

**Non-Represented Employees, Elected Officials & Staff**  
**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	\$37.52	\$75.04	\$925.88	\$1,000.92
Employee + 1 Dependent	\$75.06	\$150.12	\$1,851.62	\$2,001.74
Employee + 2 or more Dependents	\$106.90	\$213.80	\$2,636.92	\$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	\$23.78	\$47.56	\$904.16	\$951.72
Employee + 1 Dependent	\$47.52	\$95.04	\$1,806.12	\$1,901.16
Employee + 2 or more Dependents	\$67.74	\$135.48	\$2,574.36	\$2,709.84
<b>Dental - Delta Dental 50 Plan</b>				
Employee Only	\$2.08	\$4.16	\$55.56	\$59.72
Employee + 1 Dependent	\$4.18	\$8.36	\$111.12	\$119.48
Employee + 2 or more Dependents	\$5.94	\$11.88	\$158.04	\$169.92
<b>Dental - Kaiser Dental 15 Plan</b>				
Employee Only	\$3.02	\$6.04	\$80.72	\$86.76
Employee + 1 Dependent	\$6.06	\$12.12	\$161.40	\$173.52
Employee + 2 or more Dependents	\$8.64	\$17.28	\$229.98	\$247.26
<b>Dental - Willamette Dental Plan</b>				
Employee Only	\$2.24	\$4.48	\$59.64	\$64.12
Employee + 1 Dependent	\$4.48	\$8.96	\$119.24	\$128.20
Employee + 2 or more Dependents	\$6.38	\$12.76	\$170.00	\$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.](#)

## Non-Represented Employees, Elected Officials & Staff

### 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	\$250.22	\$500.44	\$500.48	\$1,000.92
Employee + 1 Dependent	\$500.42	\$1,000.84	\$1,000.90	\$2,001.74
Employee + 2 or more Dependents	\$712.68	\$1,425.36	\$1,425.36	\$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	\$180.82	\$361.64	\$590.08	\$951.72
Employee + 1 Dependent	\$361.22	\$722.44	\$1,178.72	\$1,901.16
Employee + 2 or more Dependents	\$514.86	\$1,029.72	\$1,680.12	\$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, 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.