2018 Classified Rates

7.00-8.00 Hours/Day - 10-Check Employees

Effective October 1, 2018 - September 30, 2019

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

Γ	Delta Dental Plan 5	Kaiser Permanente	Moda - Connexus PPO		Moda - Synergy CCM	
/Dav	Deita Deittai Fiaii 3	Kaiser Permanente HMO Plan 2	Connexus PPO Cedar	Connexus PPO Dogwood	Synergy CCM Cedar	Synergy CCM Dogwood
SILLS	Includes Medical, Rx, Vision, & Delta Dental Plan 5	\$800 deductible	\$1,200 deductible	\$1,600 deductible	\$1,200 deductible	\$1,600 deductible
	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0.5	Employee + Spouse/ODomestic Partner	\$77.21	\$181.54	\$92.11	\$126.71	\$70.29
	Employee + Children	\$70.18	\$119.94	\$76.90	\$72.59	\$70.18
	Employee + Family	\$254.49	\$502.69	\$274.07	\$425.43	\$243.32

	Delta Dental Plan 6	Kaiser Permanente	Moda - Connexus PPO		Moda - Synergy CCM	
Da)		Kaiser Permanente HMO Plan 2	Connexus PPO Cedar	Connexus PPO Dogwood	Synergy CCM Cedar	Synergy CCM Dogwood
nrs/	Includes Medical, Rx, Vision, & Delta Dental Plan 6	\$800 deductible	\$1,200 deductible	\$1,600 deductible	\$1,200 deductible	\$1,600 deductible
] H	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.00	Employee + Spouse/ODomestic Partner	\$42.23	\$146.56	\$57.13	\$91.73	\$35.31
0 - 8	Employee + Children	\$21.22	\$70.98	\$27.94	\$23.63	\$21.22
7.0	Employee + Family	\$186.90	\$435.10	\$206.48	\$357.84	\$175.74

	Willamette Dental	Kaiser Permanente	Moda - Connexus PPO		Moda - Synergy CCM	
/Da	willamette Dental	Kaiser Permanente HMO Plan 2	Connexus PPO Cedar	Connexus PPO Dogwood	Synergy CCM Cedar	Synergy CCM Dogwood
urs,	Includes Medical, Rx, Vision, & Willamette Dental	\$800 deductible	\$1,200 deductible	\$1,600 deductible	\$1,200 deductible	\$1,600 deductible
l 운	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8.00	Employee + Spouse/ODomestic Partner	\$46.82	\$151.16	\$61.72	\$96.33	\$39.91
	Employee + Children	\$31.18	\$80.94	\$37.90	\$33.59	\$31.18
	Employee + Family	\$199.22	\$447.41	\$218.79	\$370.15	\$188.05

/Dav	*Waive Dental	Kaiser Permanente	Moda - Connexus PPO		Moda - Synergy CCM	
		Kaiser Permanente HMO Plan 2	Connexus PPO Cedar	Connexus PPO Dogwood	Synergy CCM Cedar	Synergy CCM Dogwood
urs,	Includes Medical, Rx & Vision	\$800 deductible	\$1,200 deductible	\$1,600 deductible	\$1,200 deductible	\$1,600 deductible
	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.00	Employee + Spouse/ODomestic Partner	\$22.57	\$126.91	\$37.47	\$72.08	\$15.66
	Employee + Children	\$0.00	\$49.77	\$6.72	\$2.41	\$0.00
7.0	Employee + Family	\$110.18	\$358.37	\$129.75	\$281.11	\$99.01

*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 reenroll 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.

oMembers 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 implecations 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 OEBB dental coverage due to loss of other OEBB coverage.