

**IUPAT - Painters**  
**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 - 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, 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.](#)

# IUPAT - Painters

## 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 |
|--|----------------------------|-----------------------|-----------------------------|-----------------------|
| <b>Medical - Moda PPO 400 Plan</b>       |                            |                       |                             |                       |
| 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            |
| <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                            | \$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            |
| <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                            | \$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              |
| <b>Dental - Kaiser Dental 15 Plan</b>    |                            |                       |                             |                       |
| 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              |
| <b>Dental - Willamette Dental Plan</b>   |                            |                       |                             |                       |
| 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.

[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.](#)

# IUPAT - Painters

## 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 |
|--|----------------------------|-----------------------|-----------------------------|-----------------------|
| <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                            | \$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            |
| <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.](#)