

**Electrical Workers (IBEW)**  
**Full Time Employee Health Care Premium Costs**  
 January 1, 2025 - December 31, 2025

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
<b>Medical - Moda PPO 400 Plan</b>				
Employee Only	\$37.14	\$74.28	\$1,026.72	\$1,101.00
Employee + 1 Dependent	\$74.30	\$148.60	\$2,053.32	\$2,201.92
Employee + 2 or more Dependents	\$105.82	\$211.64	\$2,924.12	\$3,135.76
<b>Medical - Moda Major Medical Plan</b>				
Employee Only	\$0.00	\$0.00	\$531.76	\$531.76
Employee + 1 Dependent	\$0.00	\$0.00	\$1,063.44	\$1,063.44
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,515.40	\$1,515.40
<b>Medical - Kaiser 10/20 Plan</b>				
Employee Only	\$24.76	\$49.52	\$941.56	\$991.08
Employee + 1 Dependent	\$49.48	\$98.96	\$1,880.80	\$1,979.76
Employee + 2 or more Dependents	\$70.54	\$141.08	\$2,680.72	\$2,821.80
<b>Dental - Delta Dental 50 Plan</b>				
Employee Only	\$2.18	\$4.36	\$58.12	\$62.48
Employee + 1 Dependent	\$4.36	\$8.72	\$116.28	\$125.00
Employee + 2 or more Dependents	\$6.22	\$12.44	\$165.32	\$177.76
<b>Dental - Kaiser Dental 15 Plan</b>				
Employee Only	\$3.06	\$6.12	\$81.48	\$87.60
Employee + 1 Dependent	\$6.12	\$12.24	\$162.92	\$175.16
Employee + 2 or more Dependents	\$8.72	\$17.44	\$232.16	\$249.60
<b>Dental - Willamette Dental Plan</b>				
Employee Only	\$2.16	\$4.32	\$57.88	\$62.20
Employee + 1 Dependent	\$4.34	\$8.68	\$115.68	\$124.36
Employee + 2 or more Dependents	\$6.20	\$12.40	\$164.92	\$177.32

**Qualifying Dependents:** Spouse, Domestic Partner, 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.](#)

**Electrical Workers (IBEW)**  
**Part Time Employee Health Care Premium Costs**  
 January 1, 2025 - December 31, 2025

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
<b>Medical - Moda PPO 400 Plan</b>				
Employee Only	\$275.24	\$550.48	\$550.52	\$1,101.00
Employee + 1 Dependent	\$550.48	\$1,100.96	\$1,100.96	\$2,201.92
Employee + 2 or more Dependents	\$783.94	\$1,567.88	\$1,567.88	\$3,135.76
<b>Medical - Moda Major Medical Plan</b>				
Employee Only	\$0.00	\$0.00	\$531.76	\$531.76
Employee + 1 Dependent	\$0.00	\$0.00	\$1,063.44	\$1,063.44
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,515.40	\$1,515.40
<b>Medical - Kaiser 10/20 Plan</b>				
Employee Only	\$204.66	\$409.32	\$581.76	\$991.08
Employee + 1 Dependent	\$433.16	\$866.32	\$1,113.44	\$1,979.76
Employee + 2 or more Dependents	\$628.20	\$1,256.40	\$1,565.40	\$2,821.80
<b>Medical - Kaiser Maintenance Plan</b>				
Employee Only	\$39.16	\$78.32	\$705.16	\$783.48
Employee + 1 Dependent	\$78.36	\$156.72	\$1,410.48	\$1,567.20
Employee + 2 or more Dependents	\$111.64	\$223.28	\$2,009.80	\$2,233.08
<b>Dental - Delta Dental 50 Plan</b>				
Employee Only	\$15.62	\$31.24	\$31.24	\$62.48
Employee + 1 Dependent	\$31.24	\$62.48	\$62.52	\$125.00
Employee + 2 or more Dependents	\$44.44	\$88.88	\$88.88	\$177.76
<b>Dental - Kaiser Dental 15 Plan</b>				
Employee Only	\$21.90	\$43.80	\$43.80	\$87.60
Employee + 1 Dependent	\$43.78	\$87.56	\$87.60	\$175.16
Employee + 2 or more Dependents	\$62.40	\$124.80	\$124.80	\$249.60
<b>Dental - Willamette Dental Plan</b>				
Employee Only	\$15.54	\$31.08	\$31.12	\$62.20
Employee + 1 Dependent	\$31.08	\$62.16	\$62.20	\$124.36
Employee + 2 or more Dependents	\$44.32	\$88.64	\$88.68	\$177.32

**Qualifying Dependents:** Spouse, Domestic Partner, 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.](#)