

2022 Classified Rates
6-6.99 Hours/Day - 10-Check Employees
Effective October 1, 2022 - September 30, 2023

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	\$0.00
	Employee + Spouse/∅Domestic Partner	\$54.40	\$228.81	\$112.02
	Employee + Children	\$61.47	\$170.32	\$95.77
	Employee + Family	\$166.86	\$538.08	\$294.51

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	\$0.00
	Employee + Spouse/∅Domestic Partner	\$22.16	\$196.56	\$79.77
	Employee + Children	\$15.54	\$124.40	\$49.85
	Employee + Family	\$103.77	\$474.99	\$231.43

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	\$0.00
	Employee + Spouse/∅Domestic Partner	\$30.20	\$204.60	\$87.81
	Employee + Children	\$29.30	\$138.15	\$63.60
	Employee + Family	\$121.50	\$492.72	\$249.15

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	\$0.00
	Employee + Spouse/∅Domestic Partner	\$14.36	\$188.76	\$71.97
	Employee + Children	\$6.17	\$115.03	\$40.48
	Employee + Family	\$38.80	\$410.03	\$166.46

*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.