

AFSCME Local 88
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
Medical - Moda PPO 400 Plan				
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
Medical - Kaiser 10/20 Plan				
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
Dental - Delta Dental 50 Plan				
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
Dental - Kaiser Dental 15 Plan				
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
Dental - Willamette Dental Plan				
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, 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.](#)

AFSCME Local 88

Three-Quarter Time/0.75 FTE 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
Medical - Moda PPO 400 Plan				
Employee Only	\$137.62	\$275.24	\$825.76	\$1,101.00
Employee + 1 Dependent	\$275.24	\$550.48	\$1,651.44	\$2,201.92
Employee + 2 or more Dependents	\$391.96	\$783.92	\$2,351.84	\$3,135.76
Medical - Moda Major Medical Plan				
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
Medical - Kaiser 10/20 Plan				
Employee Only	\$123.88	\$247.76	\$743.32	\$991.08
Employee + 1 Dependent	\$247.46	\$494.92	\$1,484.84	\$1,979.76
Employee + 2 or more Dependents	\$352.72	\$705.44	\$2,116.36	\$2,821.80
Medical - Kaiser Maintenance Plan				
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
Dental - Delta Dental 50 Plan				
Employee Only	\$7.80	\$15.60	\$46.88	\$62.48
Employee + 1 Dependent	\$15.62	\$31.24	\$93.76	\$125.00
Employee + 2 or more Dependents	\$22.22	\$44.44	\$133.32	\$177.76
Dental - Kaiser Dental 15 Plan				
Employee Only	\$10.94	\$21.88	\$65.72	\$87.60
Employee + 1 Dependent	\$21.88	\$43.76	\$131.40	\$175.16
Employee + 2 or more Dependents	\$31.20	\$62.40	\$187.20	\$249.60
Dental - Willamette Dental Plan				
Employee Only	\$7.76	\$15.52	\$46.68	\$62.20
Employee + 1 Dependent	\$15.54	\$31.08	\$93.28	\$124.36
Employee + 2 or more Dependents	\$22.16	\$44.32	\$133.00	\$177.32

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

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Half Time/0.5 FTE 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
Medical - Moda PPO 400 Plan				
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
Medical - Moda Major Medical Plan				
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
Medical - Kaiser 10/20 Plan				
Employee Only	\$222.76	\$445.52	\$545.56	\$991.08
Employee + 1 Dependent	\$469.94	\$939.88	\$1,039.88	\$1,979.76
Employee + 2 or more Dependents	\$680.44	\$1,360.88	\$1,460.92	\$2,821.80
Medical - Kaiser Maintenance Plan				
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
Dental - Delta Dental 50 Plan				
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
Dental - Kaiser Dental 15 Plan				
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
Dental - Willamette Dental Plan				
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.](#)