

## 2020 Licensed Rates

.751 - .800 FTE

Effective October 1, 2020 - September 30, 2021

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

.751 - .800 FTE	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	\$0.00	\$0.00	\$0.00
Employee + Spouse/∅Domestic Partner	\$259.49	\$639.27	\$426.64	\$301.26	
Employee + Children	\$202.01	\$452.82	\$341.32	\$272.31	
Employee + Family	\$275.35	\$1,312.87	\$751.48	\$361.93	

.751 - .800 FTE	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	\$0.00	\$0.00	\$0.00
Employee + Spouse/∅Domestic Partner	\$239.58	\$609.98	\$404.09	\$283.10	
Employee + Children	\$165.94	\$411.83	\$304.43	\$237.46	
Employee + Family	\$258.95	\$1,256.30	\$715.84	\$343.26	

.751 - .800 FTE	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	\$0.00	\$0.00	\$0.00
Employee + Spouse/∅Domestic Partner	\$246.60	\$620.31	\$412.04	\$289.51	
Employee + Children	\$179.35	\$427.07	\$318.14	\$250.42	
Employee + Family	\$264.94	\$1,276.96	\$728.86	\$350.08	

.751 - .800 FTE	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	\$0.00	\$0.00	\$0.00
Employee + Spouse/∅Domestic Partner	\$180.59	\$523.23	\$337.29	\$229.32	
Employee + Children	\$88.45	\$323.77	\$225.17	\$162.61	
Employee + Family	\$219.93	\$1,121.77	\$631.09	\$298.86	

\*You have the option to waive dental coverage and thereby reduce your out-of-pocket insurance cost. You may only waive dental coverage during annual enrollment or upon initial eligibility. You will not be able to re-enroll in dental coverage for the remainder of the year unless you lose eligibility for other group dental coverage and provide proof of the loss within 31 days.

∅Members 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.

**Members and their qualified dependents who do not enroll in a dental plan when initially eligible and elect to enroll during a future open enrollment will be subject to "waiting period" restrictions - meaning, for the first 12 months, the dental coverage will only allow preventative services and no orthodontia. The 12-month waiting period does not apply for members who enroll in OEBB dental coverage due to loss of other OEBB coverage.**