

Licensed Active 4J Employees - .951 - 1.00 FTE

To determine your monthly payroll deduction, choose a dental plan, then follow the enrollment tier line across to the medical plan with the deductible you choose (Plan 2, Plan 3, Plan 4). All premiums shown include medical, pharmacy, vision, and dental where noted.

Effective 10/01/2019 - 09/30/2020

Moda Medical Plans - Basic Rates (for employees currently enrolled in a Connexus PPO Plan)

Includes Medical, Rx, Vision, and Delta Dental 5	Moda Plan 2 \$800/\$900 Deductible	Moda Plan 3 \$1200/\$1300 Deductible	Moda Plan 4 \$1600/\$1700 Deductible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$389.89	\$214.68	\$103.25
Employee +Child(ren)	\$207.99	\$136.15	\$66.84
Employee + Family	\$1,049.98	\$382.43	\$192.95
Includes Medical, Rx, Vision, and Delta Dental 6 *No Orthodontia*	Moda Plan 2 \$800/\$900 Deductible	Moda Plan 3 \$1200/\$1300 Deductible	Moda Plan 4 \$1600/\$1700 Deductible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$360.57	\$194.16	\$90.64
Employee +Child(ren)	\$166.94	\$95.10	\$31.95
Employee + Family	\$993.31	\$359.19	\$179.92
Includes Medical, Rx, Vision, and Willamette Dental	Moda Plan 2 \$800/\$900 Deductible	Moda Plan 3 \$1200/\$1300 Deductible	Moda Plan 4 \$1600/\$1700 Deductible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$367.55	\$199.05	\$93.64
Employee +Child(ren)	\$178.64	\$106.80	\$41.90
Employee + Family	\$1,008.66	\$365.49	\$183.45
Includes Medical, Rx, Vision, and *No Dental	Moda Plan 2 \$800/\$900 Deductible	Moda Plan 3 \$1200/\$1300 Deductible	Moda Plan 4 \$1600/\$1700 Deductible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$273.67	\$133.33	\$53.27
Employee +Child(ren)	\$78.74	\$6.90	\$0.00
Employee + Family	\$858.57	\$303.95	\$148.93

Moda Medical Plans - Select Rates (for employees currently enrolled in a Synergy CCM Plan)

Includes Medical, Rx, Vision, and Delta Dental 5	Moda Plan 2 \$800/\$900 Deductible	Moda Plan 3 \$1200/\$1300 Deductible	Moda Plan 4 \$1600/\$1700 Deductible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$389.89	\$206.37	\$85.50
Employee +Child(ren)	\$207.99	\$125.86	\$43.66
Employee + Family	\$1,049.98	\$357.24	\$158.89
Includes Medical, Rx, Vision, and Delta Dental 6 *No Orthodontia*	Moda Plan 2 \$800/\$900 Deductible	Moda Plan 3 \$1200/\$1300 Deductible	Moda Plan 4 \$1600/\$1700 Deductible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$360.57	\$185.84	\$73.48
Employee +Child(ren)	\$166.94	\$84.81	\$8.76
Employee + Family	\$993.31	\$335.14	\$147.55
Includes Medical, Rx, Vision, and Willamette Dental	Moda Plan 2 \$800/\$900 Deductible	Moda Plan 3 \$1200/\$1300 Deductible	Moda Plan 4 \$1600/\$1700 Deductible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$367.55	\$190.73	\$76.34
Employee +Child(ren)	\$178.64	\$96.51	\$18.71
Employee + Family	\$1,008.66	\$341.13	\$150.62
Includes Medical, Rx, Vision, and *No Dental	Moda Plan 2 \$800/\$900 Deductible	Moda Plan 3 \$1200/\$1300 Deductible	Moda Plan 4 \$1600/\$1700 Deductible
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$273.67	\$125.01	\$37.85
Employee +Child(ren)	\$78.74	\$0.00	\$0.00
Employee + Family	\$858.57	\$282.59	\$120.60

> 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, and you will not be able to re-enroll in dental coverage for the remainder of the plan year unless you lose eligibility for other group dental coverage and provide proof of the loss within 31 days.

> Members and/or 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.