Engineers (IUOE Local 701)

Full Time Employee Health Care Premium Costs

January 1, 2027 - December 31, 2027

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	$48.42	$96.84	$1,194.36	$1,291.20
Employee + 1 Dependent	$96.84	$193.68	$2,388.76	$2,582.44
Employee + 2 or more Dependents	$137.92	$275.84	$3,402.36	$3,678.20
Medical - Moda Major Medical Plan (+ $50 credit)				
Employee Only	$0.00	$0.00	$623.72	$623.72
Employee + 1 Dependent	$0.00	$0.00	$1,246.36	$1,246.36
Employee + 2 or more Dependents	$0.00	$0.00	$1,776.08	$1,776.08
Medical - Kaiser 10/20 Plan				
Employee Only	$42.80	$85.60	$1,055.80	$1,141.40
Employee + 1 Dependent	$85.50	$171.00	$2,109.08	$2,280.08
Employee + 2 or more Dependents	$121.86	$243.72	$3,006.08	$3,249.80
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	$3.50	$7.00	$93.12	$100.12
Employee + 1 Dependent	$7.00	$14.00	$186.44	$200.44
Employee + 2 or more Dependents	$9.98	$19.96	$265.72	$285.68
Dental - Willamette Dental Plan				
Employee Only	$2.38	$4.76	$63.68	$68.44
Employee + 1 Dependent	$4.78	$9.56	$127.32	$136.88
Employee + 2 or more Dependents	$6.82	$13.64	$181.52	$195.16

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, 2027 - December 31, 2027

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	$297.80	$595.60	$695.60	$1,291.20
Employee + 1 Dependent	$620.60	$1,241.20	$1,341.24	$2,582.44
Employee + 2 or more Dependents	$894.54	$1,789.08	$1,889.12	$3,678.20
Medical - Moda Major Medical Plan				
Employee Only	$0.00	$0.00	$623.72	$623.72
Employee + 1 Dependent	$0.00	$0.00	$1,246.36	$1,246.36
Employee + 2 or more Dependents	$0.00	$0.00	$1,776.08	$1,776.08
Medical - Kaiser 10/20 Plan				
Employee Only	$260.34	$520.68	$620.72	$1,141.40
Employee + 1 Dependent	$545.02	$1,090.04	$1,190.04	$2,280.08
Employee + 2 or more Dependents	$787.44	$1,574.88	$1,674.92	$3,249.80
Medical - Kaiser Maintenance Plan				
Employee Only	$45.10	$90.20	$812.04	$902.24
Employee + 1 Dependent	$90.24	$180.48	$1,624.40	$1,804.88
Employee + 2 or more Dependents	$128.58	$257.16	$2,314.56	$2,571.72
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	$25.02	$50.04	$50.08	$100.12
Employee + 1 Dependent	$50.10	$100.20	$100.24	$200.44
Employee + 2 or more Dependents	$71.42	$142.84	$142.84	$285.68
Dental - Willamette Dental Plan				
Employee Only	$17.10	$34.20	$34.24	$68.44
Employee + 1 Dependent	$34.22	$68.44	$68.44	$136.88
Employee + 2 or more Dependents	$48.78	$97.56	$97.60	$195.16

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.