

Prosecuting Attorneys
Full Time Employee Health Care Premium Costs
January 1, 2025 - December 31, 2025

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	\$1,101.00	\$1,101.00
Employee + 1 Dependent	\$0.00	\$0.00	\$2,201.92	\$2,201.92
Employee + 2 or more Dependents	\$0.00	\$0.00	\$3,135.76	\$3,135.76
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$531.76	\$531.76
Employee + 1 Dependent	\$0.00	\$0.00	\$1,063.44	\$1,063.44
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,515.40	\$1,515.40
Medical - Kaiser 10/20 Plan				
Employee Only	\$0.00	\$0.00	\$991.08	\$991.08
Employee + 1 Dependent	\$0.00	\$0.00	\$1,979.76	\$1,979.76
Employee + 2 or more Dependents	\$0.00	\$0.00	\$2,821.80	\$2,821.80
Dental - Delta Dental 50 Plan				
Employee Only	\$0.00	\$0.00	\$62.48	\$62.48
Employee + 1 Dependent	\$0.00	\$0.00	\$125.00	\$125.00
Employee + 2 or more Dependents	\$0.00	\$0.00	\$177.76	\$177.76
Dental - Kaiser Dental 15 Plan				
Employee Only	\$0.00	\$0.00	\$87.60	\$87.60
Employee + 1 Dependent	\$0.00	\$0.00	\$175.16	\$175.16
Employee + 2 or more Dependents	\$0.00	\$0.00	\$249.60	\$249.60
Dental - Willamette Dental Plan				
Employee Only	\$0.00	\$0.00	\$62.20	\$62.20
Employee + 1 Dependent	\$0.00	\$0.00	\$124.36	\$124.36
Employee + 2 or more Dependents	\$0.00	\$0.00	\$177.32	\$177.32

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 dependents' health plan coverage according to IRS rules.](#)

Prosecuting Attorneys
Part Time Employee Health Care Premium Costs
January 1, 2025 - December 31, 2025

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$259.62	\$519.24	\$581.76	\$1,101.00
Employee + 1 Dependent	\$544.24	\$1,088.48	\$1,113.44	\$2,201.92
Employee + 2 or more Dependents	\$785.18	\$1,570.36	\$1,565.40	\$3,135.76
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$531.76	\$531.76
Employee + 1 Dependent	\$0.00	\$0.00	\$1,063.44	\$1,063.44
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,515.40	\$1,515.40
Medical - Kaiser 10/20 Plan				
Employee Only	\$204.66	\$409.32	\$581.76	\$991.08
Employee + 1 Dependent	\$433.16	\$866.32	\$1,113.44	\$1,979.76
Employee + 2 or more Dependents	\$628.20	\$1,256.40	\$1,565.40	\$2,821.80
Medical - Kaiser Maintenance Plan				
Employee Only	\$39.16	\$78.32	\$705.16	\$783.48
Employee + 1 Dependent	\$78.36	\$156.72	\$1,410.48	\$1,567.20
Employee + 2 or more Dependents	\$111.64	\$223.28	\$2,009.80	\$2,233.08
Dental - Delta Dental 50 Plan				
Employee Only	\$15.62	\$31.24	\$31.24	\$62.48
Employee + 1 Dependent	\$31.24	\$62.48	\$62.52	\$125.00
Employee + 2 or more Dependents	\$44.44	\$88.88	\$88.88	\$177.76
Dental - Kaiser Dental 15 Plan				
Employee Only	\$21.90	\$43.80	\$43.80	\$87.60
Employee + 1 Dependent	\$43.78	\$87.56	\$87.60	\$175.16
Employee + 2 or more Dependents	\$62.40	\$124.80	\$124.80	\$249.60
Dental - Willamette Dental Plan				
Employee Only	\$15.54	\$31.08	\$31.12	\$62.20
Employee + 1 Dependent	\$31.08	\$62.16	\$62.20	\$124.36
Employee + 2 or more Dependents	\$44.32	\$88.64	\$88.68	\$177.32

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 dependents' health plan coverage according to IRS rules.](#)