

**Parole and Probation Officers (FOPPO)**  
**Full Time Employee Health Care Premium Costs**  
January 1, 2027 - December 31, 2027

| Coverage                                                 | Employee Cost Per Paycheck | Employee Monthly Cost | Monthly County Contribution | Total Monthly Premium |
|----------------------------------------------------------|----------------------------|-----------------------|-----------------------------|-----------------------|
| <b>Medical - Moda PPO 400 Plan</b>                       |                            |                       |                             |                       |
| Employee Only                                            | \$48.42                    | \$96.84               | \$1,194.36                  | \$1,291.20            |
| Employee + 1 Dependent                                   | \$96.84                    | \$193.68              | \$2,388.76                  | \$2,582.44            |
| Employee + 2 or more Dependents                          | \$137.92                   | \$275.84              | \$3,402.36                  | \$3,678.20            |
| <b>Medical - Moda Major Medical Plan (+ \$50 credit)</b> |                            |                       |                             |                       |
| Employee Only                                            | \$0.00                     | \$0.00                | \$623.72                    | \$623.72              |
| Employee + 1 Dependent                                   | \$0.00                     | \$0.00                | \$1,246.36                  | \$1,246.36            |
| Employee + 2 or more Dependents                          | \$0.00                     | \$0.00                | \$1,776.08                  | \$1,776.08            |
| <b>Medical - Kaiser 10/20 Plan</b>                       |                            |                       |                             |                       |
| Employee Only                                            | \$28.52                    | \$57.04               | \$1,084.36                  | \$1,141.40            |
| Employee + 1 Dependent                                   | \$57.00                    | \$114.00              | \$2,166.08                  | \$2,280.08            |
| Employee + 2 or more Dependents                          | \$81.24                    | \$162.48              | \$3,087.32                  | \$3,249.80            |
| <b>Dental - Delta Dental 50 Plan</b>                     |                            |                       |                             |                       |
| Employee Only                                            | \$2.36                     | \$4.72                | \$62.88                     | \$67.60               |
| Employee + 1 Dependent                                   | \$4.72                     | \$9.44                | \$125.56                    | \$135.00              |
| Employee + 2 or more Dependents                          | \$6.74                     | \$13.48               | \$179.52                    | \$193.00              |
| <b>Dental - Kaiser Dental 15 Plan</b>                    |                            |                       |                             |                       |
| Employee Only                                            | \$3.50                     | \$7.00                | \$93.12                     | \$100.12              |
| Employee + 1 Dependent                                   | \$7.00                     | \$14.00               | \$186.44                    | \$200.44              |
| Employee + 2 or more Dependents                          | \$9.98                     | \$19.96               | \$265.72                    | \$285.68              |
| <b>Dental - Willamette Dental Plan</b>                   |                            |                       |                             |                       |
| Employee Only                                            | \$2.38                     | \$4.76                | \$63.68                     | \$68.44               |
| Employee + 1 Dependent                                   | \$4.78                     | \$9.56                | \$127.32                    | \$136.88              |
| Employee + 2 or more Dependents                          | \$6.82                     | \$13.64               | \$181.52                    | \$195.16              |

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

**Parole and Probation Officers (FOPPO)**  
**Part Time Employee Health Care Premium Costs**  
January 1, 2027 - December 31, 2027

| Coverage                                 | Employee Cost Per Paycheck | Employee Monthly Cost | Monthly County Contribution | Total Monthly Premium |
|------------------------------------------|----------------------------|-----------------------|-----------------------------|-----------------------|
| <b>Medical - Moda PPO 400 Plan</b>       |                            |                       |                             |                       |
| Employee Only                            | \$233.24                   | \$466.48              | \$824.72                    | \$1,291.20            |
| Employee + 1 Dependent                   | \$543.12                   | \$1,086.24            | \$1,496.20                  | \$2,582.44            |
| Employee + 2 or more Dependents          | \$820.98                   | \$1,641.96            | \$2,036.24                  | \$3,678.20            |
| <b>Medical - Moda Major Medical Plan</b> |                            |                       |                             |                       |
| Employee Only                            | \$0.00                     | \$0.00                | \$623.72                    | \$623.72              |
| Employee + 1 Dependent                   | \$0.00                     | \$0.00                | \$1,246.36                  | \$1,246.36            |
| Employee + 2 or more Dependents          | \$0.00                     | \$0.00                | \$1,776.08                  | \$1,776.08            |
| <b>Medical - Kaiser 10/20 Plan</b>       |                            |                       |                             |                       |
| Employee Only                            | \$146.20                   | \$292.40              | \$849.00                    | \$1,141.40            |
| Employee + 1 Dependent                   | \$385.40                   | \$770.80              | \$1,509.28                  | \$2,280.08            |
| Employee + 2 or more Dependents          | \$576.20                   | \$1,152.40            | \$2,097.40                  | \$3,249.80            |
| <b>Medical - Kaiser Maintenance Plan</b> |                            |                       |                             |                       |
| Employee Only                            | \$45.10                    | \$90.20               | \$812.04                    | \$902.24              |
| Employee + 1 Dependent                   | \$90.24                    | \$180.48              | \$1,624.40                  | \$1,804.88            |
| Employee + 2 or more Dependents          | \$128.58                   | \$257.16              | \$2,314.56                  | \$2,571.72            |
| <b>Dental - Delta Dental 50 Plan</b>     |                            |                       |                             |                       |
| Employee Only                            | \$16.90                    | \$33.80               | \$33.80                     | \$67.60               |
| Employee + 1 Dependent                   | \$33.74                    | \$67.48               | \$67.52                     | \$135.00              |
| Employee + 2 or more Dependents          | \$48.24                    | \$96.48               | \$96.52                     | \$193.00              |
| <b>Dental - Kaiser Dental 15 Plan</b>    |                            |                       |                             |                       |
| Employee Only                            | \$25.02                    | \$50.04               | \$50.08                     | \$100.12              |
| Employee + 1 Dependent                   | \$50.10                    | \$100.20              | \$100.24                    | \$200.44              |
| Employee + 2 or more Dependents          | \$71.42                    | \$142.84              | \$142.84                    | \$285.68              |
| <b>Dental - Willamette Dental Plan</b>   |                            |                       |                             |                       |
| Employee Only                            | \$17.10                    | \$34.20               | \$34.24                     | \$68.44               |
| Employee + 1 Dependent                   | \$34.22                    | \$68.44               | \$68.44                     | \$136.88              |
| Employee + 2 or more Dependents          | \$48.78                    | \$97.56               | \$97.60                     | \$195.16              |

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