



JCSS
Full Time Employee Health Care Premium Costs
January 1, 2020 - December 31, 2020



Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda Platinum Plan				
Employee Only	\$26.66	\$53.32	\$736.62	\$789.94
Employee + 1 Dependent	\$53.32	\$106.64	\$1,473.22	\$1,579.86
Employee + 2 or more Dependents	\$75.93	\$151.86	\$2,098.12	\$2,249.98
Medical - Kaiser Plan				
Employee Only	\$18.68	\$37.36	\$709.90	\$747.26
Employee + 1 Dependent	\$37.32	\$74.64	\$1,418.14	\$1,492.78
Employee + 2 or more Dependents	\$53.19	\$106.38	\$2,021.26	\$2,127.64
Delta Dental Plan				
Employee Only	\$1.29	\$2.58	\$49.02	\$51.60
Employee + 1 Dependent	\$2.58	\$5.16	\$98.02	\$103.18
Employee + 2 or more Dependents	\$3.67	\$7.34	\$139.48	\$146.82
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	\$4.57	\$9.14	\$173.62	\$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.](#)

JCSS
Three-Quarter Time/0.75 FTE Employee Health Care Premium Costs
 January 1, 2020 - December 31, 2020

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda Platinum Plan				
Employee Only	\$98.74	\$197.48	\$592.46	\$789.94
Employee + 1 Dependent	\$197.48	\$394.96	\$1,184.90	\$1,579.86
Employee + 2 or more Dependents	\$281.25	\$562.50	\$1,687.48	\$2,249.98
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$379.14	\$379.14
Employee + 1 Dependent	\$0.00	\$0.00	\$758.26	\$758.26
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,080.50	\$1,080.50
Medical - Kaiser Plan				
Employee Only	\$93.41	\$186.82	\$560.44	\$747.26
Employee + 1 Dependent	\$186.60	\$373.20	\$1,119.58	\$1,492.78
Employee + 2 or more Dependents	\$265.95	\$531.90	\$1,595.74	\$2,127.64
Medical - Kaiser Maintenance Plan				
Employee Only	\$29.21	\$58.42	\$525.70	\$584.12
Employee + 1 Dependent	\$58.41	\$116.82	\$1,051.42	\$1,168.24
Employee + 2 or more Dependents	\$83.24	\$166.48	\$1,498.34	\$1,664.82
Delta Dental Plan				
Employee Only	\$6.45	\$12.90	\$38.70	\$51.60
Employee + 1 Dependent	\$12.89	\$25.78	\$77.40	\$103.18
Employee + 2 or more Dependents	\$18.35	\$36.70	\$110.12	\$146.82
Kaiser Dental Plan				
Employee Only	\$11.24	\$22.48	\$67.42	\$89.90
Employee + 1 Dependent	\$22.48	\$44.96	\$134.86	\$179.82
Employee + 2 or more Dependents	\$32.03	\$64.06	\$192.18	\$256.24
Willamette Dental Plan				
Employee Only	\$8.01	\$16.02	\$48.08	\$64.10
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.](#)

JCSS
Half Time/0.5 FTE Employee Health Care Premium Costs
 January 1, 2020 - December 31, 2020

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda Platinum Plan				
Employee Only	\$197.48	\$394.96	\$394.98	\$789.94
Employee + 1 Dependent	\$394.96	\$789.92	\$789.94	\$1,579.86
Employee + 2 or more Dependents	\$562.49	\$1,124.98	\$1,125.00	\$2,249.98
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$379.14	\$379.14
Employee + 1 Dependent	\$0.00	\$0.00	\$758.26	\$758.26
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,080.50	\$1,080.50
Medical - Kaiser Plan				
Employee Only	\$161.82	\$323.64	\$423.62	\$747.26
Employee + 1 Dependent	\$348.20	\$696.40	\$796.38	\$1,492.78
Employee + 2 or more Dependents	\$506.91	\$1,013.82	\$1,113.82	\$2,127.64
Medical - Kaiser Maintenance Plan				
Employee Only	\$29.21	\$58.42	\$525.70	\$584.12
Employee + 1 Dependent	\$58.41	\$116.82	\$1,051.42	\$1,168.24
Employee + 2 or more Dependents	\$83.24	\$166.48	\$1,498.34	\$1,664.82
Delta Dental Plan				
Employee Only	\$12.90	\$25.80	\$25.80	\$51.60
Employee + 1 Dependent	\$25.79	\$51.58	\$51.60	\$103.18
Employee + 2 or more Dependents	\$36.70	\$73.40	\$73.42	\$146.82
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.