



Local 88 & Painters
Full Time Employee Premium Cost Shares
 January 1, 2019 - December 31, 2019



Coverage Level	Total Monthly Premium	County Contribution	Employee Monthly Costs	Per Paycheck Deduction
Moda PPO 400 Medical/Rx/Vision Plan				
Single	\$768.78	\$716.88	\$51.90	\$25.95
Two-Party	\$1,537.52	\$1,433.74	\$103.78	\$51.89
Family	\$2,189.92	\$2,042.10	\$147.82	\$73.91
Kaiser 10/20 Medical/Rx/Vision Plan				
Single	\$706.08	\$670.78	\$35.30	\$17.65
Two-Party	\$1,410.52	\$1,340.00	\$70.52	\$35.26
Family	\$2,010.40	\$1,909.88	\$100.52	\$50.26
Delta 50 Dental Plan				
Single	\$57.80	\$53.76	\$4.04	\$2.02
Two-Party	\$115.56	\$107.48	\$8.08	\$4.04
Family	\$164.44	\$152.92	\$11.52	\$5.76
Kaiser 15 Dental Plan				
Single	\$86.18	\$80.14	\$6.04	\$3.02
Two-Party	\$172.40	\$160.34	\$12.06	\$6.03
Family	\$245.66	\$228.46	\$17.20	\$8.60
Willamette Dental Plan				
Single	\$61.70	\$57.38	\$4.32	\$2.16
Two-Party	\$123.40	\$114.76	\$8.64	\$4.32
Family	\$175.90	\$163.60	\$12.30	\$6.15

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 & Painters
Three-Quarter Time Employee Premium Cost Shares
 January 1, 2019 - December 31, 2019



Coverage Level	Total Monthly Premium	County Contribution	Employee Monthly Costs	Per Paycheck Deduction
Moda PPO 400 Medical/Rx/Vision Plan				
Single	\$768.78	\$576.58	\$192.20	\$96.10
Two-Party	\$1,537.52	\$1,153.14	\$384.38	\$192.19
Family	\$2,189.92	\$1,642.44	\$547.48	\$273.74
Moda Major Medical and Rx Plan				
Single	\$370.98	\$370.98	\$0.00	\$0.00
Two-Party	\$741.94	\$741.94	\$0.00	\$0.00
Family	\$1,057.24	\$1,057.24	\$0.00	\$0.00
Kaiser 10/20 Medical/Rx/Vision Plan				
Single	\$706.08	\$529.56	\$176.52	\$88.26
Two-Party	\$1,410.52	\$1,057.90	\$352.62	\$176.31
Family	\$2,010.40	\$1,507.80	\$502.60	\$251.30
Kaiser Maintenance Medical Plan				
Single	\$557.28	\$501.56	\$55.72	\$27.86
Two-Party	\$1,114.56	\$1,003.10	\$111.46	\$55.73
Family	\$1,588.32	\$1,429.48	\$158.84	\$79.42
Delta 50 Dental Plan				
Single	\$57.80	\$43.36	\$14.44	\$7.22
Two-Party	\$115.56	\$86.66	\$28.90	\$14.45
Family	\$164.44	\$123.34	\$41.10	\$20.55
Kaiser 15 Dental Plan				
Single	\$86.18	\$64.64	\$21.54	\$10.77
Two-Party	\$172.40	\$129.30	\$43.10	\$21.55
Family	\$245.66	\$184.24	\$61.42	\$30.71
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 & Painters
Half-Time Employee Premium Cost Shares**

January 1, 2019 - December 31, 2019



Coverage Level	Total Monthly Premium	County Contribution	Employee Monthly Costs	Per Paycheck Deduction
Moda PPO 400 Medical/Rx/Vision Plan				
Single	\$768.78	\$384.38	\$384.40	\$192.20
Two-Party	\$1,537.52	\$768.76	\$768.76	\$384.38
Family	\$2,189.92	\$1,094.96	\$1,094.96	\$547.48
Moda Major Medical and Rx Plan				
Single	\$370.98	\$370.98	\$0.00	\$0.00
Two-Party	\$741.94	\$741.94	\$0.00	\$0.00
Family	\$1,057.24	\$1,057.24	\$0.00	\$0.00
Kaiser 10/20 Medical/Rx/Vision Plan				
Single	\$706.08	\$403.04	\$303.04	\$151.52
Two-Party	\$1,410.52	\$755.26	\$655.26	\$327.63
Family	\$2,010.40	\$1,055.20	\$955.20	\$477.60
Kaiser Maintenance Medical Plan				
Single	\$557.28	\$501.56	\$55.72	\$27.86
Two-Party	\$1,114.56	\$1,003.10	\$111.46	\$55.73
Family	\$1,588.32	\$1,429.48	\$158.84	\$79.42
Delta 50 Dental Plan				
Single	\$57.80	\$28.90	\$28.90	\$14.45
Two-Party	\$115.56	\$57.78	\$57.78	\$28.89
Family	\$164.44	\$82.22	\$82.22	\$41.11
Kaiser 15 Dental Plan				
Single	\$86.18	\$43.08	\$43.10	\$21.55
Two-Party	\$172.40	\$86.20	\$86.20	\$43.10
Family	\$245.66	\$122.84	\$122.82	\$61.41
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.