



**Prosecuting Attorneys
Full Time Employee Premium Cost Shares**

January 1, 2019 - December 31, 2019



Coverage Level	Total Monthly Premium	Refund to Employee	County Contribution	Employee Monthly Cost share	Monthly DA Contribution	Per Paycheck Deduction
Moda Performance PPO Medical/Rx/Vision Plan						
Single	\$830.90	N/A	\$693.68	\$137.22	\$0.00	\$68.61
Two-Party	\$1,661.76	N/A	\$1,387.30	\$274.46	\$0.00	\$137.23
Family	\$2,366.92	N/A	\$1,975.88	\$391.04	\$0.00	\$195.52
Moda Preferred PPO Medical/Rx/Vision Plan						
Single	\$730.18	N/A	\$693.68	\$0.00	\$36.50	\$0.00
Two-Party	\$1,460.32	N/A	\$1,387.30	\$0.00	\$73.02	\$0.00
Family	\$2,079.88	N/A	\$1,975.88	\$0.00	\$104.00	\$0.00
Moda Major Medical and Rx Plan						
Single	\$370.98	\$50.00	\$420.98	\$0.00	\$0.00	\$0.00
Two-Party	\$741.94	\$50.00	\$791.94	\$0.00	\$0.00	\$0.00
Family	\$1,057.24	\$50.00	\$1,107.24	\$0.00	\$0.00	\$0.00
Kaiser Medical/Rx/Vision Plan						
Single	\$712.92	N/A	\$677.28	\$0.00	\$35.64	\$0.00
Two-Party	\$1,424.18	N/A	\$1,352.98	\$0.00	\$71.20	\$0.00
Family	\$2,029.88	N/A	\$1,928.38	\$0.00	\$101.50	\$0.00
Delta Dental Plan						
Single	\$54.84	N/A	\$52.10	\$0.00	\$2.74	\$0.00
Two-Party	\$109.64	N/A	\$104.16	\$0.00	\$5.48	\$0.00
Family	\$156.02	N/A	\$148.22	\$0.00	\$7.80	\$0.00
Kaiser Dental Plan						
Single	\$87.52	N/A	\$83.14	\$0.00	\$4.38	\$0.00
Two-Party	\$175.08	N/A	\$166.32	\$0.00	\$8.76	\$0.00
Family	\$249.48	N/A	\$237.00	\$0.00	\$12.48	\$0.00
Willamette Dental Plan						
Single	\$61.70	N/A	\$58.62	\$0.00	\$3.08	\$0.00
Two-Party	\$123.40	N/A	\$117.22	\$0.00	\$6.18	\$0.00
Family	\$175.90	N/A	\$167.10	\$0.00	\$8.80	\$0.00

Adding Domestic Partners and their Children: Imputed Income Tax

Employees who enroll family members who do not qualify as a Qualified Relative under the IRS code are required to pay tax on the value of that dependent's health plan coverage.



Prosecuting Attorneys Part-Time Employee Premium Cost Shares

January 1, 2019 - December 31, 2019



Coverage Level	Total Monthly Premium	Subsidy added into County Contribution	County Contribution	Employee Monthly Cost share	Per Paycheck Deduction
Moda Performance PPO Medical/Rx/Vision Plan					
Single	\$830.90	N/A	\$370.98	\$459.92	\$229.96
Two-Party	\$1,661.76	N/A	\$741.94	\$919.82	\$459.91
Family	\$2,366.92	N/A	\$1,057.24	\$1,309.68	\$654.84
Moda Preferred PPO Medical/Rx/Vision Plan					
Single	\$730.18	\$50.00	\$420.98	\$309.20	\$154.60
Two-Party	\$1,460.32	\$50.00	\$791.94	\$668.38	\$334.19
Family	\$2,079.88	\$50.00	\$1,107.24	\$972.64	\$486.32
Moda Major Medical and Rx Plan					
Single	\$370.98	\$0.00	\$370.98	\$0.00	\$0.00
Two-Party	\$741.94	\$0.00	\$741.94	\$0.00	\$0.00
Family	\$1,057.24	\$0.00	\$1,057.24	\$0.00	\$0.00
Kaiser Medical/Rx/Vision Plan					
Single	\$712.92	\$50.00	\$420.98	\$291.94	\$145.97
Two-Party	\$1,424.18	\$50.00	\$791.94	\$632.24	\$316.12
Family	\$2,029.88	\$50.00	\$1,107.24	\$922.64	\$461.32
Kaiser Maintenance Medical Plan					
Single	\$557.28	N/A	\$501.56	\$55.72	\$27.86
Two-Party	\$1,114.56	N/A	\$1,003.10	\$111.46	\$55.73
Family	\$1,588.32	N/A	\$1,429.48	\$158.84	\$79.42
Delta Dental Plan					
Single	\$54.84	N/A	\$27.42	\$27.42	\$13.71
Two-Party	\$109.64	N/A	\$54.82	\$54.82	\$27.41
Family (+.01)	\$156.02	N/A	\$78.02	\$78.00	\$39.00
Kaiser Dental Plan					
Single	\$87.52	N/A	\$43.76	\$43.76	\$21.88
Two-Party	\$175.08	N/A	\$87.54	\$87.54	\$43.77
Family	\$249.48	N/A	\$124.74	\$124.74	\$62.37
Willamette Dental Plan					
Single	\$61.70	N/A	\$30.86	\$30.84	\$15.42
Two-Party	\$123.40	N/A	\$61.70	\$61.70	\$30.85
Family	\$175.90	N/A	\$87.94	\$87.96	\$43.98

Adding Domestic Partners and their Children: Imputed Income Tax

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