

2019 Classified Rates
7.00-8.00 Hours/Day - 12-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 \$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	\$89.54	\$174.84	\$105.41	\$169.49	\$96.89	
Employee + Children	\$59.25	\$105.26	\$71.33	\$100.63	\$63.96	
Employee + Family	\$301.73	\$497.92	\$321.98	\$490.39	\$309.97	

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 \$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	\$60.22	\$145.52	\$76.09	\$140.17	\$67.57	
Employee + Children	\$18.20	\$64.21	\$30.28	\$59.58	\$22.91	
Employee + Family	\$245.06	\$441.25	\$265.31	\$433.72	\$253.30	

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 \$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	\$67.20	\$152.50	\$83.07	\$147.15	\$74.55	
Employee + Children	\$29.90	\$75.91	\$41.98	\$71.28	\$34.61	
Employee + Family	\$260.41	\$456.60	\$280.66	\$449.07	\$268.65	

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 \$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	\$43.32	\$128.62	\$59.19	\$123.27	\$50.67	
Employee + Children	\$0.00	\$46.01	\$12.08	\$41.38	\$4.71	
Employee + Family	\$180.32	\$376.51	\$200.57	\$368.98	\$188.56	

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