Correction Deputies (MCCDA) and Deputy Sheriffs (DSA)

Full Time Employee Health Care Premium Costs

January 1, 2021 - December 31, 2021

YOUR HEALTH MATTERS!

Coverage	Employee Cost Per Paycheck	Employee Monthly Cost	Monthly County Contribution	Total Monthly Premium
Medical - Moda PPO 400 Plan				
Employee Only	$31.95	$63.90	$788.10	$852.00
Employee + 1 Dependent	$63.90	$127.80	$1,576.20	$1,704.00
Employee + 2 or more Dependents	$90.99	$181.98	$2,244.54	$2,426.52
Medical - Moda Major Medical Plan				
Employee Only	$0.00	$0.00	$411.76	$411.76
Employee + 1 Dependent	$0.00	$0.00	$823.48	$823.48
Employee + 2 or more Dependents	$0.00	$0.00	$1,173.44	$1,173.44
Medical - Kaiser 10/20 Plan				
Employee Only	$19.92	$39.84	$757.12	$796.96
Employee + 1 Dependent	$39.80	$79.60	$1,512.48	$1,592.08
Employee + 2 or more Dependents	$56.73	$113.46	$2,155.74	$2,269.20
Delta Dental 50 Plan				
Employee Only	$1.99	$3.98	$52.90	$56.88
Employee + 1 Dependent	$3.98	$7.96	$105.80	$113.76
Employee + 2 or more Dependents	$5.66	$11.32	$150.52	$161.84
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.