

**Corrections Deputies (MCCDA)**  
**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	\$26.66	\$53.32	\$1,013.72	\$1,067.04
Employee + 1 Dependent	\$53.28	\$106.56	\$2,025.00	\$2,131.56
Employee + 2 or more Dependents	\$75.94	\$151.88	\$2,886.16	\$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.](#)