



**Engineers IUOE Local 701
Full Time Employee Premium Cost Shares**

January 1, 2019 - December 31, 2019



| Coverage Level | Total Monthly Premium | Refund to Employee | County Contribution | Employee Monthly Cost share | Per Paycheck Deduction |
|--|-----------------------|--------------------|---------------------|-----------------------------|------------------------|
| Moda Performance PPO Medical/Rx/Vision Plan | | | | | |
| Single | \$830.90 | N/A | \$747.80 | \$83.10 | \$41.55 |
| Two-Party | \$1,661.76 | N/A | \$1,495.58 | \$166.18 | \$83.09 |
| Family | \$2,366.92 | N/A | \$2,130.22 | \$236.70 | \$118.35 |
| Moda Preferred PPO Medical/Rx/Vision Plan | | | | | |
| Single | \$730.18 | N/A | \$693.68 | \$36.50 | \$18.25 |
| Two-Party | \$1,460.32 | N/A | \$1,387.30 | \$73.02 | \$36.51 |
| Family | \$2,079.88 | N/A | \$1,975.88 | \$104.00 | \$52.00 |
| 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 Medical/Rx/Vision Plan | | | | | |
| Single | \$712.92 | N/A | \$677.28 | \$35.64 | \$17.82 |
| Two-Party | \$1,424.18 | N/A | \$1,352.98 | \$71.20 | \$35.60 |
| Family | \$2,029.88 | N/A | \$1,928.38 | \$101.50 | \$50.75 |
| Delta Dental Plan | | | | | |
| Single | \$54.84 | N/A | \$52.10 | \$2.74 | \$1.37 |
| Two-Party | \$109.64 | N/A | \$104.16 | \$5.48 | \$2.74 |
| Family | \$156.02 | N/A | \$148.22 | \$7.80 | \$3.90 |
| Kaiser Dental Plan | | | | | |
| Single | \$87.52 | N/A | \$83.14 | \$4.38 | \$2.19 |
| Two-Party | \$175.08 | N/A | \$166.32 | \$8.76 | \$4.38 |
| Family | \$249.48 | N/A | \$237.00 | \$12.48 | \$6.24 |
| Willamette Dental Plan | | | | | |
| Single | \$61.70 | N/A | \$58.62 | \$3.08 | \$1.54 |
| Two-Party | \$123.40 | N/A | \$117.22 | \$6.18 | \$3.09 |
| Family | \$175.90 | N/A | \$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.



Engineers IUOE Local 701
Part Time Employee Premium Cost Shares
 January 1, 2019 - December 31, 2019



| Coverage Level | Total Monthly Premium | Subsidy added into County Contribution | County Contribution | Employee Monthly Cost share | Per Paycheck Deduction |
|--|-----------------------|--|---------------------|-----------------------------|------------------------|
| Moda Performance PPO Medical/Rx/Vision Plan | | | | | |
| Single | \$830.90 | N/A | \$373.90 | \$457.00 | \$228.50 |
| Two-Party | \$1,661.76 | N/A | \$747.80 | \$913.96 | \$456.98 |
| Family | \$2,366.92 | N/A | \$1,065.12 | \$1,301.80 | \$650.90 |
| Moda Preferred PPO Medical/Rx/Vision Plan | | | | | |
| Single | \$730.18 | N/A | \$410.72 | \$319.46 | \$159.73 |
| Two-Party | \$1,460.32 | N/A | \$821.42 | \$638.90 | \$319.45 |
| Family | \$2,079.88 | N/A | \$1,169.94 | \$909.94 | \$454.97 |
| Moda Major Medical and Rx Plan | | | | | |
| Single | \$370.98 | N/A | \$370.98 | \$0.00 | \$0.00 |
| Two-Party | \$741.94 | N/A | \$741.94 | \$0.00 | \$0.00 |
| Family | \$1,057.24 | N/A | \$1,057.24 | \$0.00 | \$0.00 |
| Kaiser Medical/Rx/Vision Plan | | | | | |
| Single | \$712.92 | N/A | \$442.02 | \$270.90 | \$135.45 |
| Two-Party | \$1,424.18 | N/A | \$883.00 | \$541.18 | \$270.59 |
| Family | \$2,029.88 | N/A | \$1,258.52 | \$771.36 | \$385.68 |
| 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 Dental Plan | | | | | |
| Single | \$54.84 | N/A | \$27.42 | \$27.42 | \$13.71 |
| Two-Party | \$109.64 | N/A | \$54.82 | \$54.82 | \$27.41 |
| Family | \$156.02 | N/A | \$78.02 | \$78.00 | \$39.00 |
| Kaiser Dental Plan | | | | | |
| Single | \$87.52 | N/A | \$43.76 | \$43.76 | \$21.88 |
| Two-Party | \$175.08 | N/A | \$87.54 | \$87.54 | \$43.77 |
| Family | \$249.48 | N/A | \$124.74 | \$124.74 | \$62.37 |
| 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

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