

AFSCME Local 88 and JCSS
Full Time Employee Health Care Premium Costs
 January 1, 2023 - December 31, 2023

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$29.78	\$59.56	\$823.08	\$882.64
Employee + 1 Dependent	\$59.56	\$119.12	\$1,646.08	\$1,765.20
Employee + 2 or more Dependents	\$84.84	\$169.68	\$2,344.16	\$2,513.84
Medical - Kaiser 10/20 Plan				
Employee Only	\$21.28	\$42.56	\$809.08	\$851.64
Employee + 1 Dependent	\$42.52	\$85.04	\$1,616.20	\$1,701.24
Employee + 2 or more Dependents	\$60.62	\$121.24	\$2,303.60	\$2,424.84
Dental - Delta Dental 50 Plan				
Employee Only	\$2.04	\$4.08	\$54.52	\$58.60
Employee + 1 Dependent	\$4.10	\$8.20	\$109.04	\$117.24
Employee + 2 or more Dependents	\$5.82	\$11.64	\$155.12	\$166.76
Dental - Kaiser Dental 15 Plan				
Employee Only	\$3.08	\$6.16	\$82.36	\$88.52
Employee + 1 Dependent	\$6.18	\$12.36	\$164.70	\$177.06
Employee + 2 or more Dependents	\$8.82	\$17.64	\$234.66	\$252.30
Dental - Willamette Dental Plan				
Employee Only	\$2.24	\$4.48	\$59.64	\$64.12
Employee + 1 Dependent	\$4.48	\$8.96	\$119.24	\$128.20
Employee + 2 or more Dependents	\$6.38	\$12.76	\$170.00	\$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, 2023 - December 31, 2023

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$110.32	\$220.64	\$662.00	\$882.64
Employee + 1 Dependent	\$220.64	\$441.28	\$1,323.92	\$1,765.20
Employee + 2 or more Dependents	\$314.22	\$628.44	\$1,885.40	\$2,513.84
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$426.28	\$426.28
Employee + 1 Dependent	\$0.00	\$0.00	\$852.52	\$852.52
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,214.84	\$1,214.84
Medical - Kaiser 10/20 Plan				
Employee Only	\$106.44	\$212.88	\$638.76	\$851.64
Employee + 1 Dependent	\$212.64	\$425.28	\$1,275.96	\$1,701.24
Employee + 2 or more Dependents	\$303.10	\$606.20	\$1,818.64	\$2,424.84
Medical - Kaiser Maintenance Plan				
Employee Only	\$33.60	\$67.20	\$605.04	\$672.24
Employee + 1 Dependent	\$67.22	\$134.44	\$1,210.04	\$1,344.48
Employee + 2 or more Dependents	\$95.78	\$191.56	\$1,724.36	\$1,915.92
Dental - Delta Dental 50 Plan				
Employee Only	\$7.32	\$14.64	\$43.96	\$58.60
Employee + 1 Dependent	\$14.66	\$29.32	\$87.92	\$117.24
Employee + 2 or more Dependents	\$20.85	\$41.70	\$125.06	\$166.76
Dental - Kaiser Dental 15 Plan				
Employee Only	\$11.06	\$22.12	\$66.40	\$88.52
Employee + 1 Dependent	\$22.12	\$44.24	\$132.82	\$177.06
Employee + 2 or more Dependents	\$31.52	\$63.04	\$189.26	\$252.30
Dental - Willamette Dental Plan				
Employee Only	\$8.00	\$16.00	\$48.12	\$64.12
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, 2023 - December 31, 2023

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$220.66	\$441.32	\$441.32	\$882.64
Employee + 1 Dependent	\$441.30	\$882.60	\$882.60	\$1,765.20
Employee + 2 or more Dependents	\$628.46	\$1,256.92	\$1,256.92	\$2,513.84
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$426.28	\$426.28
Employee + 1 Dependent	\$0.00	\$0.00	\$852.52	\$852.52
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,214.84	\$1,214.84
Medical - Kaiser 10/20 Plan				
Employee Only	\$187.90	\$375.80	\$475.84	\$851.64
Employee + 1 Dependent	\$400.30	\$800.60	\$900.64	\$1,701.24
Employee + 2 or more Dependents	\$581.20	\$1,162.40	\$1,262.44	\$2,424.84
Medical - Kaiser Maintenance Plan				
Employee Only	\$33.60	\$67.20	\$605.04	\$672.24
Employee + 1 Dependent	\$67.22	\$134.44	\$1,210.04	\$1,344.48
Employee + 2 or more Dependents	\$95.78	\$191.56	\$1,724.36	\$1,915.92
Dental - Delta Dental 50 Plan				
Employee Only	\$14.64	\$29.28	\$29.32	\$58.60
Employee + 1 Dependent	\$29.30	\$58.60	\$58.64	\$117.24
Employee + 2 or more Dependents	\$41.68	\$83.36	\$83.40	\$166.76
Dental - Kaiser Dental 15 Plan				
Employee Only	\$22.12	\$44.24	\$44.28	\$88.52
Employee + 1 Dependent	\$44.26	\$88.52	\$88.54	\$177.06
Employee + 2 or more Dependents	\$63.06	\$126.12	\$126.18	\$252.30
Dental - Willamette Dental Plan				
Employee Only	\$16.02	\$32.04	\$32.08	\$64.12
Employee + 1 Dependent	\$32.04	\$64.08	\$64.12	\$128.20
Employee + 2 or more Dependents	\$45.68	\$91.36	\$91.40	\$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.](#)