



AFSCME Local 88 and JCSS

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 PPO 400 Plan				
Employee Only	\$28.76	\$57.52	\$794.48	\$852.00
Employee + 1 Dependent	\$57.51	\$115.02	\$1,588.98	\$1,704.00
Employee + 2 or more Dependents	\$81.90	\$163.80	\$2,262.72	\$2,426.52
Medical - Kaiser 10/20 Plan				
Employee Only	\$19.92	\$39.84	\$757.12	\$796.96
Employee + 1 Dependent	\$39.80	\$79.60	\$1,512.48	\$1,592.08
Employee + 2 or more Dependents	\$56.73	\$113.46	\$2,155.74	\$2,269.20
Delta Dental 50 Plan				
Employee Only	\$1.99	\$3.98	\$52.90	\$56.88
Employee + 1 Dependent	\$3.98	\$7.96	\$105.80	\$113.76
Employee + 2 or more Dependents	\$5.66	\$11.32	\$150.52	\$161.84
Kaiser Dental 15 Plan				
Employee Only	\$3.10	\$6.20	\$82.32	\$88.52
Employee + 1 Dependent	\$6.19	\$12.38	\$164.68	\$177.06
Employee + 2 or more Dependents	\$8.83	\$17.66	\$234.64	\$252.30
Willamette Dental Plan				
Employee Only	\$2.24	\$4.48	\$59.62	\$64.10
Employee + 1 Dependent	\$4.48	\$8.96	\$119.24	\$128.20
Employee + 2 or more Dependents	\$6.39	\$12.78	\$169.98	\$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.](#)



AFSCME Local 88 and JCSS

Three-Quarter Time/0.75 FTE 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 PPO 400 Plan				
Employee Only	\$106.50	\$213.00	\$639.00	\$852.00
Employee + 1 Dependent	\$213.00	\$426.00	\$1,278.00	\$1,704.00
Employee + 2 or more Dependents	\$303.32	\$606.64	\$1,819.88	\$2,426.52
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 10/20 Plan				
Employee Only	\$99.62	\$199.24	\$597.72	\$796.96
Employee + 1 Dependent	\$199.01	\$398.02	\$1,194.06	\$1,592.08
Employee + 2 or more Dependents	\$283.65	\$567.30	\$1,701.90	\$2,269.20
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 50 Plan				
Employee Only	\$7.11	\$14.22	\$42.66	\$56.88
Employee + 1 Dependent	\$14.22	\$28.44	\$85.32	\$113.76
Employee + 2 or more Dependents	\$20.23	\$40.46	\$121.38	\$161.84
Kaiser Dental 15 Plan				
Employee Only	\$11.06	\$22.12	\$66.40	\$88.52
Employee + 1 Dependent	\$22.13	\$44.26	\$132.80	\$177.06
Employee + 2 or more Dependents	\$31.54	\$63.08	\$189.22	\$252.30
Willamette Dental Plan				
Employee Only	\$8.01	\$16.02	\$48.08	\$64.10
Employee + 1 Dependent	\$16.02	\$32.04	\$96.16	\$128.20
Employee + 2 or more Dependents	\$22.84	\$45.68	\$137.08	\$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.



AFSCME Local 88 and JCSS

Half Time/0.5 FTE 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 PPO 400 Plan				
Employee Only	\$213.00	\$426.00	\$426.00	\$852.00
Employee + 1 Dependent	\$426.00	\$852.00	\$852.00	\$1,704.00
Employee + 2 or more Dependents	\$606.63	\$1,213.26	\$1,213.26	\$2,426.52
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 10/20 Plan				
Employee Only	\$174.24	\$348.48	\$448.48	\$796.96
Employee + 1 Dependent	\$373.02	\$746.04	\$846.04	\$1,592.08
Employee + 2 or more Dependents	\$542.30	\$1,084.60	\$1,184.60	\$2,269.20
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 50 Plan				
Employee Only	\$14.22	\$28.44	\$28.44	\$56.88
Employee + 1 Dependent	\$28.44	\$56.88	\$56.88	\$113.76
Employee + 2 or more Dependents	\$40.46	\$80.92	\$80.92	\$161.84
Kaiser Dental 15 Plan				
Employee Only	\$22.13	\$44.26	\$44.26	\$88.52
Employee + 1 Dependent	\$44.26	\$88.52	\$88.54	\$177.06
Employee + 2 or more Dependents	\$63.07	\$126.14	\$126.16	\$252.30
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.