

Corrections Deputies (MCCDA)
Full Time Employee Health Care Premium Costs

January 1, 2024 - December 31, 2024

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$37.52	\$75.04	\$925.88	\$1,000.92
Employee + 1 Dependent	\$75.06	\$150.12	\$1,851.62	\$2,001.74
Employee + 2 or more Dependents	\$106.90	\$213.80	\$2,636.92	\$2,850.72
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$483.40	\$483.40
Employee + 1 Dependent	\$0.00	\$0.00	\$966.76	\$966.76
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,377.64	\$1,377.64
Medical - Kaiser 10/20 Plan				
Employee Only	\$23.78	\$47.56	\$904.16	\$951.72
Employee + 1 Dependent	\$47.52	\$95.04	\$1,806.12	\$1,901.16
Employee + 2 or more Dependents	\$67.74	\$135.48	\$2,574.36	\$2,709.84
Dental - Delta Dental 50 Plan				
Employee Only	\$2.08	\$4.16	\$55.56	\$59.72
Employee + 1 Dependent	\$4.18	\$8.36	\$111.12	\$119.48
Employee + 2 or more Dependents	\$5.94	\$11.88	\$158.04	\$169.92
Dental - Kaiser Dental 15 Plan				
Employee Only	\$3.02	\$6.04	\$80.72	\$86.76
Employee + 1 Dependent	\$6.06	\$12.12	\$161.40	\$173.52
Employee + 2 or more Dependents	\$8.64	\$17.28	\$229.98	\$247.26
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, 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.](#)