

Correction Deputies (MCCDA)
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	\$21.28	\$42.56	\$809.08	\$851.64
Employee + 1 Dependent	\$42.52	\$85.04	\$1,616.20	\$1,701.24
Employee + 2 or more Dependents	\$60.62	\$121.24	\$2,303.60	\$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.](#)