



IBEW Local 48
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 Platinum PPO Medical/Rx/Vision Plan					
Single	\$773.50	N/A	\$721.30	\$52.20	\$26.10
Two-Party	\$1,546.96	N/A	\$1,442.54	\$104.42	\$52.21
Family	\$2,203.34	N/A	\$2,054.62	\$148.72	\$74.36
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.



IBEW Local 48
Part Time Employee Premium Cost Shares
 January 1, 2019 - December 31, 2019



Coverage Level	Total Premium	Subsidy added into County Contribution	County Contribution	Employee Monthly Cost share	Per Paycheck Deduction
Moda Platinum PPO Medical/Rx/Vision Plan					
Single	\$773.50	N/A	\$386.76	\$386.74	\$193.37
Two-Party	\$1,546.96	N/A	\$773.48	\$773.48	\$386.74
Family	\$2,203.34	N/A	\$1,101.66	\$1,101.68	\$550.84
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 Medical/Rx/Vision Plan					
Single	\$712.92	\$50.00	\$420.98	\$291.94	\$145.97
Two-Party	\$1,424.18	\$50.00	\$791.94	\$632.24	\$316.12
Family	\$2,029.88	\$50.00	\$1,107.24	\$922.64	\$461.32
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

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.