



Correction Deputies (MCCDA) and Deputy Sheriffs (DSA)
Full Time Employee Health Care Premium Costs
 January 1, 2020 - December 31, 2020



Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	\$29.44	\$58.88	\$726.24	\$785.12
Employee + 1 Dependent	\$58.88	\$117.76	\$1,452.44	\$1,570.20
Employee + 2 or more Dependents	\$83.86	\$167.72	\$2,068.54	\$2,236.26
Medical - Moda Major Medical Plan				
Employee Only	\$0.00	\$0.00	\$379.14	\$379.14
Employee + 1 Dependent	\$0.00	\$0.00	\$758.26	\$758.26
Employee + 2 or more Dependents	\$0.00	\$0.00	\$1,080.50	\$1,080.50
Medical - Kaiser 10/20 Plan				
Employee Only	\$18.50	\$37.00	\$703.08	\$740.08
Employee + 1 Dependent	\$36.96	\$73.92	\$1,404.54	\$1,478.46
Employee + 2 or more Dependents	\$52.68	\$105.36	\$2,001.88	\$2,107.24
Delta Dental 50 Plan				
Employee Only	\$1.90	\$3.80	\$50.58	\$54.38
Employee + 1 Dependent	\$3.80	\$7.60	\$101.14	\$108.74
Employee + 2 or more Dependents	\$5.41	\$10.82	\$143.92	\$154.74
Kaiser Dental 15 Plan				
Employee Only	\$3.10	\$6.20	\$82.32	\$88.52
Employee + 1 Dependent	\$6.19	\$12.38	\$164.68	\$177.06
Employee + 2 or more Dependents	\$8.83	\$17.66	\$234.64	\$252.30
Willamette Dental Plan				
Employee Only	\$2.24	\$4.48	\$59.62	\$64.10
Employee + 1 Dependent	\$4.48	\$8.96	\$119.24	\$128.20
Employee + 2 or more Dependents	\$6.39	\$12.78	\$169.98	\$182.76

Qualifying Dependents: Spouse, Domestic Partner, and 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.](#)