

2019 Classified Rates
7.00-8.00 Hours/Day - 10-Check Employees

Effective October 1, 2019 - September 30, 2020

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

7.00 - 8.00 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		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
	Employee Only	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Spouse/∅Domestic Partner	\$107.44		\$209.81	\$126.50	\$203.39	\$116.27
	Employee + Children	\$71.10		\$126.32	\$85.60	\$120.76	\$76.76
	Employee + Family	\$362.08		\$597.50	\$386.38	\$588.47	\$371.96

7.00 - 8.00 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		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
	Employee Only	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Spouse/∅Domestic Partner	\$72.26		\$174.62	\$91.31	\$168.21	\$81.08
	Employee + Children	\$21.84		\$77.06	\$36.34	\$71.50	\$27.50
	Employee + Family	\$294.08		\$529.50	\$318.38	\$520.46	\$303.96

7.00 - 8.00 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		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
	Employee Only	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Spouse/∅Domestic Partner	\$80.64		\$183.00	\$99.69	\$176.58	\$89.46
	Employee + Children	\$35.88		\$91.10	\$50.38	\$85.54	\$41.54
	Employee + Family	\$312.50		\$547.92	\$336.80	\$538.88	\$322.38

7.00 - 8.00 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		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
	Employee Only	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Spouse/∅Domestic Partner	\$51.98		\$154.34	\$71.03	\$147.93	\$60.80
	Employee + Children	\$0.00		\$55.22	\$14.50	\$49.66	\$5.66
	Employee + Family	\$216.39		\$451.81	\$240.69	\$442.77	\$226.27

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