



Oregon Nurses Association (ONA)
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 PPO 400 Plan | | | | |
| Employee Only | \$28.76 | \$57.52 | \$794.48 | \$852.00 |
| Employee + 1 Dependent | \$57.51 | \$115.02 | \$1,588.98 | \$1,704.00 |
| Employee + 2 or more Dependents | \$81.90 | \$163.80 | \$2,262.72 | \$2,426.52 |
| 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 10/20 Plan | | | | |
| Employee Only | \$19.92 | \$39.84 | \$757.12 | \$796.96 |
| Employee + 1 Dependent | \$39.80 | \$79.60 | \$1,512.48 | \$1,592.08 |
| Employee + 2 or more Dependents | \$56.73 | \$113.46 | \$2,155.74 | \$2,269.20 |
| Delta Dental 50 Plan | | | | |
| Employee Only | \$1.99 | \$3.98 | \$52.90 | \$56.88 |
| Employee + 1 Dependent | \$3.98 | \$7.96 | \$105.80 | \$113.76 |
| Employee + 2 or more Dependents | \$5.66 | \$11.32 | \$150.52 | \$161.84 |
| Kaiser Dental 15 Plan | | | | |
| Employee Only | \$3.10 | \$6.20 | \$82.32 | \$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 |
| Willamette Dental Plan | | | | |
| 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.



Oregon Nurses Association (ONA)

Part Time Employee Premium Costs

January 1, 2021 - December 31, 2021



| Coverage | Employee Cost Per Paycheck | Employee Monthly Cost | Monthly County Contribution | Total Monthly Premium |
|--|----------------------------|-----------------------|-----------------------------|-----------------------|
| Medical - Moda PPO 400 Plan | | | | |
| Employee Only | \$213.00 | \$426.00 | \$426.00 | \$852.00 |
| Employee + 1 Dependent | \$426.00 | \$852.00 | \$852.00 | \$1,704.00 |
| Employee + 2 or more Dependents | \$606.63 | \$1,213.26 | \$1,213.26 | \$2,426.52 |
| 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 10/20 Plan | | | | |
| Employee Only | \$151.42 | \$302.84 | \$494.12 | \$796.96 |
| Employee + 1 Dependent | \$302.49 | \$604.98 | \$987.10 | \$1,592.08 |
| Employee + 2 or more Dependents | \$431.14 | \$862.28 | \$1,406.92 | \$2,269.20 |
| 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 15 Plan | | | | |
| Employee Only | \$14.22 | \$28.44 | \$28.44 | \$56.88 |
| Employee + 1 Dependent | \$28.44 | \$56.88 | \$56.88 | \$113.76 |
| Employee + 2 or more Dependents | \$40.46 | \$80.92 | \$80.92 | \$161.84 |
| Kaiser Dental 50 Plan | | | | |
| 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 |
| 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.