

2019 Classified Retiree Rates

70.59% District Contribution

Effective October 1, 2019 - September 30, 2020

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

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
	Retiree Only	\$341.13	\$409.39	\$379.12	\$403.98
Retiree + Spouse/∅Domestic Partner	\$1,075.99	\$1,201.38	\$1,134.80	\$1,189.50	\$1,103.22
Retiree + Children	\$919.07	\$1,030.84	\$973.33	\$1,020.55	\$946.05
Retiree + Family	\$1,658.62	\$1,827.44	\$1,733.62	\$1,810.70	\$1,689.12

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
	Retiree Only	\$326.35	\$394.61	\$364.34	\$389.20
Retiree + Spouse/∅Domestic Partner	\$1,046.67	\$1,172.06	\$1,105.48	\$1,160.18	\$1,073.90
Retiree + Children	\$878.02	\$989.79	\$932.28	\$979.50	\$905.00
Retiree + Family	\$1,601.95	\$1,770.77	\$1,676.95	\$1,754.03	\$1,632.45

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
	Retiree Only	\$329.85	\$398.11	\$367.84	\$392.70
Retiree + Spouse/∅Domestic Partner	\$1,053.65	\$1,179.04	\$1,112.46	\$1,167.16	\$1,080.88
Retiree + Children	\$889.72	\$1,001.49	\$943.98	\$991.20	\$916.70
Retiree + Family	\$1,617.30	\$1,786.12	\$1,692.30	\$1,769.38	\$1,647.80

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
	Retiree Only	\$282.46	\$350.72	\$320.45	\$345.31
Retiree + Spouse/∅Domestic Partner	\$959.77	\$1,085.16	\$1,018.58	\$1,073.28	\$987.00
Retiree + Children	\$789.82	\$901.59	\$844.08	\$891.30	\$816.80
Retiree + Family	\$1,467.21	\$1,636.03	\$1,542.21	\$1,619.29	\$1,497.71

∅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.

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