

2019 Classified Rates

4 - 5.99 Hours/Day - 12-Check Employees

Effective October 1, 2019 - September 30, 2020

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

4.00 - 5.99 Hours/Day	Includes Medical, Rx, Vision, & Delta Dental Plan 5	Kaiser Permanente	Moda Medical Basic Rates (currently enrolled in a Connexus PPO Plan)		Moda Medical Select Rates (currently enrolled in a Synergy CCM Plan)	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$192.74	\$346.85	\$208.62	\$341.51	\$200.10	
Employee + Children	\$159.89	\$277.28	\$174.54	\$272.64	\$167.17	
Employee + Family	\$404.94	\$669.93	\$425.19	\$662.40	\$413.18	

4.00 - 5.99 Hours/Day	Includes Medical, Rx, Vision, & Delta Dental Plan 6 *No Orthodontia*	Kaiser Permanente	Moda Medical Basic Rates (currently enrolled in a Connexus PPO Plan)		Moda Medical Select Rates (currently enrolled in a Synergy CCM Plan)	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$163.42	\$317.53	\$179.30	\$312.19	\$170.78	
Employee + Children	\$118.84	\$236.23	\$133.49	\$231.59	\$126.12	
Employee + Family	\$348.27	\$613.26	\$368.52	\$605.73	\$356.51	

4.00 - 5.99 Hours/Day	Includes Medical, Rx, Vision, & Willamette Dental	Kaiser Permanente	Moda Medical Basic Rates (currently enrolled in a Connexus PPO Plan)		Moda Medical Select Rates (currently enrolled in a Synergy CCM Plan)	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$170.40	\$324.51	\$186.28	\$319.17	\$177.76	
Employee + Children	\$130.54	\$247.93	\$145.19	\$243.29	\$137.82	
Employee + Family	\$363.62	\$628.61	\$383.87	\$621.08	\$371.86	

4.00 - 5.99 Hours/Day	Includes Medical, Rx, Vision, & *NO Dental	Kaiser Permanente	Moda Medical Basic Rates (currently enrolled in a Connexus PPO Plan)		Moda Medical Select Rates (currently enrolled in a Synergy CCM Plan)	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$146.52	\$300.63	\$162.40	\$295.29	\$153.88	
Employee + Children	\$100.64	\$218.03	\$115.29	\$213.39	\$107.92	
Employee + Family	\$283.53	\$548.52	\$303.78	\$540.99	\$291.77	

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