Final Rates 2025 Appraisers

	2025 Premium Cost Sharing Medical Plans & Dental, Vision & Life	2025 Before County Contribution
$1000 Deductible Plan	**$1000 Deductible Plan**	**$1000 Plan**
Employer Pays Up to:	**$1,568.25**	
Employee	($740.66)	$827.59
Employee & Spouse	$169.68	$1,737.93
Employee & Children)	($78.58)	$1,489.67
Family	$914.53	$2,482.78
$2000 Deductible Plan	**$2000 Deductible Plan**	**$2000 Plan**
Employer Pays Up to:	**$1,568.25**	
Employee	($870.03)	$698.22
Employee & Spouse	($102.00)	$1,466.25
Employee & Children)	($311.45)	$1,256.80
Family	$526.41	$2,094.66
$3500 Deductible Plan	**$3500 Deductible Plan**	**$3500 Plan**
Employer Pays Up to:	**$1,568.25**	
Employee	($991.64)	$596.61
Employee & Spouse	($315.39)	$1,252.86
Employee & Children)	($494.35)	$1,073.90
Family	$221.58	$1,789.83
$3500 HDHP Deductible Plan	**$3500 Deductible Plan**	**$3500 Plan**
Employer Pays Up to:	**$1,568.25**	
Employee	($824.18)	$744.07
Employee & Spouse	($5.71)	$1,562.54
Employee & Children)	($228.93)	$1,339.32
Family	$663.95	$2,232.20
Low Option Dental	**Low Option Dental**	**Low Option Dental**
Employer Pays Up to:	**$92.25**	
Employee	($59.52)	$32.73
Employee & Spouse	($22.00)	$70.25
Employee & Children)	($12.92)	$79.33
Family	$23.01	$115.26
High Option Dental	**High Option Dental**	**High Option Dental**
Employer Pays Up to:	**$92.25**	
Employee	($46.57)	$45.68
Employee & Spouse	$5.76	$98.01
Employee & Children)	$20.15	$112.40
Family	$70.27	$162.52
	Willamette Dental	**Willamette Dental**
Employer Pays Up To:	**$92.25**	**Composite Rate**
Employee.	$57.70	$149.95
	Vision Service Plan	**Vision Service Plan**
Employer Pays Up to:	**$20.00**	**Composite Rate**
Employee:	$0.00	$20.00
Family:	$0.00	$20.00
Lincoln L/Ik - 30,000	**Lincoln**	**Lincoln**
Employer Pays Up to:	**$4.56**	**$4.56**
Employee/Dependents	$0.00	$4.56
Base Long Term Disability/EAP	Base Long Term Disability/EAP	**Lincoln**
Employer Pays Up to:	**$5.00**	$5.00
Employee:	$0.00	
Employer Monthly Cost For Employee Insurance:	**$1,690.06**	
Employer Yearly Cost for Employee Insurance:	**$20,280.72**	

