

**Deputy Sheriffs (DSA)**  
**Full Time Employee Health Care Premium Costs**  
January 1, 2026 - December 31, 2026

| Coverage   | Employee Cost Per Paycheck | Employee Monthly Cost | Monthly County Contribution | Total Monthly Premium |
|--|----------------------------|-----------------------|-----------------------------|-----------------------|
| <b>Medical - Moda PPO 400 Plan</b>                       |                            |                       |                             |                       |
| Employee Only  | \$45.32                    | \$90.64               | \$1,118.36                  | \$1,209.00            |
| Employee + 1 Dependent                                   | \$90.66                    | \$181.32              | \$2,236.68                  | \$2,418.00            |
| Employee + 2 or more Dependents                          | \$129.14                   | \$258.28              | \$3,185.72                  | \$3,444.00            |
| <b>Medical - Moda Major Medical Plan (+ \$50 credit)</b> |                            |                       |                             |                       |
| Employee Only  | \$0.00                     | \$0.00                | \$584.00                    | \$584.00              |
| Employee + 1 Dependent                                   | \$0.00                     | \$0.00                | \$1,167.00                  | \$1,167.00            |
| Employee + 2 or more Dependents                          | \$0.00                     | \$0.00                | \$1,663.00                  | \$1,663.00            |
| <b>Medical - Kaiser 10/20 Plan</b>                       |                            |                       |                             |                       |
| Employee Only  | \$40.00                    | \$80.00               | \$987.04                    | \$1,067.04            |
| Employee + 1 Dependent                                   | \$79.92                    | \$159.84              | \$1,971.72                  | \$2,131.56            |
| Employee + 2 or more Dependents                          | \$113.92                   | \$227.84              | \$2,810.20                  | \$3,038.04            |
| <b>Dental - Delta Dental 50 Plan</b>                     |                            |                       |                             |                       |
| Employee Only  | \$2.36                     | \$4.72                | \$62.88                     | \$67.60               |
| Employee + 1 Dependent                                   | \$4.72                     | \$9.44                | \$125.56                    | \$135.00              |
| Employee + 2 or more Dependents                          | \$6.74                     | \$13.48               | \$179.52                    | \$193.00              |
| <b>Dental - Kaiser Dental 15 Plan</b>                    |                            |                       |                             |                       |
| Employee Only  | \$3.30                     | \$6.60                | \$88.24                     | \$94.84               |
| Employee + 1 Dependent                                   | \$6.64                     | \$13.28               | \$176.60                    | \$189.88              |
| Employee + 2 or more Dependents                          | \$9.46                     | \$18.92               | \$251.68                    | \$270.60              |
| <b>Dental - Willamette Dental Plan</b>                   |                            |                       |                             |                       |
| Employee Only  | \$2.22                     | \$4.44                | \$59.28                     | \$63.72               |
| Employee + 1 Dependent                                   | \$4.46                     | \$8.92                | \$118.52                    | \$127.44              |
| Employee + 2 or more Dependents                          | \$6.36                     | \$12.72               | \$169.00                    | \$181.72              |

**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.](#)