



**Non-Represented Employees, Elected Officials,
and Elected Officials' Staff**

Full Time Employee Premium Cost Shares

January 1, 2019 - December 31, 2019



| Coverage Level | Total Monthly Premium | Refund to Employee | County Contribution | Employee Monthly Costs | Per Paycheck Deduction |
|--|-----------------------|--------------------|---------------------|------------------------|------------------------|
| Moda PPO 400 Medical/Rx/Vision Plan | | | | | |
| Single | \$768.78 | N/A | \$711.12 | \$57.66 | \$28.83 |
| Two-Party | \$1,537.52 | N/A | \$1,422.22 | \$115.30 | \$57.65 |
| Family | \$2,189.92 | N/A | \$2,025.68 | \$164.24 | \$82.12 |
| Moda Major Medical and Rx Plan | | | | | |
| Single | \$370.98 | \$50.00 | \$420.98 | \$0.00 | \$0.00 |
| Two-Party | \$741.94 | \$50.00 | \$791.94 | \$0.00 | \$0.00 |
| Family | \$1,057.24 | \$50.00 | \$1,107.24 | \$0.00 | \$0.00 |
| Kaiser 10/20 Medical/Rx/Vision Plan | | | | | |
| Single | \$706.08 | N/A | \$670.78 | \$35.30 | \$17.65 |
| Two-Party | \$1,410.52 | N/A | \$1,340.00 | \$70.52 | \$35.26 |
| Family | \$2,010.40 | N/A | \$1,909.88 | \$100.52 | \$50.26 |
| Delta 50 Dental Plan | | | | | |
| Single | \$57.80 | N/A | \$53.76 | \$4.04 | \$2.02 |
| Two-Party | \$115.56 | N/A | \$107.48 | \$8.08 | \$4.04 |
| Family | \$164.44 | N/A | \$152.92 | \$11.52 | \$5.76 |
| Kaiser 15 Dental Plan | | | | | |
| Single | \$86.18 | N/A | \$80.14 | \$6.04 | \$3.02 |
| Two-Party | \$172.40 | N/A | \$160.34 | \$12.06 | \$6.03 |
| Family | \$245.66 | N/A | \$228.46 | \$17.20 | \$8.60 |
| Willamette Dental Plan | | | | | |
| Single | \$61.70 | N/A | \$57.38 | \$4.32 | \$2.16 |
| Two-Party | \$123.40 | N/A | \$114.76 | \$8.64 | \$4.32 |
| Family | \$175.90 | N/A | \$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.



**Non-Represented Employees, Elected Officials,
and Elected Officials' Staff
Part Time Employee Premium Cost Shares
January 1, 2019 - December 31, 2019**



| Coverage Level | Total Monthly Premium | Refund to Employee | County Contribution | Employee Monthly Costs | Per Paycheck Deduction |
|--|-----------------------|--------------------|---------------------|------------------------|------------------------|
| Moda PPO 400 Medical/Rx/Vision Plan | | | | | |
| Single | \$768.78 | N/A | \$384.38 | \$384.40 | \$192.20 |
| Two-Party | \$1,537.52 | N/A | \$768.76 | \$768.76 | \$384.38 |
| Family | \$2,189.92 | N/A | \$1,094.96 | \$1,094.96 | \$547.48 |
| Moda Major Medical and Rx Plan | | | | | |
| Single | \$370.98 | \$0.00 | \$370.98 | \$0.00 | \$0.00 |
| Two-Party | \$741.94 | \$0.00 | \$741.94 | \$0.00 | \$0.00 |
| Family | \$1,057.24 | \$0.00 | \$1,057.24 | \$0.00 | \$0.00 |
| Kaiser 10/20 Medical/Rx/Vision Plan | | | | | |
| Single | \$706.08 | N/A | \$437.78 | \$268.30 | \$134.15 |
| Two-Party | \$1,410.52 | N/A | \$874.52 | \$536.00 | \$268.00 |
| Family | \$2,010.40 | N/A | \$1,246.44 | \$763.96 | \$381.98 |
| Kaiser Maintenance Medical Plan | | | | | |
| Single | \$557.28 | N/A | \$501.56 | \$55.72 | \$27.86 |
| Two-Party | \$1,114.56 | N/A | \$1,003.10 | \$111.46 | \$55.73 |
| Family | \$1,588.32 | N/A | \$1,429.48 | \$158.84 | \$79.42 |
| Delta 50 Dental Plan | | | | | |
| Single | \$57.80 | N/A | \$28.90 | \$28.90 | \$14.45 |
| Two-Party | \$115.56 | N/A | \$57.78 | \$57.78 | \$28.89 |
| Family | \$164.44 | N/A | \$82.22 | \$82.22 | \$41.11 |
| Kaiser 15 Dental Plan | | | | | |
| Single | \$86.18 | N/A | \$43.08 | \$43.10 | \$21.55 |
| Two-Party | \$172.40 | N/A | \$86.20 | \$86.20 | \$43.10 |
| Family | \$245.66 | N/A | \$122.84 | \$122.82 | \$61.41 |
| Willamette Dental Plan | | | | | |
| Single | \$61.70 | N/A | \$30.86 | \$30.84 | \$15.42 |
| Two-Party | \$123.40 | N/A | \$61.70 | \$61.70 | \$30.85 |
| Family | \$175.90 | N/A | \$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.