

2022 Licensed Rates

.801 - .850 FTE

Effective October 1, 2022 - September 30, 2023

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

.801 - .850 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	\$54.99	\$425.01	\$205.50	\$78.25	
Employee + Children	\$14.76	\$224.90	\$137.86	\$38.99	
Employee + Family	\$88.81	\$525.40	\$200.92	\$107.05	

.801 - .850 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	\$50.15	\$406.20	\$194.75	\$73.41	
Employee + Children	\$10.93	\$203.85	\$121.79	\$33.25	
Employee + Family	\$83.55	\$504.37	\$191.98	\$101.79	

.801 - .850 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	\$51.36	\$410.89	\$197.43	\$74.62	
Employee + Children	\$12.08	\$210.16	\$126.60	\$34.97	
Employee + Family	\$85.03	\$510.28	\$194.49	\$103.27	

.801 - .850 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	\$34.58	\$345.65	\$160.15	\$57.84	
Employee + Children	\$2.15	\$155.56	\$84.91	\$20.08	
Employee + Family	\$70.14	\$450.71	\$169.18	\$88.38	

*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 OEGB dental coverage due to loss of other OEGB coverage.