



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

January 1, 2018 - December 31, 2018



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	\$825.76	N/A	\$689.46	\$136.30	\$0.00	\$68.15
Two-Party	\$1,651.48	N/A	\$1,378.86	\$272.62	\$0.00	\$136.31
Family	\$2,352.52	N/A	\$1,964.08	\$388.44	\$0.00	\$194.22
Moda Preferred PPO Medical/Rx/Vision Plan						
Single	\$725.74	N/A	\$689.46	\$0.00	\$36.28	\$0.00
Two-Party	\$1,451.44	N/A	\$1,378.86	\$0.00	\$72.58	\$0.00
Family	\$2,067.46	N/A	\$1,964.08	\$0.00	\$103.38	\$0.00
Moda Major Medical and Rx Plan						
Single	\$368.38	\$50.00	\$418.38	\$0.00	\$0.00	\$0.00
Two-Party	\$736.76	\$50.00	\$786.76	\$0.00	\$0.00	\$0.00
Family	\$1,049.88	\$50.00	\$1,099.88	\$0.00	\$0.00	\$0.00
Kaiser Medical/Rx/Vision Plan						
Single	\$700.32	N/A	\$665.30	\$0.00	\$35.02	\$0.00
Two-Party	\$1,399.04	N/A	\$1,329.08	\$0.00	\$69.96	\$0.00
Family	\$1,994.02	N/A	\$1,894.32	\$0.00	\$99.70	\$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	\$83.76	N/A	\$79.58	\$0.00	\$4.18	\$0.00
Two-Party	\$167.56	N/A	\$159.18	\$0.00	\$8.38	\$0.00
Family	\$238.76	N/A	\$226.82	\$0.00	\$11.94	\$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, 2018 - December 31, 2018



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	\$825.76	N/A	\$368.38	\$457.38	\$228.69
Two-Party	\$1,651.48	N/A	\$736.76	\$914.72	\$457.36
Family	\$2,352.52	N/A	\$1,049.88	\$1,302.64	\$651.32
Moda Preferred PPO Medical/Rx/Vision Plan					
Single	\$725.74	\$50.00	\$418.38	\$307.36	\$153.68
Two-Party	\$1,451.44	\$50.00	\$786.76	\$664.68	\$332.34
Family	\$2,067.46	\$50.00	\$1,099.88	\$967.58	\$483.79
Moda Major Medical and Rx Plan					
Single	\$368.38	\$0.00	\$368.38	\$0.00	\$0.00
Two-Party	\$736.76	\$0.00	\$736.76	\$0.00	\$0.00
Family	\$1,049.88	\$0.00	\$1,049.88	\$0.00	\$0.00
Kaiser Medical/Rx/Vision Plan					
Single	\$700.32	\$50.00	\$418.38	\$281.94	\$140.97
Two-Party	\$1,399.04	\$50.00	\$786.76	\$612.28	\$306.14
Family	\$1,994.02	\$50.00	\$1,099.88	\$894.14	\$447.07
Kaiser Maintenance Medical Plan					
Single	\$547.44	N/A	\$492.70	\$54.74	\$27.37
Two-Party	\$1,094.88	N/A	\$985.40	\$109.48	\$54.74
Family	\$1,560.26	N/A	\$1,404.24	\$156.02	\$78.01
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	\$83.76	N/A	\$41.88	\$41.88	\$20.94
Two-Party	\$167.56	N/A	\$83.78	\$83.78	\$41.89
Family	\$238.76	N/A	\$119.38	\$119.38	\$59.69
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

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.