

**AFSCME Local 88 and JCSS**  
**Full Time Employee Health Care Premium Costs**

January 1, 2022 - December 31, 2022

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
<b>Medical - Cigna PPO 400 Plan</b>				
Employee Only	\$25.70	\$51.40	\$710.12	\$761.52
Employee + 1 Dependent	\$51.40	\$102.80	\$1,420.20	\$1,523.00
Employee + 2 or more Dependents	\$73.20	\$146.40	\$2,022.76	\$2,169.16
<b>Medical - Kaiser 10/20 Plan</b>				
Employee Only	\$20.64	\$41.28	\$784.60	\$825.88
Employee + 1 Dependent	\$41.24	\$82.48	\$1,567.32	\$1,649.80
Employee + 2 or more Dependents	\$58.78	\$117.56	\$2,233.92	\$2,351.48
<b>Delta Dental 50 Plan</b>				
Employee Only	\$2.01	\$4.02	\$53.54	\$57.56
Employee + 1 Dependent	\$4.03	\$8.06	\$107.10	\$115.16
Employee + 2 or more Dependents	\$5.73	\$11.46	\$152.34	\$163.80
<b>Kaiser Dental 15 Plan</b>				
Employee Only	\$3.09	\$6.18	\$82.34	\$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
<b>Willamette Dental Plan</b>				
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, 2022 - December 31, 2022

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
<b>Medical - Cigna PPO 400 Plan</b>				
Employee Only	\$95.19	\$190.38	\$571.14	\$761.52
Employee + 1 Dependent	\$190.37	\$380.74	\$1,142.26	\$1,523.00
Employee + 2 or more Dependents	\$271.14	\$542.28	\$1,626.88	\$2,169.16
<b>Medical - Cigna Major Medical Plan</b>				
Employee Only	\$0.00	\$0.00	\$367.48	\$367.48
Employee + 1 Dependent	\$0.00	\$0.00	\$734.92	\$734.92
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,047.28	\$1,047.28
<b>Medical - Kaiser 10/20 Plan</b>				
Employee Only	\$103.23	\$206.46	\$619.42	\$825.88
Employee + 1 Dependent	\$206.22	\$412.44	\$1,237.36	\$1,649.80
Employee + 2 or more Dependents	\$293.93	\$587.86	\$1,763.62	\$2,351.48
<b>Medical - Kaiser Maintenance Plan</b>				
Employee Only	\$32.59	\$65.18	\$586.74	\$651.92
Employee + 1 Dependent	\$65.19	\$130.38	\$1,173.38	\$1,303.76
Employee + 2 or more Dependents	\$92.90	\$185.80	\$1,672.12	\$1,857.92
<b>Delta Dental 50 Plan</b>				
Employee Only	\$7.19	\$14.38	\$43.18	\$57.56
Employee + 1 Dependent	\$14.40	\$28.80	\$86.36	\$115.16
Employee + 2 or more Dependents	\$20.48	\$40.96	\$122.84	\$163.80
<b>Kaiser Dental 15 Plan</b>				
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	\$31.53	\$63.06	\$189.24	\$252.30
<b>Willamette Dental Plan</b>				
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, 2022 - December 31, 2022

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
<b>Medical - Cigna PPO 400 Plan</b>				
Employee Only	\$190.38	\$380.76	\$380.76	\$761.52
Employee + 1 Dependent	\$380.75	\$761.50	\$761.50	\$1,523.00
Employee + 2 or more Dependents	\$542.29	\$1,084.58	\$1,084.58	\$2,169.16
<b>Medical - Cigna Major Medical Plan</b>				
Employee Only	\$0.00	\$0.00	\$367.48	\$367.48
Employee + 1 Dependent	\$0.00	\$0.00	\$734.92	\$734.92
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,047.28	\$1,047.28
<b>Medical - Kaiser 10/20 Plan</b>				
Employee Only	\$181.47	\$362.94	\$462.94	\$825.88
Employee + 1 Dependent	\$387.45	\$774.90	\$874.90	\$1,649.80
Employee + 2 or more Dependents	\$562.87	\$1,125.74	\$1,225.74	\$2,351.48
<b>Medical - Kaiser Maintenance Plan</b>				
Employee Only	\$32.59	\$65.18	\$586.74	\$651.92
Employee + 1 Dependent	\$65.18	\$130.36	\$1,173.40	\$1,303.76
Employee + 2 or more Dependents	\$92.89	\$185.78	\$1,672.14	\$1,857.92
<b>Delta Dental 50 Plan</b>				
Employee Only	\$14.39	\$28.78	\$28.78	\$57.56
Employee + 1 Dependent	\$28.79	\$57.58	\$57.58	\$115.16
Employee + 2 or more Dependents	\$40.95	\$81.90	\$81.90	\$163.80
<b>Kaiser Dental 15 Plan</b>				
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
<b>Willamette Dental Plan</b>				
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.](#)