dependents	\$73.20	\$146.40	\$2,022.76	\$2,169.16			
Medical - Cigna Major Medical Plan							
Employee Only	\$0.00	\$0.00	\$367.48	\$367.48			
Employee + 1 Dependent	\$0.00	\$0.00	\$734.92	\$734.92			
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,047.28	\$1,047.28			
Medical - Kaiser 10/20 Plan							
Employee Only	\$20.64	\$41.28	\$784.60	\$825.88			
Employee + 1 Dependent	\$41.24	\$82.48	\$1,567.32	\$1,649.80			
Employee + 2 or more Dependents	\$58.78	\$117.56	\$2,233.92	\$2,351.48			
Delta Dental 50 Plan							
Employee Only	\$2.01	\$4.02	\$53.54	\$57.56			
Employee + 1 Dependent	\$4.03	\$8.06	\$107.10	\$115.16			
Employee + 2 or more Dependents	\$5.73	\$11.46	\$152.34	\$163.80			
Kaiser Dental 15 Plan							
Employee Only	\$3.09	\$6.18	\$82.34	\$88.52			
Employee + 1 Dependent	\$6.19	\$12.38	\$164.68	\$177.06			
Employee + 2 or more Dependents	\$8.83	\$17.66	\$234.64	\$252.30			
Willamette Dental Plan							
Employee Only	\$2.24	\$4.48	\$59.62	\$64.10			
Employee + 1 Dependent	\$4.48	\$8.96	\$119.24	\$128.20			
Employee + 2 or more Dependents	\$6.39	\$12.78	\$169.98	\$182.76			

Qualifying Dependents: Spouse, Domestic Partner, and Children and Domestic Partner's Children under the age of 26.

Employees who enroll their Domestic Partner and/or Domestic Partner's children are required to pay tax on the value of those dependents' health plan coverage according to IRS rules.

Oregon Nurses Association (ONA)

Part Time Employee Premium Costs

January 1, 2022 - December 31, 2022

Coverage	Employee Cost Per	Employee Monthly	Monthly County	Total Monthly			
Coverage	Paycheck	Cost	Contribution	Premium			
Medical - Cigna PPO 400 Plan							
Employee Only	\$190.38		\$380.76	\$761.52			
Employee + 1 Dependent	\$380.75	\$761.50	\$761.50	\$1,523.00			
Employee + 2 or more Dependents	\$542.29	\$1,084.58	\$1,084.58	\$2,169.16			
Medical - Cigna Major Medical Plan							
Employee Only	\$0.00	\$0.00	\$367.48	\$367.48			
Employee + 1 Dependent	\$0.00	\$0.00	\$734.92	\$734.92			
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,047.28	\$1,047.28			
Medical - Kaiser 10/20 Plan							
Employee Only	\$156.92	\$313.84	\$512.04	\$825.88			
Employee + 1 Dependent	\$313.46	\$626.92	\$1,022.88	\$1,649.80			
Employee + 2 or more Dependents	\$446.78	\$893.56	\$1,457.92	\$2,351.48			
Medical - Kaiser Maintenance Plan							
Employee Only	\$32.59	\$65.18	\$586.74	\$651.92			
Employee + 1 Dependent	\$65.18	\$130.36	\$1,173.40	\$1,303.76			
Employee + 2 or more Dependents	\$92.89	\$185.78	\$1,672.14	\$1,857.92			
Delta Dental 15 Plan							
Employee Only	\$14.39	\$28.78	\$28.78	\$57.56			
Employee + 1 Dependent	\$28.79	\$57.58	\$57.58	\$115.16			
Employee + 2 or more Dependents	\$40.95	\$81.90	\$81.90	\$163.80			
Kaiser Dental 50 Plan							
Employee Only	\$22.13	\$44.26	\$44.26	\$88.52			
Employee + 1 Dependent	\$44.26	\$88.52	\$88.54	\$177.06			
Employee + 2 or more Dependents	\$63.07	\$126.14	\$126.16	\$252.30			
Willamette Dental Plan							
Employee Only	\$16.02	\$32.04	\$32.06	\$64.10			
Employee + 1 Dependent	\$32.05	\$64.10	\$64.10	\$128.20			
Employee + 2 or more Dependents	\$45.69	\$91.38	\$91.38	\$182.76			

Qualifying Dependents: Spouse, Domestic Partner, and Children and Domestic Partner's Children under the age of 26.

Employees who enroll their Domestic Partner and/or Domestic Partner's children are required to pay tax on the value of those dependents' health plan coverage according to IRS rules.