

## Monthly Retiree Medical & Dental Plan Costs for 2026

For all Retirees, except ONA Union Retirees

| Moda PPO 400 Medical Plan                                |                         |            |
|----------------------------------------------------------|-------------------------|------------|
| Coverage                                                 | 50% County-paid Subsidy | Full Cost  |
| One Party                                                | \$604.50                | \$1,209.00 |
| Two Party                                                | \$1,209.00              | \$2,418.00 |
| Family                                                   | \$1,722.00              | \$3,444.00 |
| Moda Major Medical Plan                                  |                         |            |
| Coverage                                                 | 50% County-paid Subsidy | Full Cost  |
| One Party                                                | \$292.00                | \$584.00   |
| Two Party                                                | \$583.50                | \$1,167.00 |
| Family                                                   | \$831.50                | \$1,663.00 |
| Kaiser 10/20 Medical Plan                                |                         |            |
| Not available to retirees who are eligible for Medicare  |                         |            |
| Coverage                                                 | 50% County-paid Subsidy | Full Cost  |
| One Party                                                | \$533.52                | \$1,067.04 |
| Two Party                                                | \$1,065.78              | \$2,131.56 |
| Two Party: Retiree + Dep Medicare Sr Adv                 | \$765.18                | \$1,530.36 |
| Family                                                   | \$1,519.02              | \$3,038.04 |
| Kaiser Senior Advantage 10/20 Medical Plan               |                         |            |
| Only available to retirees who are eligible for Medicare |                         |            |
| Coverage                                                 | 50% County-paid Subsidy | Full Cost  |
| One Party                                                | N/A                     | \$463.32   |
| Two Party: Both Medicare                                 | N/A                     | \$926.64   |
| Two Party: Retiree + Dep Non-Medicare                    | N/A                     | \$1,527.84 |
| Family: Retiree + Deps Non-Medicare                      | N/A                     | \$2,434.32 |
| Kaiser Maintenance Medical Plan                          |                         |            |
| Not available to retirees who are eligible for Medicare  |                         |            |
| Coverage                                                 | 50% County-paid Subsidy | Full Cost  |
| One Party                                                | \$421.74                | \$843.48   |
| Two Party                                                | \$843.66                | \$1,687.32 |
| Family                                                   | \$1,202.10              | \$2,404.20 |
| Delta Dental 50 Plan                                     |                         |            |
| Coverage                                                 | 50% County-paid Subsidy | Full Cost  |
| One Party                                                | N/A                     | \$67.60    |
| Two Party                                                | N/A                     | \$135.00   |
| Family                                                   | N/A                     | \$193.00   |
| Kaiser Dental 15 Plan                                    |                         |            |
| Coverage                                                 | 50% County-paid Subsidy | Full Cost  |
| One Party                                                | N/A                     | \$94.84    |
| Two Party                                                | N/A                     | \$189.88   |
| Family                                                   | N/A                     | \$270.60   |
| Willamette Dental Plan                                   |                         |            |
| Coverage                                                 | 50% County-paid Subsidy | Full Cost  |
| One Party                                                | N/A                     | \$63.72    |
| Two Party                                                | N/A                     | \$127.44   |
| Family                                                   | N/A                     | \$181.72   |

*If your coverage level is not represented above, please contact: [retiree.benefits@multco.us](mailto:retiree.benefits@multco.us) for your costs*