

**Engineers (IUOE Local 701)**  
**Full Time Employee Health Care Premium Costs**  
January 1, 2026 - December 31, 2026

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
<b>Medical - Moda PPO 400 Plan</b>				
Employee Only	\$45.32	\$90.64	\$1,118.36	\$1,209.00
Employee + 1 Dependent	\$90.66	\$181.32	\$2,236.68	\$2,418.00
Employee + 2 or more Dependents	\$129.14	\$258.28	\$3,185.72	\$3,444.00
<b>Medical - Moda Major Medical Plan (+ \$50 credit)</b>				
Employee Only	\$0.00	\$0.00	\$584.00	\$584.00
Employee + 1 Dependent	\$0.00	\$0.00	\$1,167.00	\$1,167.00
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,663.00	\$1,663.00
<b>Medical - Kaiser 10/20 Plan</b>				
Employee Only	\$40.00	\$80.00	\$987.04	\$1,067.04
Employee + 1 Dependent	\$79.92	\$159.84	\$1,971.72	\$2,131.56
Employee + 2 or more Dependents	\$113.92	\$227.84	\$2,810.20	\$3,038.04
<b>Dental - Delta Dental 50 Plan</b>				
Employee Only	\$2.36	\$4.72	\$62.88	\$67.60
Employee + 1 Dependent	\$4.72	\$9.44	\$125.56	\$135.00
Employee + 2 or more Dependents	\$6.74	\$13.48	\$179.52	\$193.00
<b>Dental - Kaiser Dental 15 Plan</b>				
Employee Only	\$3.30	\$6.60	\$88.24	\$94.84
Employee + 1 Dependent	\$6.64	\$13.28	\$176.60	\$189.88
Employee + 2 or more Dependents	\$9.46	\$18.92	\$251.68	\$270.60
<b>Dental - Willamette Dental Plan</b>				
Employee Only	\$2.22	\$4.44	\$59.28	\$63.72
Employee + 1 Dependent	\$4.46	\$8.92	\$118.52	\$127.44
Employee + 2 or more Dependents	\$6.36	\$12.72	\$169.00	\$181.72

**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.](#)

**Engineers (IUOE Local 701)**  
**Part Time Employee Health Care Premium Costs**  
January 1, 2026 - December 31, 2026

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
<b>Medical - Moda PPO 400 Plan</b>				
Employee Only	\$277.24	\$554.48	\$654.52	\$1,209.00
Employee + 1 Dependent	\$579.50	\$1,159.00	\$1,259.00	\$2,418.00
Employee + 2 or more Dependents	\$836.00	\$1,672.00	\$1,772.00	\$3,444.00
<b>Medical - Moda Major Medical Plan</b>				
Employee Only	\$0.00	\$0.00	\$584.00	\$584.00
Employee + 1 Dependent	\$0.00	\$0.00	\$1,167.00	\$1,167.00
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,663.00	\$1,663.00
<b>Medical - Kaiser 10/20 Plan</b>				
Employee Only	\$241.76	\$483.52	\$583.52	\$1,067.04
Employee + 1 Dependent	\$507.88	\$1,015.76	\$1,115.80	\$2,131.56
Employee + 2 or more Dependents	\$734.50	\$1,469.00	\$1,569.04	\$3,038.04
<b>Medical - Kaiser Maintenance Plan</b>				
Employee Only	\$42.16	\$84.32	\$759.16	\$843.48
Employee + 1 Dependent	\$84.36	\$168.72	\$1,518.60	\$1,687.32
Employee + 2 or more Dependents	\$120.20	\$240.40	\$2,163.80	\$2,404.20
<b>Dental - Delta Dental 50 Plan</b>				
Employee Only	\$16.90	\$33.80	\$33.80	\$67.60
Employee + 1 Dependent	\$33.74	\$67.48	\$67.52	\$135.00
Employee + 2 or more Dependents	\$48.24	\$96.48	\$96.52	\$193.00
<b>Dental - Kaiser Dental 15 Plan</b>				
Employee Only	\$23.70	\$47.40	\$47.44	\$94.84
Employee + 1 Dependent	\$47.46	\$94.92	\$94.96	\$189.88
Employee + 2 or more Dependents	\$67.64	\$135.28	\$135.32	\$270.60
<b>Dental - Willamette Dental Plan</b>				
Employee Only	\$15.92	\$31.84	\$31.88	\$63.72
Employee + 1 Dependent	\$31.86	\$63.72	\$63.72	\$127.44
Employee + 2 or more Dependents	\$45.42	\$90.84	\$90.88	\$181.72

**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.