



**Corrections 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 PPO 400 Medical/Rx/Vision Plan					
Single	\$768.78	N/A	\$711.12	\$57.66	\$28.83
Two-Party	\$1,537.52	N/A	\$1,422.22	\$115.30	\$57.65
Family	\$2,189.92	N/A	\$2,025.68	\$164.24	\$82.12
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 10/20 Medical/Rx/Vision Plan					
Single	\$706.08	N/A	\$670.78	\$35.30	\$17.65
Two-Party	\$1,410.52	N/A	\$1,340.00	\$70.52	\$35.26
Family	\$2,010.40	N/A	\$1,909.88	\$100.52	\$50.26
Delta 50 Dental Plan					
Single	\$57.80	N/A	\$53.76	\$4.04	\$2.02
Two-Party	\$115.56	N/A	\$107.48	\$8.08	\$4.04
Family	\$164.44	N/A	\$152.92	\$11.52	\$5.76
Kaiser 15 Dental Plan					
Single	\$86.18	N/A	\$80.14	\$6.04	\$3.02
Two-Party	\$172.40	N/A	\$160.34	\$12.06	\$6.03
Family	\$245.66	N/A	\$228.46	\$17.20	\$8.60
Willamette Dental Plan					
Single	\$61.70	N/A	\$57.38	\$4.32	\$2.16
Two-Party	\$123.40	N/A	\$114.76	\$8.64	\$4.32
Family	\$175.90	N/A	\$163.60	\$12.30	\$6.15

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.