

2022 Classified Rates
7.00-8.00 Hours/Day - 10-Check Employees

Effective October 1, 2022 - September 30, 2023

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

7.00 - 8.00 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	\$46.96	\$171.15	\$85.98	
Employee + Children	\$55.30	\$112.66	\$69.73	
Employee + Family	\$159.42	\$480.42	\$268.47	

7.00 - 8.00 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	\$14.72	\$138.90	\$53.73	
Employee + Children	\$9.37	\$66.74	\$23.81	
Employee + Family	\$96.33	\$417.33	\$205.39	

7.00 - 8.00 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	\$22.76	\$146.94	\$61.77	
Employee + Children	\$23.12	\$80.49	\$37.56	
Employee + Family	\$114.06	\$435.06	\$223.11	

7.00 - 8.00 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	\$6.92	\$131.10	\$45.93	
Employee + Children	\$0.00	\$57.37	\$14.44	
Employee + Family	\$31.36	\$352.37	\$140.42	

*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.