/Credit = Received as cash in lieu of benefits or deferred comp

Final Rates 2025 Sheriffs Deputies

	2025 Premium Cost Sharing Medical Plans & Dental, Vision & Life	2025 Before County Contribution
$1000 Deductible Plan	**$1000 Deductible Plan**	**$1000 Plan**
Employer Pays Up to:	**$1,280.00**	
Employee	($452.41)	$827.59
Employee & Spouse	$467.93	$1,737.93
Employee & Children)	$209.67	$1,489.67
Family	$1,202.78	$2,482.78
$2000 Deductible Plan	**$2000 Deductible Plan**	**$2000 Plan**
Employer Pays Up to:	**$1,280.00**	
Employee	($581.78)	$698.22
Employee & Spouse	$186.25	$1,466.25
Employee & Children)	($23.20)	$1,256.80
Family	$814.66	$2,094.66
$3500 Deductible Plan	**$3500 Deductible Plan**	**$3500 Plan**
Employer Pays Up to:	**$1,280.00**	
Employee	($683.39)	$596.61
Employee & Spouse	($27.14)	$1,252.86
Employee & Children)	($206.10)	$1,073.90
Family	$509.83	$1,789.83
$3500 HDHP Deductible Plan	**$3500 Deductible Plan**	**$3500 Plan**
Employer Pays Up to:	**$1,280.00**	
Employee	($535.93)	$744.07
Employee & Spouse	$282.54	$1,562.54
Employee & Children)	$59.32	$1,339.32
Family	$952.20	$2,232.20
Low Option Dental	**Low Option Dental**	**Low Option Dental**
Employer Pays Up to:	**$75.00**	
Employee	($42.27)	$32.73
Employee & Spouse	($4.75)	$70.25
Employee & Children)	$4.33	$79.33
Family	$40.26	$115.26
High Option Dental	**High Option Dental**	**High Option Dental**
Employer Pays Up to:	**$75.00**	
Employee	($29.32)	$45.68
Employee & Spouse	$23.01	$98.01
Employee & Children)	$37.40	$112.40
Family	$87.52	$162.52
	Willamette Dental	**Willamette Dental**
Employer Pays Up To:	**$75.00**	**Composite Rate**
Employee.	$74.95	$149.95
	Vision Service Plan	**Vision Service Plan**
Employer Pays Up to:	**$20.00**	**Composite Rate**
Employee:	$0.00	$20.00
Family:	$0.00	$20.00
Lincoln L/Ik - 30,000	**Lincoln**	**Lincoln**
Employer Pays Up to:	**$4.56**	**$4.56**
Employee/Dependents	$0.00	$4.56
Base Long Term Disability/EAP	Base Long Term Disability/EAP	**Lincoln**
Employer Pays Up to:	Own Association	Own Association
Employee:	$0.00	
Employer Monthly Cost For Employee Insurance:	**$1,379.56**	
Employer Yearly Cost for Employee Insurance:	**$16,554.72**	

/Credit = Deposited to VEBA

Final Rates 2025 Corrections

	2025 Premium Cost Sharing Medical Plans & Dental, Vision & Life	2025 Before County Contribution
$1000 Deductible Plan	**$1000 Deductible Plan**	**$1000 Plan**
Employer Pays Up to:	**$1,275.68**	
Employee	($447.41)	$827.59
Employee & Spouse	$462.93	$1,737.93
Employee & Children)	$214.67	$1,489.67
Family	$1,207.78	$2,482.78
$2000 Deductible Plan	**$2000 Deductible Plan**	**$2000 Plan**
Employer Pays Up to:	**$1,275.68**	
Employee	($576.78)	$698.22
Employee & Spouse	$191.25	$1,466.25
Employee & Children)	($18.20)	$1,256.80
Family	$819.66	$2,094.66
$3500 Deductible Plan	**$3500 Deductible Plan**	**$3500 Plan**
Employer Pays Up to:	**$1,275.68**	
Employee	($678.39)	$596.61
Employee & Spouse	($22.14)	$1,252.86
Employee & Children)	($201.10)	$1,073.90
Family	$514.83	$1,789.83
$3500 HDHP Deductible Plan	**$3500 Deductible Plan**	**$3500 Plan**
Employer Pays Up to:	**$1,275.68**	
Employee	($530.93)	$744.07
Employee & Spouse	$287.54	$1,562.54
Employee & Children)	$64.32	$1,339.32
Family	$567.20	$2,232.20
Low Option Dental	**Low Option Dental**	**Low Option Dental**
Employer Pays Up to:	**$75.00**	
Employee	($42.27)	$32.73
Employee & Spouse	($4.75)	$70.25
Employee & Children)	$4.33	$79.33
Family	$40.26	$115.26
High Option Dental	**High Option Dental**	**High Option Dental**
Employer Pays Up to:	**$75.00**	
Employee	($29.32)	$45.68
Employee & Spouse	$23.01	$98.01
Employee & Children)	$37.40	$112.40
Family	$87.52	$162.52
	Willamette Dental	**Willamette Dental**
Employer Pays Up To:	**$75.00**	**Composite Rate**
Employee.	$74.95	$149.95
	Vision Service Plan	**Vision Service Plan**
Employer Pays Up to:	**$20.00**	**Composite Rate**
Employee:	$0.00	$20.00
Family:	$0.00	$20.00
Lincoln L/Ik - 30,000	**Lincoln**	**Lincoln**
Employer Pays Up to:	**$4.56**	**$4.56**
Employee/Dependents	$0.00	$4.56
Base Long Term Disability/EAP	Base Long Term Disability/EAP	**Lincoln**
Employer Pays Up to:	**$5.00**	**$5.00**
Employee:	$0.00	
Employer Monthly Cost For Employee Insurance:	**$1,379.56**	
Employer Yearly Cost for Employee Insurance:	**$16,554.72**	

