

2021 Licensed Rates

.901 - .950 FTE

Effective October 1, 2021 - September 30, 2022

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 2A \$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	\$134.78	\$478.04	\$258.12	\$170.40	
Employee + Children	\$31.21	\$288.11	\$187.46	\$140.68	
Employee + Family	\$171.06	\$1,160.95	\$436.14	\$225.69	

.901 - .950 FTE	Includes Medical, Rx, Vision, & Delta Dental Plan 6 *No Orthodontia*	Kaiser Permanente	Moda Medical		
		Kaiser Permanente HMO Plan 2A \$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	\$113.30	\$449.01	\$238.96	\$155.01	
Employee + Children	\$0.00	\$247.50	\$151.72	\$103.32	
Employee + Family	\$158.16	\$1,104.89	\$412.60	\$212.23	

.901 - .950 FTE	Includes Medical, Rx, Vision, & Willamette Dental	Kaiser Permanente	Moda Medical		
		Kaiser Permanente HMO Plan 2A \$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	\$118.66	\$456.25	\$243.74	\$158.85	
Employee + Children	\$3.19	\$259.51	\$162.29	\$114.37	
Employee + Family	\$161.75	\$1,120.50	\$419.15	\$215.98	

.901 - .950 FTE	Includes Medical, Rx, Vision, & *NO Dental	Kaiser Permanente	Moda Medical		
		Kaiser Permanente HMO Plan 2A \$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	\$49.69	\$363.05	\$182.23	\$109.45	
Employee + Children	\$0.00	\$160.24	\$74.93	\$23.04	
Employee + Family	\$127.50	\$971.59	\$356.61	\$180.24	

*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.