



**JCSS**  
**Full Time Employee Premium Cost Shares**  
 January 1, 2019 - December 31, 2019



Coverage Level	Total Monthly Premium	County Contribution	Employee Monthly Costs	Per Paycheck Deduction
<b>Moda Platinum PPO Medical/Rx/Vision Plan</b>				
Single	\$773.50	\$721.30	\$52.20	\$26.10
Two-Party	\$1,546.96	\$1,442.54	\$104.42	\$52.21
Family	\$2,203.34	\$2,054.62	\$148.72	\$74.36
<b>Kaiser Medical/Rx/Vision Plan</b>				
Single	\$712.92	\$677.28	\$35.64	\$17.82
Two-Party	\$1,424.18	\$1,352.98	\$71.20	\$35.60
Family	\$2,029.88	\$1,928.38	\$101.50	\$50.75
<b>Delta Dental Plan</b>				
Single	\$54.84	\$52.10	\$2.74	\$1.37
Two-Party	\$109.64	\$104.16	\$5.48	\$2.74
Family	\$156.02	\$148.22	\$7.80	\$3.90
<b>Kaiser Dental Plan</b>				
Single	\$87.52	\$83.14	\$4.38	\$2.19
Two-Party	\$175.08	\$166.32	\$8.76	\$4.38
Family	\$249.48	\$237.00	\$12.48	\$6.24
<b>Willamette Dental Plan</b>				
Single	\$61.70	\$58.62	\$3.08	\$1.54
Two-Party	\$123.40	\$117.22	\$6.18	\$3.09
Family	\$175.90	\$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.



**JCSS**  
**Three-Quarter Time Employee Premium Cost Shares**

January 1, 2019 - December 31, 2019



Coverage Level	Total Monthly Premium	County Contribution	Employee Monthly Costs	Per Paycheck Deduction
<b>Moda Platinum PPO Medical/Rx/Vision Plan</b>				
Single	\$773.50	\$580.12	\$193.38	\$96.69
Two-Party	\$1,546.96	\$1,160.22	\$386.74	\$193.37
Family	\$2,203.34	\$1,652.50	\$550.84	\$275.42
<b>Moda Major Medical and Rx Plan</b>				
Single	\$370.98	\$370.98	\$0.00	\$0.00
Two-Party	\$741.94	\$741.94	\$0.00	\$0.00
Family	\$1,057.24	\$1,057.24	\$0.00	\$0.00
<b>Kaiser Medical/Rx/Vision Plan</b>				
Single	\$712.92	\$534.70	\$178.22	\$89.11
Two-Party	\$1,424.18	\$1,068.14	\$356.04	\$178.02
Family	\$2,029.88	\$1,522.40	\$507.48	\$253.74
<b>Kaiser Maintenance Medical Plan</b>				
Single	\$557.28	\$501.56	\$55.72	\$27.86
Two-Party	\$1,114.56	\$1,003.10	\$111.46	\$55.73
Family	\$1,588.32	\$1,429.48	\$158.84	\$79.42
<b>Delta Dental Plan</b>				
Single	\$54.84	\$41.14	\$13.70	\$6.85
Two-Party	\$109.64	\$82.24	\$27.40	\$13.70
Family	\$156.02	\$117.02	\$39.00	\$19.50
<b>Kaiser Dental Plan</b>				
Single	\$87.52	\$65.64	\$21.88	\$10.94
Two-Party	\$175.08	\$131.32	\$43.76	\$21.88
Family	\$249.48	\$187.10	\$62.38	\$31.19
<b>Willamette Dental Plan</b>				
Single	\$61.70	\$46.28	\$15.42	\$7.71
Two-Party	\$123.40	\$92.54	\$30.86	\$15.43
Family	\$175.90	\$131.92	\$43.98	\$21.99

**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.



**JCSS**  
**Half-Time Employee Premium Cost Shares**  
 January 1, 2019 - December 31, 2019



Coverage Level	Total Monthly Premium	County Contribution	Employee Monthly Costs	Per Paycheck Deduction
<b>Moda Platinum PPO Medical/Rx/Vision Plan</b>				
Single	\$773.50	\$386.76	\$386.74	\$193.37
Two-Party	\$1,546.96	\$773.48	\$773.48	\$386.74
Family	\$2,203.34	\$1,101.66	\$1,101.68	\$550.84
<b>Moda Major Medical and Rx Plan</b>				
Single	\$370.98	\$370.98	\$0.00	\$0.00
Two-Party	\$741.94	\$741.94	\$0.00	\$0.00
Family	\$1,057.24	\$1,057.24	\$0.00	\$0.00
<b>Kaiser Medical/Rx/Vision Plan</b>				
Single	\$712.92	\$406.46	\$306.46	\$153.23
Two-Party	\$1,424.18	\$762.08	\$662.10	\$331.05
Family	\$2,029.88	\$1,064.94	\$964.94	\$482.47
<b>Kaiser Maintenance Medical Plan</b>				
Single	\$557.28	\$501.56	\$55.72	\$27.86
Two-Party	\$1,114.56	\$1,003.10	\$111.46	\$55.73
Family	\$1,588.32	\$1,429.48	\$158.84	\$79.42
<b>Delta Dental Plan</b>				
Single	\$54.84	\$27.42	\$27.42	\$13.71
Two-Party	\$109.64	\$54.82	\$54.82	\$27.41
Family	\$156.02	\$78.02	\$78.00	\$39.00
<b>Kaiser Dental Plan</b>				
Single	\$87.52	\$43.76	\$43.76	\$21.88
Two-Party	\$175.08	\$87.54	\$87.54	\$43.77
Family	\$249.48	\$124.74	\$124.74	\$62.37
<b>Willamette Dental Plan</b>				
Single	\$61.70	\$30.86	\$30.84	\$15.42
Two-Party	\$123.40	\$61.70	\$61.70	\$30.85
Family	\$175.90	\$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.