

2020 Licensed Guest Teacher

District Contribution

Effective October 1, 2020 - September 30, 2021

All rates include medical, prescription, vision and the indicated dental plan

Includes Medical, Rx, Vision, & Delta Dental Plan 5	Kaiser Permanente	Moda Medical		
	Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 2 \$800/\$900 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
Employee Only	\$267.17	\$384.62	\$345.90	\$314.91
Employee + Spouse/ØDomestic Partner	\$982.41	\$1,240.07	\$1,154.88	\$1,086.71
Employee + Children	\$830.36	\$1,053.62	\$980.04	\$921.16
Employee + Family	\$1,550.29	\$1,913.67	\$1,793.63	\$1,697.55

Includes Medical, Rx, Vision, & Delta Dental Plan 6 *No Orthodontia*	Kaiser Permanente	Moda Medical		
	Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 2 \$800/\$900 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
Employee Only	\$252.41	\$369.86	\$331.14	\$300.15
Employee + Spouse/ØDomestic Partner	\$953.12	\$1,210.78	\$1,125.59	\$1,057.42
Employee + Children	\$789.37	\$1,012.63	\$939.05	\$880.17
Employee + Family	\$1,493.72	\$1,857.10	\$1,737.06	\$1,640.98

Includes Medical, Rx, Vision, & Willamette Dental	Kaiser Permanente	Moda Medical		
	Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 2 \$800/\$900 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
Employee Only	\$257.59	\$375.04	\$336.32	\$305.33
Employee + Spouse/ØDomestic Partner	\$963.45	\$1,221.11	\$1,135.92	\$1,067.75
Employee + Children	\$804.61	\$1,027.87	\$954.29	\$895.41
Employee + Family	\$1,514.38	\$1,877.76	\$1,757.72	\$1,661.64

Includes Medical, Rx, Vision, & *NO Dental	Kaiser Permanente	Moda Medical		
	Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 2 \$800/\$900 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
Employee Only	\$208.59	\$326.04	\$287.32	\$256.33
Employee + Spouse/ØDomestic Partner	\$866.37	\$1,124.03	\$1,038.84	\$970.67
Employee + Children	\$701.31	\$924.57	\$850.99	\$792.11
Employee + Family	\$1,359.19	\$1,722.57	\$1,602.53	\$1,506.45

*** If you waive dental coverage, you cannot re-enroll in the future.**

ØMembers who enroll a domestic partner and/or child(ren) of a domestic partner in insurance are subject to an imputed income tax on their monthly paycheck. Ensure you understand the tax implications before enrolling a domestic partner, or a child(ren) of a domestic partner prior to enrollment. Additional information can be found on the 4J Benefits website or by calling 4J Benefits at 541-790-7670.

The amounts shown above reflect the premium for which you will be responsible, after any applicable District Contribution has been applied. If you receive an early retirement stipend payment, the incentive payment will be applied to the cost of insurance. If your incentive is more than the cost of the insurance, you will receive the remaining incentive amount on the last day of the month as pay from the District. If the cost of your insurance is more than your incentive amount, the remaining due for insurance will be withdrawn from your bank account on the 5th of the month (or the first banking day after the 5th if the 5th is on a holiday or weekend). The withdrawal on the 5th of the month will pay for the prior month's premium.