2019 Classified Retiree Rates 90.00% District Contribution

Effective October 1, 2019 - September 30, 2020

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

		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 5	\$800 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible
Retiree Only	\$263.49	\$331.75	\$301.48	\$326.34	\$287.13
Retiree + Spouse/Oomestic Partner	\$998.35	\$1,123.74	\$1,057.16	\$1,111.86	\$1,025.58
Retiree + Children	\$841.43	\$953.20	\$895.69	\$942.91	\$868.41
Retiree + Family	\$1,580.98	\$1,749.80	\$1,655.98	\$1,733.06	\$1,611.48

		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	\$248.71	\$316.97	\$286.70	\$311.56	\$272.35
Retiree + Spouse/ODomestic Partner	\$969.03	\$1,094.42	\$1,027.84	\$1,082.54	\$996.26
Retiree + Children	\$800.38	\$912.15	\$854.64	\$901.86	\$827.36
Retiree + Family	\$1,524.31	\$1,693.13	\$1,599.31	\$1,676.39	\$1,554.81

		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	\$252.21	\$320.47	\$290.20	\$315.06	\$275.85
Retiree + Spouse/Oomestic Partner	\$976.01	\$1,101.40	\$1,034.82	\$1,089.52	\$1,003.24
Retiree + Children	\$812.08	\$923.85	\$866.34	\$913.56	\$839.06
Retiree + Family	\$1,539.66	\$1,708.48	\$1,614.66	\$1,691.74	\$1,570.16

		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	\$204.82	\$273.08	\$242.81	\$267.67	\$228.46
Retiree + Spouse/Oomestic Partner	\$882.13	\$1,007.52	\$940.94	\$995.64	\$909.36
Retiree + Children	\$712.18	\$823.95	\$766.44	\$813.66	\$739.16
Retiree + Family	\$1,389.57	\$1,558.39	\$1,464.57	\$1,541.65	\$1,420.07

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.