

**Engineers (IUOE Local 701)**  
**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
<b>Medical - Moda PPO 400 Plan</b>				
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
<b>Medical - Moda Major Medical Plan</b>				
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
<b>Medical - Kaiser 10/20 Plan</b>				
Employee Only	\$31.92	\$63.84	\$787.80	\$851.64
Employee + 1 Dependent	\$63.78	\$127.56	\$1,573.68	\$1,701.24
Employee + 2 or more Dependents	\$90.92	\$181.84	\$2,243.00	\$2,424.84
<b>Dental - Delta Dental 50 Plan</b>				
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
<b>Dental - Kaiser Dental 15 Plan</b>				
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
<b>Dental - Willamette Dental Plan</b>				
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.

**Engineers (IUOE Local 701)**  
**Part 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
<b>Medical - Moda PPO 400 Plan</b>				
Employee Only	\$195.66	\$391.32	\$491.32	\$882.64
Employee + 1 Dependent	\$416.30	\$832.60	\$932.60	\$1,765.20
Employee + 2 or more Dependents	\$603.46	\$1,206.92	\$1,306.92	\$2,513.84
<b>Medical - Moda Major Medical Plan</b>				
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
<b>Medical - Kaiser 10/20 Plan</b>				
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
<b>Medical - Kaiser Maintenance Plan</b>				
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
<b>Dental - Delta Dental 50 Plan</b>				
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
<b>Dental - Kaiser Dental 15 Plan</b>				
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
<b>Dental - Willamette Dental Plan</b>				
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.