/Credit = Deposited to VEBA

Final Rates 2025 Elected Officials (Does not include Commissioners)

	2025 Premium Cost Sharing Medical Plans & Dental, Vision & Life	2025 Before County Contribution
$1000 Deductible Plan	**$1000 Deductible Plan**	**$1000 Plan**
Employer Pays Up to:	**$1,568.25**	
Employee	($740.66)	$827.59
Employee & Spouse	$169.68	$1,737.93
Employee & Children)	($78.58)	$1,489.67
Family	$914.53	$2,482.78
$2000 Deductible Plan	**$2000 Deductible Plan**	**$2000 Plan**
Employer Pays Up to:	**$1,568.25**	
Employee	($870.03)	$698.22
Employee & Spouse	($102.00)	$1,466.25
Employee & Children)	($311.45)	$1,256.80
Family	$526.41	$2,094.66
$3500 Deductible Plan	**$3500 Deductible Plan**	**$3500 Plan**
Employer Pays Up to:	**$1,568.25**	
Employee	($991.64)	$596.61
Employee & Spouse	($315.39)	$1,252.86
Employee & Children)	($494.35)	$1,073.90
Family	$221.58	$1,789.83
$3500 HDHP Deductible Pla	**$3500 Deductible Plan**	**$3500 Plan**
Employer Pays Up to:	**$1,568.25**	
Employee	($824.18)	$744.07
Employee & Spouse	($5.71)	$1,562.54
Employee & Children)	($228.93)	$1,339.32
Family	$663.95	$2,232.20
Low Option Dental	**Low Option Dental**	**Low Option Dental**
Employer Pays Up to:	**$92.25**	
Employee	($59.52)	$32.73
Employee & Spouse	($22.00)	$70.25
Employee & Children)	($12.92)	$79.33
Family	$23.01	$115.26
High Option Dental	**High Option Dental**	**High Option Dental**
Employer Pays Up to:	**$92.25**	
Employee	($46.57)	$45.68
Employee & Spouse	$5.76	$98.01
Employee & Children)	$20.15	$112.40
Family	$70.27	$162.52
	Willamette Dental	**Willamette Dental**
Employer Pays Up To:	**$92.25**	**Composite Rate**
Employee.	$57.70	$149.95
	Vision Service Plan	**Vision Service Plan**
Employer Pays Up to:	**$20.00**	**Composite Rate**
Employee:	$0.00	$20.00
Family:	$0.00	$20.00
Lincoln L/Ik - 30,000	**Lincoln**	**Lincoln**
Employer Pays Up to:	**$4.56**	**$4.56**
Employee/Dependents	$0.00	$4.56
Base Long Term Disability/EAP	Base Long Term Disability/EAP	**Lincoln**
Employer Pays Up to:	**$5.00**	$5.00
Employee:	$0.00	
Employer Monthly Cost For Employee Insurance:	**$1,690.06**	
Employer Yearly Cost for Employee Insurance:	**$20,280.72**	

/Credit = Received as cash in lieu of benefits or deferred comp

Final Rates 2025 - Amended Rates Eff 5.2025 (814-CH (Courthouse) 814-County)

