

Prosecuting Attorneys
Full Time Employee Health Care Premium Costs
 January 1, 2023 - December 31, 2023

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$0.00	\$0.00	\$882.64	\$882.64
Employee + 1 Dependent	\$0.00	\$0.00	\$1,765.20	\$1,765.20
Employee + 2 or more Dependents	\$0.00	\$0.00	\$2,513.84	\$2,513.84
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$426.28	\$426.28
Employee + 1 Dependent	\$0.00	\$0.00	\$852.52	\$852.52
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,214.84	\$1,214.84
Medical - Kaiser 10/20 Plan				
Employee Only	\$0.00	\$0.00	\$851.64	\$851.64
Employee + 1 Dependent	\$0.00	\$0.00	\$1,701.24	\$1,701.24
Employee + 2 or more Dependents	\$0.00	\$0.00	\$2,424.84	\$2,424.84
Dental - Delta Dental 50 Plan				
Employee Only	\$0.00	\$0.00	\$58.60	\$58.60
Employee + 1 Dependent	\$0.00	\$0.00	\$117.24	\$117.24
Employee + 2 or more Dependents	\$0.00	\$0.00	\$166.76	\$166.76
Dental - Kaiser Dental 15 Plan				
Employee Only	\$0.00	\$0.00	\$88.52	\$88.52
Employee + 1 Dependent	\$0.00	\$0.00	\$177.06	\$177.06
Employee + 2 or more Dependents	\$0.00	\$0.00	\$252.30	\$252.30
Dental - Willamette Dental Plan				
Employee Only	\$0.00	\$0.00	\$64.12	\$64.12
Employee + 1 Dependent	\$0.00	\$0.00	\$128.20	\$128.20
Employee + 2 or more Dependents	\$0.00	\$0.00	\$182.76	\$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.](#)

Prosecuting Attorneys
Part Time Employee Health Care Premium Costs
January 1, 2023 - December 31, 2023

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$203.18	\$406.36	\$476.28	\$882.64
Employee + 1 Dependent	\$431.34	\$862.68	\$902.52	\$1,765.20
Employee + 2 or more Dependents	\$624.50	\$1,249.00	\$1,264.84	\$2,513.84
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$426.28	\$426.28
Employee + 1 Dependent	\$0.00	\$0.00	\$852.52	\$852.52
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,214.84	\$1,214.84
Medical - Kaiser 10/20 Plan				
Employee Only	\$187.68	\$375.36	\$476.28	\$851.64
Employee + 1 Dependent	\$399.36	\$798.72	\$902.52	\$1,701.24
Employee + 2 or more Dependents	\$580.00	\$1,160.00	\$1,264.84	\$2,424.84
Medical - Kaiser Maintenance Plan				
Employee Only	\$33.60	\$67.20	\$605.04	\$672.24
Employee + 1 Dependent	\$67.22	\$134.44	\$1,210.04	\$1,344.48
Employee + 2 or more Dependents	\$95.78	\$191.56	\$1,724.36	\$1,915.92
Dental - Delta Dental 50 Plan				
Employee Only	\$14.64	\$29.28	\$29.32	\$58.60
Employee + 1 Dependent	\$29.30	\$58.60	\$58.64	\$117.24
Employee + 2 or more Dependents	\$41.68	\$83.36	\$83.40	\$166.76
Dental - Kaiser Dental 15 Plan				
Employee Only	\$22.12	\$44.24	\$44.28	\$88.52
Employee + 1 Dependent	\$44.26	\$88.52	\$88.54	\$177.06
Employee + 2 or more Dependents	\$63.06	\$126.12	\$126.18	\$252.30
Dental - Willamette Dental Plan				
Employee Only	\$16.02	\$32.04	\$32.08	\$64.12
Employee + 1 Dependent	\$32.04	\$64.08	\$64.12	\$128.20
Employee + 2 or more Dependents	\$45.68	\$91.36	\$91.40	\$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.](#)