



**Deputy Sheriffs and Civil Deputies
Full Time Employee Premium Cost Shares**
January 1, 2019 - December 31, 2019



Coverage Level	Total Monthly Premium	Refund to Employee	County Contribution	Employee Monthly Cost share	Per Paycheck Deduction
Moda Performance PPO Medical/Rx/Vision Plan					
Single	\$830.90	N/A	\$747.80	\$83.10	\$41.55
Two-Party	\$1,661.76	N/A	\$1,495.58	\$166.18	\$83.09
Family	\$2,366.92	N/A	\$2,130.22	\$236.70	\$118.35
Moda Preferred PPO Medical/Rx/Vision Plan					
Single	\$730.18	N/A	\$693.68	\$36.50	\$18.25
Two-Party	\$1,460.32	N/A	\$1,387.30	\$73.02	\$36.51
Family	\$2,079.88	N/A	\$1,975.88	\$104.00	\$52.00
Moda Major Medical and Rx Plan					
Single	\$370.98	\$50.00	\$420.98	\$0.00	\$0.00
Two-Party	\$741.94	\$50.00	\$791.94	\$0.00	\$0.00
Family	\$1,057.24	\$50.00	\$1,107.24	\$0.00	\$0.00
Kaiser Medical/Rx/Vision Plan					
Single	\$712.92	N/A	\$677.28	\$35.64	\$17.82
Two-Party	\$1,424.18	N/A	\$1,352.98	\$71.20	\$35.60
Family	\$2,029.88	N/A	\$1,928.38	\$101.50	\$50.75
Delta Dental Plan					
Single	\$54.84	N/A	\$52.10	\$2.74	\$1.37
Two-Party	\$109.64	N/A	\$104.16	\$5.48	\$2.74
Family	\$156.02	N/A	\$148.22	\$7.80	\$3.90
Kaiser Dental Plan					
Single	\$87.52	N/A	\$83.14	\$4.38	\$2.19
Two-Party	\$175.08	N/A	\$166.32	\$8.76	\$4.38
Family	\$249.48	N/A	\$237.00	\$12.48	\$6.24
Willamette Dental Plan					
Single	\$61.70	N/A	\$58.62	\$3.08	\$1.54
Two-Party	\$123.40	N/A	\$117.22	\$6.18	\$3.09
Family	\$175.90	N/A	\$167.10	\$8.80	\$4.40

Adding Domestic Partners and their Children: Imputed Income Tax

Employees who enroll family members who do not qualify as a Qualified Relative under the IRS code are required to pay tax on the value of that dependent's health plan coverage.