	2025 Premium Cost Sharing Medical Plans & Dental, Vision & Life	2025 Before County Contribution
$1000 Deductible Plan	**$1000 Deductible Plan**	**$1000 Plan**
Employer Pays Up to:	**$1,568.25**	
Employee	($740.66)	$827.59
Employee & Spouse	$169.68	$1,737.93
Employee & Children)	($78.58)	$1,489.67
Family	$914.53	$2,482.78
$2000 Deductible Plan	**$2000 Deductible Plan**	**$2000 Plan**
Employer Pays Up to:	**$1,568.25**	
Employee	($870.03)	$698.22
Employee & Spouse	($102.00)	$1,466.25
Employee & Children)	($311.45)	$1,256.80
Family	$526.41	$2,094.66
$3500 Deductible Plan	**$3500 Deductible Plan**	**$3500 Plan**
Employer Pays Up to:	**$1,568.25**	
Employee	($991.64)	$596.61
Employee & Spouse	($315.39)	$1,252.86
Employee & Children)	($494.35)	$1,073.90
Family	$221.58	$1,789.83
$3500 HDHP Deductible Plan	**$3500 Deductible Plan**	**$3500 Plan**
Employer Pays Up to:	**$1,568.25**	
Employee	($824.18)	$744.07
Employee & Spouse	($5.71)	$1,562.54
Employee & Children)	($228.93)	$1,339.32
Family	$663.95	$2,232.20
Low Option Dental	**Low Option Dental**	**Low Option Dental**
Employer Pays Up to:	**$92.25**	
Employee	($59.52)	$32.73
Employee & Spouse	($22.00)	$70.25
Employee & Children)	($12.92)	$79.33
Family	$23.01	$115.26
High Option Dental	**High Option Dental**	**High Option Dental**
Employer Pays Up to:	**$92.25**	
Employee	($46.57)	$45.68
Employee & Spouse	$5.76	$98.01
Employee & Children)	$20.15	$112.40
Family	$70.27	$162.52
	Willamette Dental	**Willamette Dental**
Employer Pays Up To:	**$92.25**	**Composite Rate**
Employee.	$57.70	$149.95
	Vision Service Plan	**Vision Service Plan**
Employer Pays Up to:	**$20.00**	**Composite Rate**
Employee:	$0.00	$20.00
Family:	$0.00	$20.00
Lincoln L/Ik - 30,000	**Lincoln**	**Lincoln**
Employer Pays Up to:	**$4.56**	**$4.56**
Employee/Dependents	$0.00	$4.56
Base Long Term Disability/EAP	Base Long Term Disability/EAP	**Lincoln**
Employer Pays Up to:	**$5.00**	$5.00
Employee:	$0.00	
Employer Monthly Cost For Employee Insurance:	**$1,690.06**	
Employer Yearly Cost for Employee Insurance:	**$20,280.72**	

/Credit = Deposited to VEBA

Final Rates 2025 Elected Officials (Does not include Commissioners)

	2025 Premium Cost Sharing Medical Plans & Dental, Vision & Life		2025 Before County Contribution
$1000 Deductible Plan	**$1000 Deductible Plan**		**$1000 Plan**
Employer Pays Up to:	**$1,600.00**		
Employee	$827.59	$0.00	$827.59
Employee & Spouse	$1,600.00	$137.93	$1,737.93
Employee & Children)	$1,489.67	$0.00	$1,489.67
Family	$1,600.00	$882.78	$2,482.78
$2000 Deductible Plan	**$2000 Deductible Plan**		**$2000 Plan**
Employer Pays Up to:	**$1,600.00**		
Employee	$698.22	$0.00	$698.22
Employee & Spouse	$1,466.25	$0.00	$1,466.25
Employee & Children)	$1,256.80	$0.00	$1,256.80
Family	$1,600.00	$494.66	$2,094.66
$3500 Deductible Plan	**$3500 Deductible Plan**		**$3500 Plan**
Employer Pays Up to:	**$1,600.00**		
Employee	$596.61	$0.00	$596.61
Employee & Spouse	$1,252.86	$0.00	$1,252.86
Employee & Children)	$1,073.90	$0.00	$1,073.90
Family	$1,600.00	$189.83	$1,789.83
$3500 HDHP Deductible Pla	**$3500 Deductible Plan**		**$3500 Plan**
Employer Pays Up to:	**$1,600.00**		
Employee	$744.07	$0.00	$744.07
Employee & Spouse	$1,562.54	$0.00	$1,562.54
Employee & Children)	$1,339.32	$0.00	$1,339.32
Family	$1,600.00	$632.20	$2,232.20
Low Option Dental	**Low Option Dental**		**Low Option Dental**
Employer Pays Up to:	**$92.25**		
Employee	($59.52)		$32.73
Employee & Spouse	($22.00)		$70.25
Employee & Children)	$79.33		$79.33
Family	$23.01		$115.26
High Option Dental	**High Option Dental**		**High Option Dental**
Employer Pays Up to:	**$92.25**		
Employee	($46.57)		$45.68
Employee & Spouse	$5.76		$98.01
Employee & Children)	$20.15		$112.40
Family	$70.27		$162.52
	Willamette Dental		**Willamette Dental**
Employer Pays Up To:	**$92.25**		**Composite Rate**
Employee.	$57.70		$149.95
	Vision Service Plan		**Vision Service Plan**
Employer Pays Up to:	**$20.00**		**Composite Rate**
Employee:	$0.00		$20.00
Family:	$0.00		$20.00
Lincoln L/Ik - 30,000	**Lincoln**		**Lincoln**
Employer Pays Up to:	**$4.56**		
Employee/Dependents	$0.00		$4.56
Base Long Term Disability/EAP	Base Long Term Disability/EAP		**Lincoln**
Employer Pays Up to:	**$5.00**		
Employee:	$0.00		
Employer Monthly Cost For Employee Insurance:	**$1,721.81**		
Employer Yearly Cost for Employee Insurance:	**$20,661.72**		

