

## 2021 Licensed Rates

**.951 - 1.00 FTE**

**Effective October 1, 2021 - September 30, 2022**

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 2A<br>\$800 deductible | Moda Plan 2<br>\$800/\$900 deductible | Moda Plan 3<br>\$1200/\$1300 deductible | Moda Plan 4<br>\$1600/\$1700 deductible |
|                                     |                                                     | Employee Only                                     | \$0.00                                | \$0.00                                  | \$0.00                                  |
| Employee + Spouse/∅Domestic Partner | \$89.27                                             | \$416.54                                          | \$217.53                              | \$137.80                                |                                         |
| Employee + Children                 | \$0.00                                              | \$226.61                                          | \$133.34                              | \$84.10                                 |                                         |
| Employee + Family                   | \$156.91                                            | \$1,099.45                                        | \$410.31                              | \$210.93                                |                                         |

| .951 - 1.00 FTE                     | Includes Medical, Rx, Vision, & Delta Dental Plan 6 *No Orthodontia* | Kaiser Permanente                                 | Moda Medical                          |                                         |                                         |
|-------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|-----------------------------------------|-----------------------------------------|
|                                     |                                                                      | Kaiser Permanente HMO Plan 2A<br>\$800 deductible | Moda Plan 2<br>\$800/\$900 deductible | Moda Plan 3<br>\$1200/\$1300 deductible | Moda Plan 4<br>\$1600/\$1700 deductible |
|                                     |                                                                      | Employee Only                                     | \$0.00                                | \$0.00                                  | \$0.00                                  |
| Employee + Spouse/∅Domestic Partner | \$67.79                                                              | \$387.51                                          | \$198.37                              | \$122.41                                |                                         |
| Employee + Children                 | \$0.00                                                               | \$186.00                                          | \$97.60                               | \$46.74                                 |                                         |
| Employee + Family                   | \$144.02                                                             | \$1,043.39                                        | \$386.77                              | \$197.47                                |                                         |

| .951 - 1.00 FTE                     | Includes Medical, Rx, Vision, & Willamette Dental | Kaiser Permanente                                 | Moda Medical                          |                                         |                                         |
|-------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------|-----------------------------------------|-----------------------------------------|
|                                     |                                                   | Kaiser Permanente HMO Plan 2A<br>\$800 deductible | Moda Plan 2<br>\$800/\$900 deductible | Moda Plan 3<br>\$1200/\$1300 deductible | Moda Plan 4<br>\$1600/\$1700 deductible |
|                                     |                                                   | Employee Only                                     | \$0.00                                | \$0.00                                  | \$0.00                                  |
| Employee + Spouse/∅Domestic Partner | \$73.15                                           | \$394.75                                          | \$203.15                              | \$126.25                                |                                         |
| Employee + Children                 | \$0.00                                            | \$198.01                                          | \$108.17                              | \$57.79                                 |                                         |
| Employee + Family                   | \$147.61                                          | \$1,059.00                                        | \$393.32                              | \$201.22                                |                                         |

| .951 - 1.00 FTE                     | Includes Medical, Rx, Vision, & *NO Dental | Kaiser Permanente                                 | Moda Medical                          |                                         |                                         |
|-------------------------------------|--------------------------------------------|---------------------------------------------------|---------------------------------------|-----------------------------------------|-----------------------------------------|
|                                     |                                            | Kaiser Permanente HMO Plan 2A<br>\$800 deductible | Moda Plan 2<br>\$800/\$900 deductible | Moda Plan 3<br>\$1200/\$1300 deductible | Moda Plan 4<br>\$1600/\$1700 deductible |
|                                     |                                            | Employee Only                                     | \$0.00                                | \$0.00                                  | \$0.00                                  |
| Employee + Spouse/∅Domestic Partner | \$4.18                                     | \$301.55                                          | \$141.64                              | \$76.86                                 |                                         |
| Employee + Children                 | \$0.00                                     | \$98.74                                           | \$20.81                               | \$0.00                                  |                                         |
| Employee + Family                   | \$113.36                                   | \$910.09                                          | \$330.78                              | \$165.48                                |                                         |

\*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.**