

**2020 Licensed Rates**

**.901 - .950 FTE**

**Effective October 1, 2020 - September 30, 2021**

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

.901 - .950 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	\$145.86	\$454.77	\$236.53	\$153.72	
Employee + Children	\$44.16	\$268.32	\$167.48	\$122.27	
Employee + Family	\$175.95	\$1,128.37	\$403.33	\$200.70	

.901 - .950 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	\$124.19	\$425.48	\$217.79	\$138.78	
Employee + Children	\$3.99	\$227.33	\$132.23	\$85.38	
Employee + Family	\$162.94	\$1,071.80	\$380.70	\$188.25	

.901 - .950 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	\$131.83	\$435.81	\$224.40	\$144.05	
Employee + Children	\$18.92	\$242.57	\$145.33	\$99.10	
Employee + Family	\$167.69	\$1,092.46	\$388.97	\$192.79	

.901 - .950 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	\$59.99	\$338.73	\$162.27	\$94.54	
Employee + Children	\$0.00	\$139.27	\$56.49	\$6.13	
Employee + Family	\$131.99	\$937.27	\$326.89	\$158.65	

\*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 OEBC dental coverage due to loss of other OEBC coverage.**