2020 Classified Retiree Rates 92.31% District Contribution

Effective October 1, 2020 - September 30, 2021

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

Includes Medical, Rx, Vision, &	Kaiser Permanente	Moda Medical	
	Kaiser Permanente HMO Plan 2	Moda Plan 3	Moda Plan 4
Delta Dental Plan 5	\$800 deductible	\$1200/\$1300 deductible	\$1600/\$1700 deductible
Retiree Only	\$257.93	\$336.66	\$305.67
Retiree + Spouse/◊Domestic Partner	\$973.17	\$1,145.64	\$1,077.47
Retiree + Children	\$821.12	\$970.80	\$911.92
Retiree + Family	\$1,541.05	\$1,784.39	\$1,688.31

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	\$243.17	\$321.90	\$290.91
Retiree + Spouse/ODomestic Partner	\$943.88	\$1,116.35	\$1,048.18
Retiree + Children	\$780.13	\$929.81	\$870.93
Retiree + Family	\$1,484.48	\$1,727.82	\$1,631.74

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	\$248.35	\$327.08	\$296.09
Retiree + Spouse/◊Domestic Partner	\$954.21	\$1,126.68	\$1,058.51
Retiree + Children	\$795.37	\$945.05	\$886.17
Retiree + Family	\$1,505.14	\$1,748.48	\$1,652.40

Includes Medical, Rx, Vision, & *NO Dental	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	\$199.35	\$278.08	\$247.09
Retiree + Spouse/◊Domestic Partner	\$857.13	\$1,029.60	\$961.43
Retiree + Children	\$692.07	\$841.75	\$782.87
Retiree + Family	\$1,349.95	\$1,593.29	\$1,497.21

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.