



Electrical Workers (IBEW)
Full Time Employee Health Care Premium Costs
January 1, 2021 - December 31, 2021



Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda Platinum Plan				
Employee Only	\$28.93	\$57.86	\$799.38	\$857.24
Employee + 1 Dependent	\$57.86	\$115.72	\$1,598.76	\$1,714.48
Employee + 2 or more Dependents	\$82.39	\$164.78	\$2,276.66	\$2,441.44
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$411.76	\$411.76
Employee + 1 Dependent	\$0.00	\$0.00	\$823.48	\$823.48
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,173.44	\$1,173.44
Medical - Kaiser Plan				
Employee Only	\$20.12	\$40.24	\$764.44	\$804.68
Employee + 1 Dependent	\$40.19	\$80.38	\$1,527.14	\$1,607.52
Employee + 2 or more Dependents	\$57.28	\$114.56	\$2,176.60	\$2,291.16
Delta Dental Plan				
Employee Only	\$1.35	\$2.70	\$51.26	\$53.96
Employee + 1 Dependent	\$2.70	\$5.40	\$102.52	\$107.92
Employee + 2 or more Dependents	\$3.84	\$7.68	\$145.88	\$153.56
Kaiser Dental Plan				
Employee Only	\$2.25	\$4.50	\$85.40	\$89.90
Employee + 1 Dependent	\$4.49	\$8.98	\$170.84	\$179.82
Employee + 2 or more Dependents	\$6.40	\$12.80	\$243.44	\$256.24
Willamette Dental Plan				
Employee Only	\$1.60	\$3.20	\$60.90	\$64.10
Employee + 1 Dependent	\$3.20	\$6.40	\$121.80	\$128.20
Employee + 2 or more Dependents	\$4.56	\$9.12	\$173.64	\$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.



Electrical Workers (IBEW)

Part Time Employee Health Care Premium Costs

January 1, 2021 - December 31, 2021



Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda Platinum Plan				
Employee Only	\$214.31	\$428.62	\$428.62	\$857.24
Employee + 1 Dependent	\$428.62	\$857.24	\$857.24	\$1,714.48
Employee + 2 or more Dependents	\$610.36	\$1,220.72	\$1,220.72	\$2,441.44
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$411.76	\$411.76
Employee + 1 Dependent	\$0.00	\$0.00	\$823.48	\$823.48
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,173.44	\$1,173.44
Medical - Kaiser Plan				
Employee Only	\$171.46	\$342.92	\$461.76	\$804.68
Employee + 1 Dependent	\$367.02	\$734.04	\$873.48	\$1,607.52
Employee + 2 or more Dependents	\$533.86	\$1,067.72	\$1,223.44	\$2,291.16
Medical - Kaiser Maintenance Plan				
Employee Only	\$31.45	\$62.90	\$566.14	\$629.04
Employee + 1 Dependent	\$62.90	\$125.80	\$1,132.24	\$1,258.04
Employee + 2 or more Dependents	\$89.64	\$179.28	\$1,613.48	\$1,792.76
Delta Dental Plan				
Employee Only	\$13.49	\$26.98	\$26.98	\$53.96
Employee + 1 Dependent	\$26.98	\$53.96	\$53.96	\$107.92
Employee + 2 or more Dependents	\$38.39	\$76.78	\$76.78	\$153.56
Kaiser Dental Plan				
Employee Only	\$22.47	\$44.94	\$44.96	\$89.90
Employee + 1 Dependent	\$44.95	\$89.90	\$89.92	\$179.82
Employee + 2 or more Dependents	\$64.06	\$128.12	\$128.12	\$256.24
Willamette Dental Plan				
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.