



**FOPPO**  
**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 |
|--|-----------------------|--------------------|---------------------|-----------------------------|------------------------|
| <b>Moda Performance PPO Medical/Rx/Vision Plan</b> |                       |                    |                     |                             |                        |
| 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               |
| <b>Moda Preferred PPO Medical/Rx/Vision Plan</b>   |                       |                    |                     |                             |                        |
| 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                |
| <b>Moda Major Medical and Rx Plan</b>              |                       |                    |                     |                             |                        |
| 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                 |
| <b>Kaiser Medical/Rx/Vision Plan</b>               |                       |                    |                     |                             |                        |
| 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                |
| <b>Delta Dental Plan</b>                           |                       |                    |                     |                             |                        |
| 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                 |
| <b>Kaiser Dental Plan</b>                          |                       |                    |                     |                             |                        |
| 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                 |
| <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.



**FOPPO**  
**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 |
|--|-----------------------|--|---------------------|-----------------------------|------------------------|
| <b>Moda Performance PPO Medical/Rx/Vision Plan</b> |                       |  |                     |                             |                        |
| 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               |
| <b>Moda Preferred PPO Medical/Rx/Vision Plan</b>   |                       |  |                     |                             |                        |
| Single   | \$730.18              | \$0.00                                 | \$438.10            | \$292.08                    | \$146.04               |
| Two-Party  | \$1,460.32            | \$0.00                                 | \$817.78            | \$642.54                    | \$321.27               |
| Family   | \$2,079.88            | \$0.00                                 | \$1,123.14          | \$956.74                    | \$478.37               |
| <b>Moda Major Medical and Rx Plan</b>              |                       |  |                     |                             |                        |
| 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                 |
| <b>Kaiser Medical/Rx/Vision Plan</b>               |                       |  |                     |                             |                        |
| Single   | \$712.92              | \$0.00                                 | \$499.04            | \$213.88                    | \$106.94               |
| Two-Party  | \$1,424.18            | \$0.00                                 | \$911.48            | \$512.70                    | \$256.35               |
| Family   | \$2,029.88            | \$0.00                                 | \$1,278.82          | \$751.06                    | \$375.53               |
| <b>Kaiser Maintenance Medical Plan</b>             |                       |  |                     |                             |                        |
| 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                |
| <b>Delta Dental Plan</b>                           |                       |  |                     |                             |                        |
| Single   | \$54.84               | N/A                                    | \$27.42             | \$27.42                     | \$13.71                |
| Two-Party  | \$109.64              | N/A                                    | \$54.82             | \$54.82                     | \$27.41                |
| Family (+.01)                                      | \$156.02              | N/A                                    | \$78.02             | \$78.00                     | \$39.00                |
| <b>Kaiser Dental Plan</b>                          |                       |  |                     |                             |                        |
| 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                |
| <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.