

Prosecuting Attorneys
Full Time Employee Health Care Premium Costs
January 1, 2027 - December 31, 2027

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	\$1,291.20	\$1,291.20
Employee + 1 Dependent	\$0.00	\$0.00	\$2,582.44	\$2,582.44
Employee + 2 or more Dependents	\$0.00	\$0.00	\$3,678.20	\$3,678.20
Medical - Moda Major Medical Plan (+ \$50 credit)				
Employee Only	\$0.00	\$0.00	\$623.72	\$623.72
Employee + 1 Dependent	\$0.00	\$0.00	\$1,246.36	\$1,246.36
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,776.08	\$1,776.08
Medical - Kaiser 10/20 Plan				
Employee Only	\$0.00	\$0.00	\$1,141.40	\$1,141.40
Employee + 1 Dependent	\$0.00	\$0.00	\$2,280.08	\$2,280.08
Employee + 2 or more Dependents	\$0.00	\$0.00	\$3,249.80	\$3,249.80
Dental - Delta Dental 50 Plan				
Employee Only	\$0.00	\$0.00	\$67.60	\$67.60
Employee + 1 Dependent	\$0.00	\$0.00	\$135.00	\$135.00
Employee + 2 or more Dependents	\$0.00	\$0.00	\$193.00	\$193.00
Dental - Kaiser Dental 15 Plan				
Employee Only	\$0.00	\$0.00	\$100.12	\$100.12
Employee + 1 Dependent	\$0.00	\$0.00	\$200.44	\$200.44
Employee + 2 or more Dependents	\$0.00	\$0.00	\$285.68	\$285.68
Dental - Willamette Dental Plan				
Employee Only	\$0.00	\$0.00	\$68.44	\$68.44
Employee + 1 Dependent	\$0.00	\$0.00	\$136.88	\$136.88
Employee + 2 or more Dependents	\$0.00	\$0.00	\$195.16	\$195.16

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, 2027 - December 31, 2027

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$308.74	\$617.48	\$673.72	\$1,291.20
Employee + 1 Dependent	\$643.04	\$1,286.08	\$1,296.36	\$2,582.44
Employee + 2 or more Dependents	\$926.06	\$1,852.12	\$1,826.08	\$3,678.20
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$623.72	\$623.72
Employee + 1 Dependent	\$0.00	\$0.00	\$1,246.36	\$1,246.36
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,776.08	\$1,776.08
Medical - Kaiser 10/20 Plan				
Employee Only	\$233.84	\$467.68	\$673.72	\$1,141.40
Employee + 1 Dependent	\$491.86	\$983.72	\$1,296.36	\$2,280.08
Employee + 2 or more Dependents	\$711.86	\$1,423.72	\$1,826.08	\$3,249.80
Medical - Kaiser Maintenance Plan				
Employee Only	\$45.10	\$90.20	\$812.04	\$902.24
Employee + 1 Dependent	\$90.24	\$180.48	\$1,624.40	\$1,804.88
Employee + 2 or more Dependents	\$128.58	\$257.16	\$2,314.56	\$2,571.72
Dental - Delta Dental 50 Plan				
Employee Only	\$16.90	\$33.80	\$33.80	\$67.60
Employee + 1 Dependent	\$33.74	\$67.48	\$67.52	\$135.00
Employee + 2 or more Dependents	\$48.24	\$96.48	\$96.52	\$193.00
Dental - Kaiser Dental 15 Plan				
Employee Only	\$25.02	\$50.04	\$50.08	\$100.12
Employee + 1 Dependent	\$50.10	\$100.20	\$100.24	\$200.44
Employee + 2 or more Dependents	\$71.42	\$142.84	\$142.84	\$285.68
Dental - Willamette Dental Plan				
Employee Only	\$17.10	\$34.20	\$34.24	\$68.44
Employee + 1 Dependent	\$34.22	\$68.44	\$68.44	\$136.88
Employee + 2 or more Dependents	\$48.78	\$97.56	\$97.60	\$195.16

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.](#)