



Electrical Workers (IBEW)
Part Time Employee Health Care Premium Costs
 January 1, 2021 - December 31, 2021

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda Platinum Plan				
Employee Only	\$214.31	\$428.62	\$428.62	\$857.24
Employee + 1 Dependent	\$428.62	\$857.24	\$857.24	\$1,714.48
Employee + 2 or more Dependents	\$610.36	\$1,220.72	\$1,220.72	\$2,441.44
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$411.76	\$411.76
Employee + 1 Dependent	\$0.00	\$0.00	\$823.48	\$823.48
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,173.44	\$1,173.44
Medical - Kaiser Plan				
Employee Only	\$171.46	\$342.92	\$461.76	\$804.68
Employee + 1 Dependent	\$367.02	\$734.04	\$873.48	\$1,607.52
Employee + 2 or more Dependents	\$533.86	\$1,067.72	\$1,223.44	\$2,291.16
Medical - Kaiser Maintenance Plan				
Employee Only	\$31.45	\$62.90	\$566.14	\$629.04
Employee + 1 Dependent	\$62.90	\$125.80	\$1,132.24	\$1,258.04
Employee + 2 or more Dependents	\$89.64	\$179.28	\$1,613.48	\$1,792.76
Delta Dental Plan				
Employee Only	\$13.49	\$26.98	\$26.98	\$53.96
Employee + 1 Dependent	\$26.98	\$53.96	\$53.96	\$107.92
Employee + 2 or more Dependents	\$38.39	\$76.78	\$76.78	\$153.56
Kaiser Dental Plan				
Employee Only	\$22.47	\$44.94	\$44.96	\$89.90
Employee + 1 Dependent	\$44.95	\$89.90	\$89.92	\$179.82
Employee + 2 or more Dependents	\$64.06	\$128.12	\$128.12	\$256.24
Willamette Dental Plan				
Employee Only	\$16.02	\$32.04	\$32.06	\$64.10
Employee + 1 Dependent	\$32.05	\$64.10	\$64.10	\$128.20
Employee + 2 or more Dependents	\$45.69	\$91.38	\$91.38	\$182.76

Qualifying Dependents: Spouse, Domestic Partner, and Children and Domestic Partner's Children under the age of 26.

[Employees who enroll their Domestic Partner and/or Domestic Partner's children are required to pay tax on the value of those dependents' health plan coverage according to IRS rules.](#)