

Corrections Deputies (MCCDA)
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
Medical - Moda PPO 400 Plan				
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
Medical - Moda Major Medical Plan (+ \$50 credit)				
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
Medical - Kaiser 10/20 Plan				
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
Dental - Delta Dental 50 Plan				
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
Dental - Kaiser Dental 15 Plan				
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
Dental - Willamette Dental Plan				
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.