

Engineers (IUOE Local 701) Full Time Employee Health Care Premium Costs



January 1, 2020 - December 31, 2020

Coverage	Employee Cost Per	Employee Monthly	Monthly County	Total Monthly			
	Paycheck	Cost	Contribution	Premium			
Medical - Moda Performance Plan							
Employee Only	\$42.43	\$84.86	\$763.74	\$848.60			
Employee + 1 Dependent	\$84.86	\$169.72	\$1,527.46	\$1,697.18			
Employee + 2 or more Dependents	\$120.86	\$241.72	\$2,175.44	\$2,417.16			
Medical - Moda Preferred Plan							
Employee Only	\$18.64	\$37.28	\$708.40	\$745.68			
Employee + 1 Dependent	\$37.28	\$74.56	\$1,416.74	\$1,491.30			
Employee + 2 or more Dependents	\$53.09	\$106.18	\$2,017.62	\$2,123.80			
Medical - Moda Major Medical Plan							
Employee Only	\$0.00	\$0.00	\$379.14	\$379.14			
Employee + 1 Dependent	\$0.00	\$0.00	\$758.26	\$758.26			
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,080.50	\$1,080.50			
Medical - Kaiser Plan							
Employee Only	\$18.68	\$37.36	\$709.90	\$747.26			
Employee + 1 Dependent	\$37.32	\$74.64	\$1,418.14	\$1,492.78			
Employee + 2 or more Dependents	\$53.19	\$106.38	\$2,021.26	\$2,127.64			
Delta Dental Plan							
Employee Only	\$1.29	\$2.58	\$49.02	\$51.60			
Employee + 1 Dependent	\$2.58	\$5.16	\$98.02	\$103.18			
Employee + 2 or more Dependents	\$3.67	\$7.34	\$139.48	\$146.82			
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.



Engineers (IUOE Local 701) Part Time Employee Health Care Premium Costs



January 1, 2020 - December 31, 2020

Coverage	Employee Cost Per	Employee Monthly	Monthly County	Total Monthly			
Coverage	Paycheck	Cost	Contribution	Premium			
Medical - Moda Performance Plan							
Employee Only	\$233.36	\$466.72	\$381.88	\$848.60			
Employee + 1 Dependent	\$466.72	\$933.44	\$763.74	\$1,697.18			
Employee + 2 or more Dependents	\$664.72	\$1,329.44	\$1,087.72	\$2,417.16			
Medical - Moda Preferred Plan							
Employee Only	\$163.12	\$326.24	\$419.44	\$745.68			
Employee + 1 Dependent	\$326.22	\$652.44	\$838.86	\$1,491.30			
Employee + 2 or more Dependents	\$464.58	\$929.16	\$1,194.64	\$2,123.80			
Medical - Moda Major Medical Plan							
Employee Only	\$0.00	\$0.00	\$379.14	\$379.14			
Employee + 1 Dependent	\$0.00	\$0.00	\$758.26	\$758.26			
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,080.50	\$1,080.50			
Medical - Kaiser Plan							
Employee Only	\$141.97	\$283.94	\$463.32	\$747.26			
Employee + 1 Dependent	\$283.62	\$567.24	\$925.54	\$1,492.78			
Employee + 2 or more Dependents	\$404.25	\$808.50	\$1,319.14	\$2,127.64			
Medical - Kaiser Maintenance Plan							
Employee Only	\$29.21	\$58.42	\$525.70	\$584.12			
Employee + 1 Dependent	\$58.41	\$116.82	\$1,051.42	\$1,168.24			
Employee + 2 or more Dependents	\$83.24	\$166.48	\$1,498.34	\$1,664.82			
Delta Dental Plan							
Employee Only	\$12.90		\$25.80	\$51.60			
Employee + 1 Dependent	\$25.79	\$51.58	\$51.60	\$103.18			
Employee + 2 or more Dependents	\$36.70		\$73.42	\$146.82			
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.