



FOPPO
Full Time Employee Premium Cost Shares
 January 1, 2018 - December 31, 2018



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	\$825.76	N/A	\$743.18	\$82.58	\$41.29
Two-Party	\$1,651.48	N/A	\$1,486.34	\$165.14	\$82.57
Family	\$2,352.52	N/A	\$2,117.26	\$235.26	\$117.63
Moda Preferred PPO Medical/Rx/Vision Plan					
Single	\$725.74	N/A	\$689.46	\$36.28	\$18.14
Two-Party	\$1,451.44	N/A	\$1,378.86	\$72.58	\$36.29
Family	\$2,067.46	N/A	\$1,964.08	\$103.38	\$51.69
Moda Major Medical and Rx Plan					
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
Kaiser Medical/Rx/Vision Plan					
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
Delta Dental Plan					
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
Kaiser Dental Plan					
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
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.



FOPPO
Part Time Employee Premium Cost Shares
 January 1, 2018 - December 31, 2018



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	\$825.76	N/A	\$371.60	\$454.16	\$227.08
Two-Party	\$1,651.48	N/A	\$743.16	\$908.32	\$454.16
Family	\$2,352.52	N/A	\$1,058.64	\$1,293.88	\$646.94
Moda Preferred PPO Medical/Rx/Vision Plan					
Single	\$725.74	\$50.00	\$435.44	\$290.30	\$145.15
Two-Party	\$1,451.44	\$50.00	\$812.80	\$638.64	\$319.32
Family	\$2,067.46	\$50.00	\$1,116.42	\$951.04	\$475.52
Moda Major Medical and Rx Plan					
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
Kaiser Medical/Rx/Vision Plan					
Single	\$700.32	\$50.00	\$490.22	\$210.10	\$105.05
Two-Party	\$1,399.04	\$50.00	\$895.38	\$503.66	\$251.83
Family	\$1,994.02	\$50.00	\$1,256.24	\$737.78	\$368.89
Kaiser Maintenance Medical Plan					
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
Delta Dental Plan					
Single	\$51.94	N/A	\$25.96	\$25.98	\$12.99
Two-Party	\$103.82	N/A	\$51.90	\$51.92	\$25.96
Family (+.01)	\$147.74	N/A	\$73.88	\$73.86	\$36.93
Kaiser Dental Plan					
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
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.