## 2019 Classified Retiree Rates 100% District Contribution

## Effective October 1, 2019 - September 30, 2020

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

		ivioda iviedicai Basic Kates		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	\$223.49	\$291.75	\$261.48	\$286.34	\$247.13
Retiree + Spouse/ODomestic Partner	\$958.35	\$1,083.74	\$1,017.16	\$1,071.86	\$985.58
Retiree + Children	\$801.43	\$913.20	\$855.69	\$902.91	\$828.41
Retiree + Family	\$1,540.98	\$1,709.80	\$1,615.98	\$1,693.06	\$1,571.48

		Moda Medical Basic Rates		Moda Medical Select Rates		
Includes Medical, Rx, Vision, &	I. 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	\$208.71	\$276.97	\$246.70	\$271.56	\$232.35	
Retiree + Spouse/◊Domestic Partner	\$929.03	\$1,054.42	\$987.84	\$1,042.54	\$956.26	
Retiree + Children	\$760.38	\$872.15	\$814.64	\$861.86	\$787.36	
Retiree + Family	\$1,484.31	\$1,653.13	\$1,559.31	\$1,636.39	\$1,514.81	

		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	\$212.21	\$280.47	\$250.20	\$275.06	\$235.85
Retiree + Spouse/ODomestic Partner	\$936.01	\$1,061.40	\$994.82	\$1,049.52	\$963.24
Retiree + Children	\$772.08	\$883.85	\$826.34	\$873.56	\$799.06
Retiree + Family	\$1,499.66	\$1,668.48	\$1,574.66	\$1,651.74	\$1,530.16

		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	\$164.82	\$233.08	\$202.81	\$227.67	\$188.46
Retiree + Spouse/◊Domestic Partner	\$842.13	\$967.52	\$900.94	\$955.64	\$869.36
Retiree + Children	\$672.18	\$783.95	\$726.44	\$773.66	\$699.16
Retiree + Family	\$1,349.57	\$1,518.39	\$1,424.57	\$1,501.65	\$1,380.07

oMembers 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.