

Correction Deputies (MCCDA) and Deputy Sheriffs (DSA)

Full Time Employee Health Care Premium Costs

January 1, 2021 - December 31, 2021

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$31.95	\$63.90	\$788.10	\$852.00
Employee + 1 Dependent	\$63.90	\$127.80	\$1,576.20	\$1,704.00
Employee + 2 or more Dependents	\$90.99	\$181.98	\$2,244.54	\$2,426.52
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$411.76	\$411.76
Employee + 1 Dependent	\$0.00	\$0.00	\$823.48	\$823.48
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,173.44	\$1,173.44
Medical - Kaiser 10/20 Plan				
Employee Only	\$19.92	\$39.84	\$757.12	\$796.96
Employee + 1 Dependent	\$39.80	\$79.60	\$1,512.48	\$1,592.08
Employee + 2 or more Dependents	\$56.73	\$113.46	\$2,155.74	\$2,269.20
Delta Dental 50 Plan				
Employee Only	\$1.99	\$3.98	\$52.90	\$56.88
Employee + 1 Dependent	\$3.98	\$7.96	\$105.80	\$113.76
Employee + 2 or more Dependents	\$5.66	\$11.32	\$150.52	\$161.84
Kaiser Dental 15 Plan				
Employee Only	\$3.10	\$6.20	\$82.32	\$88.52
Employee + 1 Dependent	\$6.19	\$12.38	\$164.68	\$177.06
Employee + 2 or more Dependents	\$8.83	\$17.66	\$234.64	\$252.30
Willamette Dental Plan				
Employee Only	\$2.24	\$4.48	\$59.62	\$64.10
Employee + 1 Dependent	\$4.48	\$8.96	\$119.24	\$128.20
Employee + 2 or more Dependents	\$6.39	\$12.78	\$169.98	\$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.](#)