2019 Classified Retiree Rates 94.74% District Contribution

Effective October 1, 2019 - September 30, 2020

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

		ivioda iviedicai Basic Rates		ivioda iviedicai 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	\$244.53	\$312.79	\$282.52	\$307.38	\$268.17
Retiree + Spouse/ODomestic Partner	\$979.39	\$1,104.78	\$1,038.20	\$1,092.90	\$1,006.62
Retiree + Children	\$822.47	\$934.24	\$876.73	\$923.95	\$849.45
Retiree + Family	\$1,562.02	\$1,730.84	\$1,637.02	\$1,714.10	\$1,592.52

		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	\$229.75	\$298.01	\$267.74	\$292.60	\$253.39
Retiree + Spouse/◊Domestic Partner	\$950.07	\$1,075.46	\$1,008.88	\$1,063.58	\$977.30
Retiree + Children	\$781.42	\$893.19	\$835.68	\$882.90	\$808.40
Retiree + Family	\$1,505.35	\$1,674.17	\$1,580.35	\$1,657.43	\$1,535.85

	Moda Medical B		cal 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	\$233.25	\$301.51	\$271.24	\$296.10	\$256.89
Retiree + Spouse/ODomestic Partner	\$957.05	\$1,082.44	\$1,015.86	\$1,070.56	\$984.28
Retiree + Children	\$793.12	\$904.89	\$847.38	\$894.60	\$820.10
Retiree + Family	\$1,520.70	\$1,689.52	\$1,595.70	\$1,672.78	\$1,551.20

		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	\$185.86	\$254.12	\$223.85	\$248.71	\$209.50
Retiree + Spouse/◊Domestic Partner	\$863.17	\$988.56	\$921.98	\$976.68	\$890.40
Retiree + Children	\$693.22	\$804.99	\$747.48	\$794.70	\$720.20
Retiree + Family	\$1,370.61	\$1,539.43	\$1,445.61	\$1,522.69	\$1,401.11

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.