

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

January 1, 2025 - December 31, 2025

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$41.28	\$82.56	\$1,018.44	\$1,101.00
Employee + 1 Dependent	\$82.56	\$165.12	\$2,036.80	\$2,201.92
Employee + 2 or more Dependents	\$117.58	\$235.16	\$2,900.60	\$3,135.76
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$531.76	\$531.76
Employee + 1 Dependent	\$0.00	\$0.00	\$1,063.44	\$1,063.44
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,515.40	\$1,515.40
Medical - Kaiser 10/20 Plan				
Employee Only	\$24.76	\$49.52	\$941.56	\$991.08
Employee + 1 Dependent	\$49.48	\$98.96	\$1,880.80	\$1,979.76
Employee + 2 or more Dependents	\$70.54	\$141.08	\$2,680.72	\$2,821.80
Dental - Delta Dental 50 Plan				
Employee Only	\$2.18	\$4.36	\$58.12	\$62.48
Employee + 1 Dependent	\$4.36	\$8.72	\$116.28	\$125.00
Employee + 2 or more Dependents	\$6.22	\$12.44	\$165.32	\$177.76
Dental - Kaiser Dental 15 Plan				
Employee Only	\$3.06	\$6.12	\$81.48	\$87.60
Employee + 1 Dependent	\$6.12	\$12.24	\$162.92	\$175.16
Employee + 2 or more Dependents	\$8.72	\$17.44	\$232.16	\$249.60
Dental - Willamette Dental Plan				
Employee Only	\$2.16	\$4.32	\$57.88	\$62.20
Employee + 1 Dependent	\$4.34	\$8.68	\$115.68	\$124.36
Employee + 2 or more Dependents	\$6.20	\$12.40	\$164.92	\$177.32

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.](#)