



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

January 1, 2017 - December 31, 2017



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	\$732.88	N/A	\$635.94	\$96.94	\$0.00	\$48.47
Two-Party	\$1,465.70	N/A	\$1,270.38	\$195.32	\$0.00	\$97.66
Family	\$2,088.16	N/A	\$1,810.66	\$277.50	\$0.00	\$138.75
Moda Preferred PPO Medical/Rx/Vision Plan						
Single	\$644.20	N/A	\$611.98	\$0.00	\$32.22	\$0.00
Two-Party	\$1,288.34	N/A	\$1,223.92	\$0.00	\$64.42	\$0.00
Family	\$1,835.44	N/A	\$1,743.66	\$0.00	\$91.78	\$0.00
Moda Major Medical and Rx Plan						
Single	\$326.60	\$50.00	\$376.60	\$0.00	\$0.00	\$0.00
Two-Party	\$653.20	\$50.00	\$703.20	\$0.00	\$0.00	\$0.00
Family	\$930.80	\$50.00	\$980.80	\$0.00	\$0.00	\$0.00
Kaiser Medical/Rx/Vision Plan						
Single	\$669.40	N/A	\$635.94	\$0.00	\$33.46	\$0.00
Two-Party	\$1,337.24	N/A	\$1,270.38	\$0.00	\$66.86	\$0.00
Family	\$1,905.96	N/A	\$1,810.66	\$0.00	\$95.30	\$0.00
Delta Dental Plan						
Single	\$51.94	N/A	\$49.34	\$0.00	\$2.60	\$0.00
Two-Party	\$103.82	N/A	\$98.62	\$0.00	\$5.20	\$0.00
Family	\$147.74	N/A	\$140.36	\$0.00	\$7.38	\$0.00
Kaiser Dental Plan						
Single	\$82.90	N/A	\$78.76	\$0.00	\$4.14	\$0.00
Two-Party	\$165.84	N/A	\$157.54	\$0.00	\$8.30	\$0.00
Family	\$236.32	N/A	\$224.50	\$0.00	\$11.82	\$0.00

Adding Domestic Partners and their Children: Imputed Income Tax

Employees who elect to 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.

Please see Non-IRS Eligible Dependents County website for more information.



**Prosecuting Attorneys
Half Time Employee Premium Cost Shares**
January 1, 2017 - December 31, 2017



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	\$732.88	N/A	\$326.60	\$406.28	\$203.14
Two-Party	\$1,465.70	N/A	\$653.20	\$812.50	\$406.25
Family	\$2,088.16	N/A	\$930.80	\$1,157.36	\$578.68
Moda Preferred PPO Medical/Rx/Vision Plan					
Single	\$644.20	\$50.00	\$376.60	\$267.60	\$133.80
Two-Party	\$1,288.34	\$50.00	\$703.20	\$585.14	\$292.57
Family	\$1,835.44	\$50.00	\$980.80	\$854.64	\$427.32
Moda Major Medical and Rx Plan					
Single	\$326.60	\$0.00	\$326.60	\$0.00	\$0.00
Two-Party	\$653.20	\$0.00	\$653.20	\$0.00	\$0.00
Family	\$930.80	\$0.00	\$930.80	\$0.00	\$0.00
Kaiser Medical/Rx/Vision Plan					
Single	\$669.40	\$50.00	\$376.60	\$292.80	\$146.40
Two-Party	\$1,337.24	\$50.00	\$703.20	\$634.04	\$317.02
Family	\$1,905.96	\$50.00	\$980.80	\$925.16	\$462.58
Kaiser Maintenance Medical Plan					
Single	\$523.26	N/A	\$470.94	\$52.32	\$26.16
Two-Party	\$1,046.52	N/A	\$941.86	\$104.66	\$52.33
Family	\$1,491.34	N/A	\$1,342.20	\$149.14	\$74.57

Delta Dental Plan					
Single	\$51.94	N/A	\$25.96	\$25.98	\$12.99
Two-Party	\$103.82	N/A	\$51.90	\$51.92	\$25.96
Family (+.01)	\$147.74	N/A	\$73.88	\$73.86	\$36.93
Kaiser Dental Plan					
Single	\$82.90	N/A	\$41.46	\$41.44	\$20.72
Two-Party	\$165.84	N/A	\$82.92	\$82.92	\$41.46
Family	\$236.32	N/A	\$118.16	\$118.16	\$59.08

Adding Domestic Partners and their Children: Imputed Income Tax

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