

**2021 Classified Rates**  
**6-6.99 Hours/Day - 12-Check Employees**  
**Effective October 1, 2021 - September 30, 2022**

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 2A \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◇Domestic Partner	\$84.36	\$240.64	\$145.19	
Employee + Children	\$71.13	\$171.41	\$110.89	
Employee + Family	\$236.68	\$561.38	\$361.13	

6.00 - 6.99 Hours/Day	Includes Medical, Rx, Vision, & Delta Dental Plan 6 *No Orthodontia*	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2A \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◇Domestic Partner	\$55.33	\$211.61	\$116.16	
Employee + Children	\$30.52	\$130.80	\$70.28	
Employee + Family	\$180.62	\$505.32	\$305.07	

6.00 - 6.99 Hours/Day	Includes Medical, Rx, Vision, & Willamette Dental	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2A \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◇Domestic Partner	\$62.57	\$218.85	\$123.40	
Employee + Children	\$42.53	\$142.81	\$82.29	
Employee + Family	\$196.23	\$520.93	\$320.68	

6.00 - 6.99 Hours/Day	Includes Medical, Rx, Vision, & *NO Dental	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2A \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◇Domestic Partner	\$39.37	\$195.65	\$100.20	
Employee + Children	\$13.26	\$113.54	\$53.02	
Employee + Family	\$117.32	\$442.02	\$241.77	

\*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 OEGB dental coverage due to loss of other OEGB coverage.**