

**Parole and Probation Officers (FOPPO)
Full Time Employee Health Care Premium Costs**

January 1, 2022 - December 31, 2022

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Cigna PPO 400 Plan				
Employee Only	\$28.55	\$57.10	\$704.42	\$761.52
Employee + 1 Dependent	\$57.11	\$114.22	\$1,408.78	\$1,523.00
Employee + 2 or more Dependents	\$81.34	\$162.68	\$2,006.48	\$2,169.16
Medical - Cigna Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$367.48	\$367.48
Employee + 1 Dependent	\$0.00	\$0.00	\$734.92	\$734.92
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,047.28	\$1,047.28
Medical - Kaiser 10/20 Plan				
Employee Only	\$20.64	\$41.28	\$784.60	\$825.88
Employee + 1 Dependent	\$41.24	\$82.48	\$1,567.32	\$1,649.80
Employee + 2 or more Dependents	\$58.78	\$117.56	\$2,233.92	\$2,351.48
Delta Dental 50 Plan				
Employee Only	\$2.01	\$4.02	\$53.54	\$57.56
Employee + 1 Dependent	\$4.03	\$8.06	\$107.10	\$115.16
Employee + 2 or more Dependents	\$5.73	\$11.46	\$152.34	\$163.80
Kaiser Dental 15 Plan				
Employee Only	\$3.09	\$6.18	\$82.34	\$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.](#)

Parole and Probation Officers (FOPPO)
Part Time Employee Health Care Premium Costs
 January 1, 2022 - December 31, 2022

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Cigna PPO 400 Plan				
Employee Only	\$152.30	\$304.60	\$456.92	\$761.52
Employee + 1 Dependent	\$335.06	\$670.12	\$852.88	\$1,523.00
Employee + 2 or more Dependents	\$498.90	\$997.80	\$1,171.36	\$2,169.16
Medical - Cigna Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$367.48	\$367.48
Employee + 1 Dependent	\$0.00	\$0.00	\$734.92	\$734.92
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,047.28	\$1,047.28
Medical - Kaiser 10/20 Plan				
Employee Only	\$123.88	\$247.76	\$578.12	\$825.88
Employee + 1 Dependent	\$296.96	\$593.92	\$1,055.88	\$1,649.80
Employee + 2 or more Dependents	\$435.02	\$870.04	\$1,481.44	\$2,351.48
Medical - Kaiser Maintenance Plan				
Employee Only	\$32.59	\$65.18	\$586.74	\$651.92
Employee + 1 Dependent	\$65.18	\$130.36	\$1,173.40	\$1,303.76
Employee + 2 or more Dependents	\$92.89	\$185.78	\$1,672.14	\$1,857.92
Delta Dental 50 Plan				
Employee Only	\$14.39	\$28.78	\$28.78	\$57.56
Employee + 1 Dependent	\$28.79	\$57.58	\$57.58	\$115.16
Employee + 2 or more Dependents	\$40.95	\$81.90	\$81.90	\$163.80
Kaiser Dental 15 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.](#)