## 2020 Classified Retiree Rates 80.00% District Contribution

## Effective October 1, 2020 - September 30, 2021

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

Includes Medical, Rx, Vision, & Delta Dental Plan 5	Kaiser Permanente	Moda Medical	
	Kaiser Permanente HMO Plan 2	Moda Plan 3	Moda Plan 4
	\$800 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible
Retiree Only	\$307.17	\$385.90	\$354.91
Retiree + Spouse/◊Domestic Partner	\$1,022.41	\$1,194.88	\$1,126.71
Retiree + Children	\$870.36	\$1,020.04	\$961.16
Retiree + Family	\$1,590.29	\$1,833.63	\$1,737.55

Includes Medical, Rx, Vision, &	Kaiser Permanente	Moda Medical	
	Kaiser Permanente HMO Plan 2	Moda Plan 3	Moda Plan 4
Delta Dental Plan 6 *No Orthodontia*	\$800 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible
Retiree Only	\$292.41	\$371.14	\$340.15
Retiree + Spouse/◊Domestic Partner	\$993.12	\$1,165.59	\$1,097.42
Retiree + Children	\$829.37	\$979.05	\$920.17
Retiree + Family	\$1,533.72	\$1,777.06	\$1,680.98

Includes Medical, Rx, Vision, &	Kaiser Permanente	Moda Medical	
	Kaiser Permanente HMO Plan 2	Moda Plan 3	Moda Plan 4
Willamette Dental	\$800 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible
Retiree Only	\$297.59	\$376.32	\$345.33
Retiree + Spouse/◊Domestic Partner	\$1,003.45	\$1,175.92	\$1,107.75
Retiree + Children	\$844.61	\$994.29	\$935.41
Retiree + Family	\$1,554.38	\$1,797.72	\$1,701.64

Includes Medical, Rx, Vision, &	Kaiser Permanente	Moda Medical	
	Kaiser Permanente HMO Plan 2	Moda Plan 3	Moda Plan 4
*NO Dental	\$800 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible
Retiree Only	\$248.59	\$327.32	\$296.33
Retiree + Spouse/◊Domestic Partner	\$906.37	\$1,078.84	\$1,010.67
Retiree + Children	\$741.31	\$890.99	\$832.11
Retiree + Family	\$1,399.19	\$1,642.53	\$1,546.45

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.