



**Oregon Nurses Association (ONA)**  
**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
<b>Medical - Moda PPO 400 Plan</b>				
Employee Only	\$26.50	\$53.00	\$732.12	\$785.12
Employee + 1 Dependent	\$52.99	\$105.98	\$1,464.22	\$1,570.20
Employee + 2 or more Dependents	\$75.47	\$150.94	\$2,085.32	\$2,236.26
<b>Medical - Moda Major Medical Plan</b>				
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
<b>Medical - Kaiser 10/20 Plan</b>				
Employee Only	\$18.50	\$37.00	\$703.08	\$740.08
Employee + 1 Dependent	\$36.96	\$73.92	\$1,404.54	\$1,478.46
Employee + 2 or more Dependents	\$52.68	\$105.36	\$2,001.88	\$2,107.24
<b>Delta Dental 50 Plan</b>				
Employee Only	\$1.90	\$3.80	\$50.58	\$54.38
Employee + 1 Dependent	\$3.80	\$7.60	\$101.14	\$108.74
Employee + 2 or more Dependents	\$5.41	\$10.82	\$143.92	\$154.74
<b>Kaiser Dental 15 Plan</b>				
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
<b>Willamette Dental Plan</b>				
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, 2020 - December 31, 2020



Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
<b>Medical - Moda PPO 400 Plan</b>				
Employee Only	\$196.28	\$392.56	\$392.56	\$785.12
Employee + 1 Dependent	\$392.55	\$785.10	\$785.10	\$1,570.20
Employee + 2 or more Dependents	\$559.06	\$1,118.12	\$1,118.14	\$2,236.26
<b>Medical - Moda Major Medical Plan</b>				
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
<b>Medical - Kaiser 10/20 Plan</b>				
Employee Only	\$140.61	\$281.22	\$458.86	\$740.08
Employee + 1 Dependent	\$280.90	\$561.80	\$916.66	\$1,478.46
Employee + 2 or more Dependents	\$400.37	\$800.74	\$1,306.50	\$2,107.24
<b>Medical - Kaiser Maintenance Plan</b>				
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
<b>Delta Dental 15 Plan</b>				
Employee Only	\$13.59	\$27.18	\$27.20	\$54.38
Employee + 1 Dependent	\$27.18	\$54.36	\$54.38	\$108.74
Employee + 2 or more Dependents	\$38.68	\$77.36	\$77.38	\$154.74
<b>Kaiser Dental 50 Plan</b>				
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
<b>Willamette Dental Plan</b>				
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.