



Engineers (IUOE Local 701)
Full 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 Performance Plan | | | | |
| Employee Only | \$46.05 | \$92.10 | \$828.86 | \$920.96 |
| Employee + 1 Dependent | \$92.09 | \$184.18 | \$1,657.70 | \$1,841.88 |
| Employee + 2 or more Dependents | \$131.15 | \$262.30 | \$2,360.70 | \$2,623.00 |
| Medical - Moda Preferred Plan | | | | |
| Employee Only | \$20.23 | \$40.46 | \$768.70 | \$809.16 |
| Employee + 1 Dependent | \$40.46 | \$80.92 | \$1,537.40 | \$1,618.32 |
| Employee + 2 or more Dependents | \$57.61 | \$115.22 | \$2,189.18 | \$2,304.40 |
| 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 | \$20.12 | \$40.24 | \$764.44 | \$804.68 |
| Employee + 1 Dependent | \$40.19 | \$80.38 | \$1,527.14 | \$1,607.52 |
| Employee + 2 or more Dependents | \$57.28 | \$114.56 | \$2,176.60 | \$2,291.16 |
| Delta Dental Plan | | | | |
| Employee Only | \$1.35 | \$2.70 | \$51.26 | \$53.96 |
| Employee + 1 Dependent | \$2.70 | \$5.40 | \$102.52 | \$107.92 |
| Employee + 2 or more Dependents | \$3.84 | \$7.68 | \$145.88 | \$153.56 |
| Kaiser Dental Plan | | | | |
| Employee Only | \$2.25 | \$4.50 | \$85.40 | \$89.90 |
| Employee + 1 Dependent | \$4.49 | \$8.98 | \$170.84 | \$179.82 |
| Employee + 2 or more Dependents | \$6.40 | \$12.80 | \$243.44 | \$256.24 |
| Willamette Dental Plan | | | | |
| Employee Only | \$1.60 | \$3.20 | \$60.90 | \$64.10 |
| Employee + 1 Dependent | \$3.20 | \$6.40 | \$121.80 | \$128.20 |
| Employee + 2 or more Dependents | \$4.56 | \$9.12 | \$173.64 | \$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.



Engineers (IUOE Local 701)
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 Performance Plan | | | | |
| Employee Only | \$253.26 | \$506.52 | \$414.44 | \$920.96 |
| Employee + 1 Dependent | \$506.52 | \$1,013.04 | \$828.84 | \$1,841.88 |
| Employee + 2 or more Dependents | \$721.33 | \$1,442.66 | \$1,180.34 | \$2,623.00 |
| Medical - Moda Preferred Plan | | | | |
| Employee Only | \$177.00 | \$354.00 | \$455.16 | \$809.16 |
| Employee + 1 Dependent | \$354.01 | \$708.02 | \$910.30 | \$1,618.32 |
| Employee + 2 or more Dependents | \$504.09 | \$1,008.18 | \$1,296.22 | \$2,304.40 |
| 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 | \$152.88 | \$305.76 | \$498.92 | \$804.68 |
| Employee + 1 Dependent | \$305.42 | \$610.84 | \$996.68 | \$1,607.52 |
| Employee + 2 or more Dependents | \$435.32 | \$870.64 | \$1,420.52 | \$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.