

Correction Deputies (MCCDA) and Deputy Sheriffs (DSA)

Full Time Employee Health Care Premium Costs

January 1, 2023 - December 31, 2023

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$33.08	\$66.16	\$816.48	\$882.64
Employee + 1 Dependent	\$66.18	\$132.36	\$1,632.84	\$1,765.20
Employee + 2 or more Dependents	\$94.26	\$188.52	\$2,325.32	\$2,513.84
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$426.28	\$426.28
Employee + 1 Dependent	\$0.00	\$0.00	\$852.52	\$852.52
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,214.84	\$1,214.84
Medical - Kaiser 10/20 Plan				
Employee Only	\$31.92	\$63.84	\$787.80	\$851.64
Employee + 1 Dependent	\$63.78	\$127.56	\$1,573.68	\$1,701.24
Employee + 2 or more Dependents	\$90.92	\$181.84	\$2,243.00	\$2,424.84
Dental - Delta Dental 50 Plan				
Employee Only	\$2.04	\$4.08	\$54.52	\$58.60
Employee + 1 Dependent	\$4.10	\$8.20	\$109.04	\$117.24
Employee + 2 or more Dependents	\$5.82	\$11.64	\$155.12	\$166.76
Dental - Kaiser Dental 15 Plan				
Employee Only	\$3.08	\$6.16	\$82.36	\$88.52
Employee + 1 Dependent	\$6.18	\$12.36	\$164.70	\$177.06
Employee + 2 or more Dependents	\$8.82	\$17.64	\$234.66	\$252.30
Dental - Willamette Dental Plan				
Employee Only	\$2.24	\$4.48	\$59.64	\$64.12
Employee + 1 Dependent	\$4.48	\$8.96	\$119.24	\$128.20
Employee + 2 or more Dependents	\$6.38	\$12.76	\$170.00	\$182.76

Qualifying Dependents: Spouse, Domestic Partner, and 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.](#)