



**IBEW Local 48**  
**Full Time Employee Premium Cost Shares**  
 January 1, 2018 - December 31, 2018



| Coverage Level                                  | Total Monthly Premium | Refund to Employee | County Contribution | Employee Monthly Costs | Per Paycheck Deduction |
|---|-----------------------|--------------------|---------------------|------------------------|------------------------|
| <b>Moda Platinum PPO Medical/Rx/Vision Plan</b> |                       |                    |                     |                        |                        |
| Single  | \$768.76              | N/A                | \$716.86            | \$51.90                | \$25.95                |
| Two-Party                                       | \$1,537.46            | N/A                | \$1,433.68          | \$103.78               | \$51.89                |
| Family  | \$2,190.06            | N/A                | \$2,042.24          | \$147.82               | \$73.91                |
| <b>Moda Major Medical and Rx Plan</b>           |                       |                    |                     |                        |                        |
| Single  | \$368.38              | \$50.00            | \$418.38            | \$0.00                 | \$0.00                 |
| Two-Party                                       | \$736.76              | \$50.00            | \$786.76            | \$0.00                 | \$0.00                 |
| Family  | \$1,049.88            | \$50.00            | \$1,099.88          | \$0.00                 | \$0.00                 |
| <b>Kaiser Medical/Rx/Vision Plan</b>            |                       |                    |                     |                        |                        |
| Single  | \$700.32              | N/A                | \$665.30            | \$35.02                | \$17.51                |
| Two-Party                                       | \$1,399.04            | N/A                | \$1,329.08          | \$69.96                | \$34.98                |
| Family  | \$1,994.02            | N/A                | \$1,894.32          | \$99.70                | \$49.85                |
| <b>Delta Dental Plan</b>                        |                       |                    |                     |                        |                        |
| Single  | \$51.94               | N/A                | \$49.34             | \$2.60                 | \$1.30                 |
| Two-Party                                       | \$103.82              | N/A                | \$98.62             | \$5.20                 | \$2.60                 |
| Family  | \$147.74              | N/A                | \$140.36            | \$7.38                 | \$3.69                 |
| <b>Kaiser Dental Plan</b>                       |                       |                    |                     |                        |                        |
| Single  | \$83.76               | N/A                | \$79.58             | \$4.18                 | \$2.09                 |
| Two-Party                                       | \$167.56              | N/A                | \$159.18            | \$8.38                 | \$4.19                 |
| Family  | \$238.76              | N/A                | \$226.82            | \$11.94                | \$5.97                 |
| <b>Willamette Dental Plan</b>                   |                       |                    |                     |                        |                        |
| 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, 2018 - December 31, 2018



| Coverage Level                                  | Total Premium | Subsidy added into County Contribution | County Contribution | Employee Monthly Cost share | Per Paycheck Deduction |
|---|---------------|--|---------------------|-----------------------------|------------------------|
| <b>Moda Platinum PPO Medical/Rx/Vision Plan</b> |               |  |                     |                             |                        |
| Single  | \$768.76      | N/A                                    | \$384.38            | \$384.38                    | \$192.19               |
| Two-Party                                       | \$1,537.46    | N/A                                    | \$768.72            | \$768.74                    | \$384.37               |
| Family  | \$2,190.06    | N/A                                    | \$1,095.04          | \$1,095.02                  | \$547.51               |
| <b>Moda Major Medical and Rx Plan</b>           |               |  |                     |                             |                        |
| Single  | \$368.38      | \$0.00                                 | \$368.38            | \$0.00                      | \$0.00                 |
| Two-Party                                       | \$736.76      | \$0.00                                 | \$736.76            | \$0.00                      | \$0.00                 |
| Family  | \$1,049.88    | \$0.00                                 | \$1,049.88          | \$0.00                      | \$0.00                 |
| <b>Kaiser Medical/Rx/Vision Plan</b>            |               |  |                     |                             |                        |
| Single  | \$700.32      | \$50.00                                | \$418.38            | \$281.94                    | \$140.97               |
| Two-Party                                       | \$1,399.04    | \$50.00                                | \$786.76            | \$612.28                    | \$306.14               |
| Family  | \$1,994.02    | \$50.00                                | \$1,099.88          | \$894.14                    | \$447.07               |
| <b>Kaiser Maintenance Medical Plan</b>          |               |  |                     |                             |                        |
| Single  | \$547.44      | N/A                                    | \$492.70            | \$54.74                     | \$27.37                |
| Two-Party                                       | \$1,094.88    | N/A                                    | \$985.40            | \$109.48                    | \$54.74                |
| Family  | \$1,560.26    | N/A                                    | \$1,404.24          | \$156.02                    | \$78.01                |
| <b>Delta Dental Plan</b>                        |               |  |                     |                             |                        |
| Single  | \$51.94       | N/A                                    | \$25.96             | \$25.98                     | \$12.99                |
| Two-Party                                       | \$103.82      | N/A                                    | \$51.90             | \$51.92                     | \$25.96                |
| Family  | \$147.74      | N/A                                    | \$73.88             | \$73.86                     | \$36.93                |
| <b>Kaiser Dental Plan</b>                       |               |  |                     |                             |                        |
| Single  | \$83.76       | N/A                                    | \$41.88             | \$41.88                     | \$20.94                |
| Two-Party                                       | \$167.56      | N/A                                    | \$83.78             | \$83.78                     | \$41.89                |
| Family  | \$238.76      | N/A                                    | \$119.38            | \$119.38                    | \$59.69                |
| <b>Willamette Dental Plan</b>                   |               |  |                     |                             |                        |
| 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.