

**2020 Classified Rates**  
**6-6.99 Hours/Day - 10-Check Employees**  
**Effective October 1, 2020 - September 30, 2021**

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

| 6.00 - 6.99 Hours/Day               | Includes Medical, Rx, Vision, & Delta Dental Plan 5 | Kaiser Permanente                                | Moda Medical                            |   |
|-------------------------------------|---|--|---|---|
|                                     |   | Kaiser Permanente HMO Plan 2<br>\$800 deductible | Moda Plan 3<br>\$1200/\$1300 deductible | Moda Plan 4<br>\$1600/\$1700 deductible |
|                                     |   | Employee Only                                    | \$0.00                                  | \$0.00                                  |
| Employee + Spouse/◊Domestic Partner | \$138.72  | \$299.34   | \$182.95                                |   |
| Employee + Children                 | \$106.79  | \$215.77   | \$140.70                                |   |
| Employee + Family                   | \$370.72  | \$687.04   | \$446.61                                |   |

| 6.00 - 6.99 Hours/Day               | Includes Medical, Rx, Vision, & Delta Dental Plan 6 *No Orthodontia* | Kaiser Permanente                                | Moda Medical                            |   |
|-------------------------------------|--|--|---|---|
|                                     |  | Kaiser Permanente HMO Plan 2<br>\$800 deductible | Moda Plan 3<br>\$1200/\$1300 deductible | Moda Plan 4<br>\$1600/\$1700 deductible |
|                                     |  | Employee Only                                    | \$0.00                                  | \$0.00                                  |
| Employee + Spouse/◊Domestic Partner | \$103.57   | \$264.19   | \$147.80                                |   |
| Employee + Children                 | \$57.61  | \$166.58   | \$91.52                                 |   |
| Employee + Family                   | \$302.84   | \$619.16   | \$378.73                                |   |

| 6.00 - 6.99 Hours/Day               | Includes Medical, Rx, Vision, & Willamette Dental | Kaiser Permanente                                | Moda Medical                            |   |
|-------------------------------------|---|--|---|---|
|                                     |   | Kaiser Permanente HMO Plan 2<br>\$800 deductible | Moda Plan 3<br>\$1200/\$1300 deductible | Moda Plan 4<br>\$1600/\$1700 deductible |
|                                     |   | Employee Only                                    | \$0.00                                  | \$0.00                                  |
| Employee + Spouse/◊Domestic Partner | \$115.97  | \$276.59   | \$160.19                                |   |
| Employee + Children                 | \$75.89   | \$184.87   | \$109.80                                |   |
| Employee + Family                   | \$327.63  | \$643.95   | \$403.52                                |   |

| 6.00 - 6.99 Hours/Day               | Includes Medical, Rx, Vision, & *NO Dental | Kaiser Permanente                                | Moda Medical                            |   |
|-------------------------------------|--|--|---|---|
|                                     |  | Kaiser Permanente HMO Plan 2<br>\$800 deductible | Moda Plan 3<br>\$1200/\$1300 deductible | Moda Plan 4<br>\$1600/\$1700 deductible |
|                                     |  | Employee Only                                    | \$0.00                                  | \$0.00                                  |
| Employee + Spouse/◊Domestic Partner | \$83.47                                    | \$244.09   | \$127.70                                |   |
| Employee + Children                 | \$35.93                                    | \$144.91   | \$69.84                                 |   |
| Employee + Family                   | \$225.40                                   | \$541.72   | \$301.29                                |   |

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

◊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.

**Members and 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.**