## 2019 Classified Retiree Rates 52.94% 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, & Delta Dental Plan 5	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
	\$800 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible
Retiree Only	\$411.73	\$479.99	\$449.72	\$474.58	\$435.37
Retiree + Spouse/ODomestic Partner	\$1,146.59	\$1,271.98	\$1,205.40	\$1,260.10	\$1,173.82
Retiree + Children	\$989.67	\$1,101.44	\$1,043.93	\$1,091.15	\$1,016.65
Retiree + Family	\$1,729.22	\$1,898.04	\$1,804.22	\$1,881.30	\$1,759.72

		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	\$396.95	\$465.21	\$434.94	\$459.80	\$420.59
Retiree + Spouse/◊Domestic Partner	\$1,117.27	\$1,242.66	\$1,176.08	\$1,230.78	\$1,144.50
Retiree + Children	\$948.62	\$1,060.39	\$1,002.88	\$1,050.10	\$975.60
Retiree + Family	\$1,672.55	\$1,841.37	\$1,747.55	\$1,824.63	\$1,703.05

		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
Willamette Dental	\$800 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible
Retiree Only	\$400.45	\$468.71	\$438.44	\$463.30	\$424.09
Retiree + Spouse/ODomestic Partner	\$1,124.25	\$1,249.64	\$1,183.06	\$1,237.76	\$1,151.48
Retiree + Children	\$960.32	\$1,072.09	\$1,014.58	\$1,061.80	\$987.30
Retiree + Family	\$1,687.90	\$1,856.72	\$1,762.90	\$1,839.98	\$1,718.40

		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	\$353.06	\$421.32	\$391.05	\$415.91	\$376.70
Retiree + Spouse/◊Domestic Partner	\$1,030.37	\$1,155.76	\$1,089.18	\$1,143.88	\$1,057.60
Retiree + Children	\$860.42	\$972.19	\$914.68	\$961.90	\$887.40
Retiree + Family	\$1,537.81	\$1,706.63	\$1,612.81	\$1,689.89	\$1,568.31

♦ 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 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.