

**Prosecuting Attorneys**  
**Full Time Employee Health Care Premium Costs**  
January 1, 2024 - December 31, 2024

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
<b>Medical - Moda PPO 400 Plan</b>				
Employee Only	\$0.00	\$0.00	\$1,000.92	\$1,000.92
Employee + 1 Dependent	\$0.00	\$0.00	\$2,001.74	\$2,001.74
Employee + 2 or more Dependents	\$0.00	\$0.00	\$2,850.72	\$2,850.72
<b>Medical - Moda Major Medical Plan</b>				
Employee Only	\$0.00	\$0.00	\$483.40	\$483.40
Employee + 1 Dependent	\$0.00	\$0.00	\$966.76	\$966.76
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,377.64	\$1,377.64
<b>Medical - Kaiser 10/20 Plan</b>				
Employee Only	\$0.00	\$0.00	\$951.72	\$951.72
Employee + 1 Dependent	\$0.00	\$0.00	\$1,901.16	\$1,901.16
Employee + 2 or more Dependents	\$0.00	\$0.00	\$2,709.84	\$2,709.84
<b>Dental - Delta Dental 50 Plan</b>				
Employee Only	\$0.00	\$0.00	\$59.72	\$59.72
Employee + 1 Dependent	\$0.00	\$0.00	\$119.48	\$119.48
Employee + 2 or more Dependents	\$0.00	\$0.00	\$169.92	\$169.92
<b>Dental - Kaiser Dental 15 Plan</b>				
Employee Only	\$0.00	\$0.00	\$86.76	\$86.76
Employee + 1 Dependent	\$0.00	\$0.00	\$173.52	\$173.52
Employee + 2 or more Dependents	\$0.00	\$0.00	\$247.26	\$247.26
<b>Dental - Willamette Dental Plan</b>				
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, 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](#)

**Prosecuting Attorneys**  
**Part Time Employee Health Care Premium Costs**  
January 1, 2024 - December 31, 2024

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
<b>Medical - Moda PPO 400 Plan</b>				
Employee Only	\$233.76	\$467.52	\$533.40	\$1,000.92
Employee + 1 Dependent	\$492.48	\$984.96	\$1,016.78	\$2,001.74
Employee + 2 or more Dependents	\$711.54	\$1,423.08	\$1,427.64	\$2,850.72
<b>Medical - Moda Major Medical Plan</b>				
Employee Only	\$0.00	\$0.00	\$483.40	\$483.40
Employee + 1 Dependent	\$0.00	\$0.00	\$966.76	\$966.76
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,377.64	\$1,377.64
<b>Medical - Kaiser 10/20 Plan</b>				
Employee Only	\$209.16	\$418.32	\$533.40	\$951.72
Employee + 1 Dependent	\$442.20	\$884.40	\$1,016.76	\$1,901.16
Employee + 2 or more Dependents	\$641.10	\$1,282.20	\$1,427.64	\$2,709.84
<b>Medical - Kaiser Maintenance Plan</b>				
Employee Only	\$37.62	\$75.24	\$677.16	\$752.40
Employee + 1 Dependent	\$75.24	\$150.48	\$1,354.44	\$1,504.92
Employee + 2 or more Dependents	\$107.22	\$214.44	\$1,930.08	\$2,144.52
<b>Dental - Delta Dental 50 Plan</b>				
Employee Only	\$14.92	\$29.84	\$29.88	\$59.72
Employee + 1 Dependent	\$29.86	\$59.72	\$59.76	\$119.48
Employee + 2 or more Dependents	\$42.48	\$84.96	\$84.96	\$169.92
<b>Dental - Kaiser Dental 15 Plan</b>				
Employee Only	\$21.68	\$43.36	\$43.40	\$86.76
Employee + 1 Dependent	\$43.38	\$86.76	\$86.76	\$173.52
Employee + 2 or more Dependents	\$61.80	\$123.60	\$123.66	\$247.26
<b>Dental - Willamette Dental Plan</b>				
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, 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](#)