$300 VEBA Distribution

Final Rates 2025 Non-Bargaining (Prosecuting Attorney

	2025 Premium Cost Sharing Medical Plans & Dental, Vision & Life	2025 Emeploves Month/lh Contribution	2025 Before County Contribution
$1000 Deductible Plan	**$1000 Deductible Plan**		**$1000 Plan**
Employer Pays Up to:	**90% w/$2000 Max**		
Employee	$744.83	$82.76	$827.59
Employee & Spouse	$1,564.14	$173.79	$1,737.93
Employee & Children)	$1,340.70	$148.97	$1,489.67
Family	$2,000.00	$482.78	$2,482.78
VEBA	$100.00	$0.00	N/A
$2000 Deductible Plan	**$2000 Deductible Plan**		**$2000 Plan**
Employer Pays Up to:	**90% w/$2000 Max**		
Employee	$628.40	$69.82	$698.22
Employee & Spouse	$1,319.63	$146.63	$1,466.25
Employee & Children)	$1,131.12	$125.68	$1,256.80
Family	$1,885.19	$209.47	$2,094.66
VEBA	$150.00	$0.00	N/A
$3500 Deductible Plan	**$3500 Deductible Plan**		**$3500 Plan**
Employer Pays Up to:	**90% w/$2000 Max**		
Employee	$536.95	$59.66	$596.61
Employee & Spouse	$1,127.57	$125.29	$1,252.86
Employee & Children)	$966.51	$107.39	$1,073.90
Family	$1,610.85	$178.98	$1,789.83
VEBA	$200.00	$0.00	N/A
$3500 HDHP Deductible Pla	**$3500 Deductible Plan**		**$3500 Plan**
Employer Pays Up to:	**90% w/$2000 Max**		
Employee	$669.66	$74.41	$744.07
Employee & Spouse	$1,406.29	$156.25	$1,562.54
Employee & Children)	$1,205.39	$133.93	$1,339.32
Family	$2,000.00	$232.20	$2,232.20
VEBA	$125.00	$0.00	N/A
Low Option Dental	**Low Option Dental**		**Low Option Dental**
Employer Pays Up to:			
Employee	$92.25	($59.52)	$32.73
Employee & Spouse	$92.25	($22.00)	$70.25
Employee & Children)	$92.25	($12.92)	$79.33
Family	$92.25	$23.01	$115.26
		(Credit = Deposited to VEBA	
High Option Dental	**High Option Dental**		**High Option Dental**
Employer Pays Up to:			
Employee	$92.25	($46.57)	$45.68
Employee & Spouse	$92.25	$5.76	$98.01
Employee & Children)	$92.25	$20.15	$112.40
Family	$92.25	$70.27	$162.52
		(Credit = Deposited to VEBA	
	Willamette Dental		**Willamette Dental**
Employer Pays Up To:			**Composite Rate**
Employee.	$92.25	$57.70	$149.95
	Vision Service Plan		**Vision Service Plan**
Employer Pays Up to:			**Composite Rate**
Employee:	$20.00	$0.00	$20.00
Family:	$20.00	$0.00	$20.00
Lincoln L/Ik - 30,000	**Lincoln**		**Lincoln**
Employer Pays Up to:			
Employee/Dependents	$4.56	$0.00	$4.56
Base Long Term Disability	Base Long Term Disability/EAP		
Employer Pays Up to:			
Employee:	$5.00	$0.00	$5.00

