2019 Classified Retiree Rates 50.70% District Contribution

Effective October 1, 2019 - September 30, 2020

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

		ivioda iviedicai basic kates		ivioda iviedicai Select Rates	
Includes Medical, Rx, Vision, &	Kaiser Permanente	(currently enrolled in a Connexus PPO Plan)		(currently enrolled in a Synergy CCM Plan)	
	Kaiser Permanente HMO Plan 2	Moda Plan 3	Moda Plan 4	Moda Plan 3	Moda Plan 4
Delta Dental Plan 5	\$800 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible
Retiree Only	\$420.69	\$488.95	\$458.68	\$483.54	\$444.33
Retiree + Spouse/◊Domestic Partner	\$1,155.55	\$1,280.94	\$1,214.36	\$1,269.06	\$1,182.78
Retiree + Children	\$998.63	\$1,110.40	\$1,052.89	\$1,100.11	\$1,025.61
Retiree + Family	\$1,738.18	\$1,907.00	\$1,813.18	\$1,890.26	\$1,768.68

		Moda Medical Basic Rates		Moda Medical Select Rates	
Includes Medical, Rx, Vision, &	Kaiser Permanente	(currently enrolled in a Connexus PPO Plan)		(currently enrolled in a Synergy CCM Plan)	
	Kaiser Permanente HMO Plan 2	Moda Plan 3	Moda Plan 4	Moda Plan 3	Moda Plan 4
Delta Dental Plan 6 *No Orthodontia*	\$800 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible
Retiree Only	\$405.91	\$474.17	\$443.90	\$468.76	\$429.55
Retiree + Spouse/◊Domestic Partner	\$1,126.23	\$1,251.62	\$1,185.04	\$1,239.74	\$1,153.46
Retiree + Children	\$957.58	\$1,069.35	\$1,011.84	\$1,059.06	\$984.56
Retiree + Family	\$1,681.51	\$1,850.33	\$1,756.51	\$1,833.59	\$1,712.01

		Moda Medical Basic Rates		Moda Medical Select Rates		
Includes Medical, Rx, Vision, &	es Medical, Rx. Vision, & Kaiser Permanente (c		(currently enrolled in a Connexus PPO Plan)		(currently enrolled in a Synergy CCM Plan)	
	Kaiser Permanente HMO Plan 2	Moda Plan 3	Moda Plan 4	Moda Plan 3	Moda Plan 4	
Willamette Dental	\$800 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible	
Retiree Only	\$409.41	\$477.67	\$447.40	\$472.26	\$433.05	
Retiree + Spouse/ODomestic Partner	\$1,133.21	\$1,258.60	\$1,192.02	\$1,246.72	\$1,160.44	
Retiree + Children	\$969.28	\$1,081.05	\$1,023.54	\$1,070.76	\$996.26	
Retiree + Family	\$1,696.86	\$1,865.68	\$1,771.86	\$1,848.94	\$1,727.36	

		Moda Medical Basic Rates		Moda Medical Select Rates	
Includes Medical, Rx, Vision, &	Kaiser Permanente	(currently enrolled in a Connexus PPO Plan)		(currently enrolled in a Synergy CCM Plan)	
	Kaiser Permanente HMO Plan 2	Moda Plan 3	Moda Plan 4	Moda Plan 3	Moda Plan 4
*NO Dental	\$800 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible
Retiree Only	\$362.02	\$430.28	\$400.01	\$424.87	\$385.66
Retiree + Spouse/◊Domestic Partner	\$1,039.33	\$1,164.72	\$1,098.14	\$1,152.84	\$1,066.56
Retiree + Children	\$869.38	\$981.15	\$923.64	\$970.86	\$896.36
Retiree + Family	\$1,546.77	\$1,715.59	\$1,621.77	\$1,698.85	\$1,577.27

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.

*Retirees who waive dental insurance are not eligible to enroll in a dental plan in the future.