

AFSCME Local 88
Full Time Employee Health Care Premium Costs
January 1, 2027 - December 31, 2027

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$43.56	\$87.12	\$1,204.08	\$1,291.20
Employee + 1 Dependent	\$87.14	\$174.28	\$2,408.16	\$2,582.44
Employee + 2 or more Dependents	\$124.12	\$248.24	\$3,429.96	\$3,678.20
Medical - Kaiser 10/20 Plan				
Employee Only	\$28.52	\$57.04	\$1,084.36	\$1,141.40
Employee + 1 Dependent	\$57.00	\$114.00	\$2,166.08	\$2,280.08
Employee + 2 or more Dependents	\$81.24	\$162.48	\$3,087.32	\$3,249.80
Dental - Delta Dental 50 Plan				
Employee Only	\$2.36	\$4.72	\$62.88	\$67.60
Employee + 1 Dependent	\$4.72	\$9.44	\$125.56	\$135.00
Employee + 2 or more Dependents	\$6.74	\$13.48	\$179.52	\$193.00
Dental - Kaiser Dental 15 Plan				
Employee Only	\$3.50	\$7.00	\$93.12	\$100.12
Employee + 1 Dependent	\$7.00	\$14.00	\$186.44	\$200.44
Employee + 2 or more Dependents	\$9.98	\$19.96	\$265.72	\$285.68
Dental - Willamette Dental Plan				
Employee Only	\$2.38	\$4.76	\$63.68	\$68.44
Employee + 1 Dependent	\$4.78	\$9.56	\$127.32	\$136.88
Employee + 2 or more Dependents	\$6.82	\$13.64	\$181.52	\$195.16

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

Three-Quarter Time/0.75 FTE Employee Health Care Premium Costs

January 1, 2027 - December 31, 2027

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$161.40	\$322.80	\$968.40	\$1,291.20
Employee + 1 Dependent	\$322.80	\$645.60	\$1,936.84	\$2,582.44
Employee + 2 or more Dependents	\$459.76	\$919.52	\$2,758.68	\$3,678.20
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$623.72	\$623.72
Employee + 1 Dependent	\$0.00	\$0.00	\$1,246.36	\$1,246.36
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,776.08	\$1,776.08
Medical - Kaiser 10/20 Plan				
Employee Only	\$142.66	\$285.32	\$856.08	\$1,141.40
Employee + 1 Dependent	\$285.00	\$570.00	\$1,710.08	\$2,280.08
Employee + 2 or more Dependents	\$406.22	\$812.44	\$2,437.36	\$3,249.80
Medical - Kaiser Maintenance Plan				
Employee Only	\$45.10	\$90.20	\$812.04	\$902.24
Employee + 1 Dependent	\$90.24	\$180.48	\$1,624.40	\$1,804.88
Employee + 2 or more Dependents	\$128.58	\$257.16	\$2,314.56	\$2,571.72
Dental - Delta Dental 50 Plan				
Employee Only	\$8.44	\$16.88	\$50.72	\$67.60
Employee + 1 Dependent	\$16.86	\$33.72	\$101.28	\$135.00
Employee + 2 or more Dependents	\$24.12	\$48.24	\$144.76	\$193.00
Dental - Kaiser Dental 15 Plan				
Employee Only	\$12.50	\$25.00	\$75.12	\$100.12
Employee + 1 Dependent	\$25.04	\$50.08	\$150.36	\$200.44
Employee + 2 or more Dependents	\$35.70	\$71.40	\$214.28	\$285.68
Dental - Willamette Dental Plan				
Employee Only	\$8.54	\$17.08	\$51.36	\$68.44
Employee + 1 Dependent	\$17.10	\$34.20	\$102.68	\$136.88
Employee + 2 or more Dependents	\$24.38	\$48.76	\$146.40	\$195.16

Qualifying Dependents: Spouse, Domestic Partner, 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
Half Time/0.5 FTE Employee Health Care Premium Costs
January 1, 2027 - December 31, 2027

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$322.80	\$645.60	\$645.60	\$1,291.20
Employee + 1 Dependent	\$645.60	\$1,291.20	\$1,291.24	\$2,582.44
Employee + 2 or more Dependents	\$919.54	\$1,839.08	\$1,839.12	\$3,678.20
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$623.72	\$623.72
Employee + 1 Dependent	\$0.00	\$0.00	\$1,246.36	\$1,246.36
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,776.08	\$1,776.08
Medical - Kaiser 10/20 Plan				
Employee Only	\$260.34	\$520.68	\$620.72	\$1,141.40
Employee + 1 Dependent	\$545.02	\$1,090.04	\$1,190.04	\$2,280.08
Employee + 2 or more Dependents	\$787.44	\$1,574.88	\$1,674.92	\$3,249.80
Medical - Kaiser Maintenance Plan				
Employee Only	\$45.10	\$90.20	\$812.04	\$902.24
Employee + 1 Dependent	\$90.24	\$180.48	\$1,624.40	\$1,804.88
Employee + 2 or more Dependents	\$128.58	\$257.16	\$2,314.56	\$2,571.72
Dental - Delta Dental 50 Plan				
Employee Only	\$16.90	\$33.80	\$33.80	\$67.60
Employee + 1 Dependent	\$33.74	\$67.48	\$67.52	\$135.00
Employee + 2 or more Dependents	\$48.24	\$96.48	\$96.52	\$193.00
Dental - Kaiser Dental 15 Plan				
Employee Only	\$25.02	\$50.04	\$50.08	\$100.12
Employee + 1 Dependent	\$50.10	\$100.20	\$100.24	\$200.44
Employee + 2 or more Dependents	\$71.42	\$142.84	\$142.84	\$285.68
Dental - Willamette Dental Plan				
Employee Only	\$17.10	\$34.20	\$34.24	\$68.44
Employee + 1 Dependent	\$34.22	\$68.44	\$68.44	\$136.88
Employee + 2 or more Dependents	\$48.78	\$97.56	\$97.60	\$195.16

Qualifying Dependents: Spouse, Domestic Partner, 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.](#)