

2019 Classified Rates
6-6.99 Hours/Day - 12-Check Employees
Effective October 1, 2019 - September 30, 2020

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

6.00 - 6.99 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	\$131.39	\$244.59	\$147.26	\$239.24	\$138.74	
Employee + Children	\$98.53	\$175.01	\$113.18	\$170.38	\$105.81	
Employee + Family	\$343.58	\$567.67	\$363.83	\$560.14	\$351.82	

6.00 - 6.99 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	\$102.07	\$215.27	\$117.94	\$209.92	\$109.42	
Employee + Children	\$57.48	\$133.96	\$72.13	\$129.33	\$64.76	
Employee + Family	\$286.91	\$511.00	\$307.16	\$503.47	\$295.15	

6.00 - 6.99 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	\$109.05	\$222.25	\$124.92	\$216.90	\$116.40	
Employee + Children	\$69.18	\$145.66	\$83.83	\$141.03	\$76.46	
Employee + Family	\$302.26	\$526.35	\$322.51	\$518.82	\$310.50	

6.00 - 6.99 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	\$85.17	\$198.37	\$101.04	\$193.02	\$92.52	
Employee + Children	\$39.28	\$115.76	\$53.93	\$111.13	\$46.56	
Employee + Family	\$222.17	\$446.26	\$242.42	\$438.73	\$230.41	

*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.