



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



Coverage Level	Total Monthly Premium	Refund to Employee	County Contribution	Employee Monthly Costs	Per Paycheck Deduction
Moda Platinum PPO Medical/Rx/Vision Plan					
Single	\$773.50	N/A	\$721.30	\$52.20	\$26.10
Two-Party	\$1,546.96	N/A	\$1,442.54	\$104.42	\$52.21
Family	\$2,203.34	N/A	\$2,054.62	\$148.72	\$74.36
Moda Major Medical and Rx Plan					
Single	\$370.98	\$50.00	\$420.98	\$0.00	\$0.00
Two-Party	\$741.94	\$50.00	\$791.94	\$0.00	\$0.00
Family	\$1,057.24	\$50.00	\$1,107.24	\$0.00	\$0.00
Kaiser Medical/Rx/Vision Plan					
Single	\$712.92	N/A	\$677.28	\$35.64	\$17.82
Two-Party	\$1,424.18	N/A	\$1,352.98	\$71.20	\$35.60
Family	\$2,029.88	N/A	\$1,928.38	\$101.50	\$50.75
Delta Dental Plan					
Single	\$54.84	N/A	\$52.10	\$2.74	\$1.37
Two-Party	\$109.64	N/A	\$104.16	\$5.48	\$2.74
Family	\$156.02	N/A	\$148.22	\$7.80	\$3.90
Kaiser Dental Plan					
Single	\$87.52	N/A	\$83.14	\$4.38	\$2.19
Two-Party)	\$175.08	N/A	\$166.32	\$8.76	\$4.38
Family	\$249.48	N/A	\$237.00	\$12.48	\$6.24
Willamette Dental Plan					
Single	\$61.70	N/A	\$58.62	\$3.08	\$1.54
Two-Party)	\$123.40	N/A	\$117.22	\$6.18	\$3.09
Family	\$175.90	N/A	\$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.



ONA
Part Time Employee Premium Cost Shares
 January 1, 2019 - December 31, 2019



Coverage Level	Total Monthly Premium	Refund to Employee	County Contribution	Employee Monthly Costs	Per Paycheck Deduction
Moda Platinum PPO Medical/Rx/Vision Plan					
Single	\$773.50	N/A	\$386.76	\$386.74	\$193.37
Two-Party	\$1,546.96	N/A	\$773.48	\$773.48	\$386.74
Family	\$2,203.34	N/A	\$1,101.66	\$1,101.68	\$550.84
Moda Major Medical and Rx Plan					
Single	\$370.98	\$0.00	\$370.98	\$0.00	\$0.00
Two-Party	\$741.94	\$0.00	\$741.94	\$0.00	\$0.00
Family	\$1,057.24	\$0.00	\$1,057.24	\$0.00	\$0.00
Kaiser Medical/Rx/Vision Plan					
Single	\$712.92	N/A	\$442.02	\$270.90	\$135.45
Two-Party	\$1,424.18	N/A	\$883.00	\$541.18	\$270.59
Family	\$2,029.88	N/A	\$1,258.52	\$771.36	\$385.68
Kaiser Maintenance Medical Plan					
Single	\$557.28	N/A	\$501.56	\$55.72	\$27.86
Two-Party	\$1,114.56	N/A	\$1,003.10	\$111.46	\$55.73
Family	\$1,588.32	N/A	\$1,429.48	\$158.84	\$79.42
Delta Dental Plan					
Single	\$54.84	N/A	\$27.42	\$27.42	\$13.71
Two-Party	\$109.64	N/A	\$54.82	\$54.82	\$27.41
Family	\$156.02	N/A	\$78.02	\$78.00	\$39.00
Kaiser Dental Plan					
Single	\$87.52	N/A	\$43.76	\$43.76	\$21.88
Two-Party	\$175.08	N/A	\$87.54	\$87.54	\$43.77
Family	\$249.48	N/A	\$124.74	\$124.74	\$62.37
Willamette Dental Plan					
Single	\$61.70	N/A	\$30.86	\$30.84	\$15.42
Two-Party	\$123.40	N/A	\$61.70	\$61.70	\$30.85
Family	\$175.90	N/A	\$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.