Final Rates 2025 Elected Commissioners

	2025 Premium Cost Sharing Medical Plans & Dental, Vision & Life	2025 Emeploves Month/lh Contribution	2025 Before County Contribution
$1000 Deductible Plan	**$1000 Deductible Plan**		**$1000 Plan**
Employer Pays Up to:	**90% w/$2000 Max**		
Employee	$744.83	$82.76	$827.59
Employee & Spouse	$1,564.14	$173.79	$1,737.93
Employee & Children)	$1,340.70	$148.97	$1,489.67
Family	$2,000.00	$482.78	$2,482.78
VEBA	$0.00	$0.00	N/A
$2000 Deductible Plan	**$2000 Deductible Plan**		**$2000 Plan**
Employer Pays Up to:	**90% w/$2000 Max**		
Employee	$628.40	$69.82	$698.22
Employee & Spouse	$1,319.63	$146.63	$1,466.25
Employee & Children)	$1,131.12	$125.68	$1,256.80
Family	$1,885.19	$209.47	$2,094.66
VEBA	$0.00	$0.00	N/A
$3500 Deductible Plan	**$3500 Deductible Plan**		**$3500 Plan**
Employer Pays Up to:	**90% w/$2000 Max**		
Employee	$536.95	$59.66	$596.61
Employee & Spouse	$1,127.57	$125.29	$1,252.86
Employee & Children)	$966.51	$107.39	$1,073.90
Family	$1,610.85	$178.98	$1,789.83
VEBA	$0.00	$0.00	N/A
$3500 HDHP Deductible Pla	**$3500 Deductible Plan**		**$3500 Plan**
Employer Pays Up to:	**90% w/$2000 Max**		
Employee	$669.66	$74.41	$744.07
Employee & Spouse	$1,406.29	$156.25	$1,562.54
Employee & Children)	$1,205.39	$133.93	$1,339.32
Family	$2,000.00	$232.20	$2,232.20
VEBA	$0.00	$0.00	N/A
Low Option Dental	**Low Option Dental**		**Low Option Dental**
Employer Pays Up to:			
Employee	$92.25	$0.00	$32.73
Employee & Spouse	$92.25	$0.00	$70.25
Employee & Children)	$92.25	$0.00	$79.33
Family	$92.25	$23.01	$115.26
Credit	$0.00	$0.00	N/A
High Option Dental	**High Option Dental**		**High Option Dental**
Employer Pays Up to:			
Employee	$92.25	$0.00	$45.68
Employee & Spouse	$92.25	$5.76	$98.01
Employee & Children)	$92.25	$20.15	$112.40
Family	$92.25	$70.27	$162.52
Credit	$0.00	$0.00	N/A
	Willamette Dental		**Willamette Dental**
Employer Pays Up To:			**Composite Rate**
Employee.	$92.25	$57.70	$149.95
	Vision Service Plan		**Vision Service Plan**
Employer Pays Up to:			**Composite Rate**
Employee:	$20.00	$0.00	$20.00
Family:	$20.00	$0.00	$20.00
Lincoln L/Ik - 30,000	**Lincoln**		**Lincoln**
Employer Pays Up to:			
Employee/Dependents	$4.56	$0.00	$4.56
Base Long Term Disability	Base Long Term Disability/EAP		
Employer Pays Up to:			
Employee:	$5.00	$0.00	$5.00