



Local 88, JCSS & Painters
Full Time Employee Premium Cost Shares
 January 1, 2018 - December 31, 2018



Coverage Level	Total Monthly Premium	County Contribution	Employee Monthly Costs	Per Paycheck Deduction
Moda Platinum PPO Medical/Rx/Vision Plan				
Single	\$768.76	\$716.86	\$51.90	\$25.95
Two-Party	\$1,537.46	\$1,433.68	\$103.78	\$51.89
Family	\$2,190.06	\$2,042.24	\$147.82	\$73.91
Kaiser Medical/Rx/Vision Plan				
Single	\$700.32	\$665.30	\$35.02	\$17.51
Two-Party	\$1,399.04	\$1,329.08	\$69.96	\$34.98
Family	\$1,994.02	\$1,894.32	\$99.70	\$49.85
Delta Dental Plan				
Single	\$51.94	\$49.34	\$2.60	\$1.30
Two-Party	\$103.82	\$98.62	\$5.20	\$2.60
Family	\$147.74	\$140.36	\$7.38	\$3.69
Kaiser Dental Plan				
Single	\$83.76	\$79.58	\$4.18	\$2.09
Two-Party	\$167.56	\$159.18	\$8.38	\$4.19
Family	\$238.76	\$226.82	\$11.94	\$5.97
Willamette Dental Plan				
Single	\$61.70	\$58.62	\$3.08	\$1.54
Two-Party	\$123.40	\$117.22	\$6.18	\$3.09
Family	\$175.90	\$167.10	\$8.80	\$4.40

Adding Domestic Partners and their Children: Imputed Income Tax

Employees who enroll family members who do not qualify as a Qualified Relative under the IRS code are required to pay tax on the value of that dependent's health plan coverage.



**Local 88, JCSS & Painters
Three-Quarter Time Employee Premium Cost Shares**

January 1, 2018 - December 31, 2018



Coverage Level	Total Monthly Premium	County Contribution	Employee Monthly Costs	Per Paycheck Deduction
Moda Platinum PPO Medical/Rx/Vision Plan				
Single	\$768.76	\$576.56	\$192.20	\$96.10
Two-Party	\$1,537.46	\$1,153.10	\$384.36	\$192.18
Family	\$2,190.06	\$1,642.54	\$547.52	\$273.76
Moda Major Medical and Rx Plan				
Single	\$368.38	\$368.38	\$0.00	\$0.00
Two-Party	\$736.76	\$736.76	\$0.00	\$0.00
Family	\$1,049.88	\$1,049.88	\$0.00	\$0.00
Kaiser Medical/Rx/Vision Plan				
Single	\$700.32	\$525.24	\$175.08	\$87.54
Two-Party	\$1,399.04	\$1,049.28	\$349.76	\$174.88
Family	\$1,994.02	\$1,495.52	\$498.50	\$249.25
Kaiser Maintenance Medical Plan				
Single	\$547.44	\$492.70	\$54.74	\$27.37
Two-Party	\$1,094.88	\$985.40	\$109.48	\$54.74
Family	\$1,560.26	\$1,404.24	\$156.02	\$78.01
Delta Dental Plan				
Single	\$51.94	\$38.96	\$12.98	\$6.49
Two-Party	\$103.82	\$77.86	\$25.96	\$12.98
Family	\$147.74	\$110.80	\$36.94	\$18.47
Kaiser Dental Plan				
Single	\$83.76	\$62.82	\$20.94	\$10.47
Two-Party	\$167.56	\$125.68	\$41.88	\$20.94
Family	\$238.76	\$179.06	\$59.70	\$29.85
Willamette Dental Plan				
Single	\$61.70	\$46.28	\$15.42	\$7.71
Two-Party	\$123.40	\$92.54	\$30.86	\$15.43
Family	\$175.90	\$131.92	\$43.98	\$21.99

Adding Domestic Partners and their Children: Imputed Income Tax

Employees who enroll family members who do not qualify as a Qualified Relative under the IRS code are required to pay tax on the value of that dependent's health plan coverage.



**Local 88, JCSS & Painters
Half-Time Employee Premium Cost Shares**

January 1, 2018 - December 31, 2018



Coverage Level	Total Monthly Premium	County Contribution	Employee Monthly Costs	Per Paycheck Deduction
Moda Platinum PPO Medical/Rx/Vision Plan				
Single	\$768.76	\$384.38	\$384.38	\$192.19
Two-Party	\$1,537.46	\$768.72	\$768.74	\$384.37
Family	\$2,190.06	\$1,095.04	\$1,095.02	\$547.51
Moda Major Medical and Rx Plan				
Single	\$368.38	\$368.38	\$0.00	\$0.00
Two-Party	\$736.76	\$736.76	\$0.00	\$0.00
Family	\$1,049.88	\$1,049.88	\$0.00	\$0.00
Kaiser Medical/Rx/Vision Plan				
Single	\$700.32	\$400.16	\$300.16	\$150.08
Two-Party	\$1,399.04	\$749.52	\$649.52	\$324.76
Family	\$1,994.02	\$1,047.02	\$947.00	\$473.50
Kaiser Maintenance Medical Plan				
Single	\$547.44	\$492.70	\$54.74	\$27.37
Two-Party	\$1,094.88	\$985.40	\$109.48	\$54.74
Family	\$1,560.26	\$1,404.24	\$156.02	\$78.01
Delta Dental Plan				
Single	\$51.94	\$25.96	\$25.98	\$12.99
Two-Party	\$103.82	\$51.90	\$51.92	\$25.96
Family	\$147.74	\$73.88	\$73.86	\$36.93
Kaiser Dental Plan				
Single	\$83.76	\$41.88	\$41.88	\$20.94
Two-Party	\$167.56	\$83.78	\$83.78	\$41.89
Family	\$238.76	\$119.38	\$119.38	\$59.69
Willamette Dental Plan				
Single	\$61.70	\$30.86	\$30.84	\$15.42
Two-Party	\$123.40	\$61.70	\$61.70	\$30.85
Family	\$175.90	\$87.94	\$87.96	\$43.98

Adding Domestic Partners and their Children: Imputed Income Tax

Employees who enroll family members who do not qualify as a Qualified Relative under the IRS code are required to pay tax on the value of that dependent's health plan coverage.