

2020 Licensed Rates

.951 - 1.00 FTE

Effective October 1, 2020 - September 30, 2021

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

.951 - 1.00 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	\$100.35	\$393.27	\$197.17	\$122.35	
Employee + Children	\$0.00	\$206.82	\$114.59	\$66.92	
Employee + Family	\$161.80	\$1,066.87	\$378.73	\$187.17	

.951 - 1.00 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	\$78.68	\$363.98	\$178.43	\$107.42	
Employee + Children	\$0.00	\$165.83	\$79.34	\$30.03	
Employee + Family	\$148.79	\$1,010.30	\$356.10	\$174.72	

.951 - 1.00 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	\$86.32	\$374.31	\$185.04	\$112.68	
Employee + Children	\$0.00	\$181.07	\$92.44	\$43.75	
Employee + Family	\$153.54	\$1,030.96	\$364.37	\$179.26	

.951 - 1.00 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	\$14.48	\$277.23	\$122.91	\$63.17	
Employee + Children	\$0.00	\$77.77	\$3.60	\$0.00	
Employee + Family	\$117.85	\$875.77	\$302.29	\$145.12	

*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.