

AFSCME Local 88
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
Medical - Moda PPO 400 Plan				
Employee Only	\$40.80	\$81.60	\$1,127.40	\$1,209.00
Employee + 1 Dependent	\$81.60	\$163.20	\$2,254.80	\$2,418.00
Employee + 2 or more Dependents	\$116.22	\$232.44	\$3,211.56	\$3,444.00
Medical - Kaiser 10/20 Plan				
Employee Only	\$26.66	\$53.32	\$1,013.72	\$1,067.04
Employee + 1 Dependent	\$53.28	\$106.56	\$2,025.00	\$2,131.56
Employee + 2 or more Dependents	\$75.94	\$151.88	\$2,886.16	\$3,038.04
Dental - Delta Dental 50 Plan				
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
Dental - Kaiser Dental 15 Plan				
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
Dental - Willamette Dental Plan				
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, 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, 2026 - December 31, 2026

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$151.12	\$302.24	\$906.76	\$1,209.00
Employee + 1 Dependent	\$302.24	\$604.48	\$1,813.52	\$2,418.00
Employee + 2 or more Dependents	\$430.50	\$861.00	\$2,583.00	\$3,444.00
Medical - Moda Major Medical Plan				
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
Medical - Kaiser 10/20 Plan				
Employee Only	\$133.38	\$266.76	\$800.28	\$1,067.04
Employee + 1 Dependent	\$266.44	\$532.88	\$1,598.68	\$2,131.56
Employee + 2 or more Dependents	\$379.74	\$759.48	\$2,278.56	\$3,038.04
Medical - Kaiser Maintenance Plan				
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
Dental - Delta Dental 50 Plan				
Employee Only	\$8.44	\$16.88	\$50.72	\$67.60
Employee + 1 Dependent	\$16.86	\$33.72	\$101.28	\$135.00
Employee + 2 or more Dependents	\$24.12	\$48.24	\$144.76	\$193.00
Dental - Kaiser Dental 15 Plan				
Employee Only	\$11.84	\$23.68	\$71.16	\$94.84
Employee + 1 Dependent	\$23.72	\$47.44	\$142.44	\$189.88
Employee + 2 or more Dependents	\$33.82	\$67.64	\$202.96	\$270.60
Dental - Willamette Dental Plan				
Employee Only	\$7.96	\$15.92	\$47.80	\$63.72
Employee + 1 Dependent	\$15.92	\$31.84	\$95.60	\$127.44
Employee + 2 or more Dependents	\$22.70	\$45.40	\$136.32	\$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.](#)

AFSCME Local 88
Half Time/0.5 FTE 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
Medical - Moda PPO 400 Plan				
Employee Only	\$302.24	\$604.48	\$604.52	\$1,209.00
Employee + 1 Dependent	\$604.50	\$1,209.00	\$1,209.00	\$2,418.00
Employee + 2 or more Dependents	\$861.00	\$1,722.00	\$1,722.00	\$3,444.00
Medical - Moda Major Medical Plan				
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
Medical - Kaiser 10/20 Plan				
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
Medical - Kaiser Maintenance Plan				
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
Dental - Delta Dental 50 Plan				
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
Dental - Kaiser Dental 15 Plan				
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
Dental - Willamette Dental Plan				
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.](#)