

2020 Classified Rates

4 - 5.99 Hours/Day - 10-Check Employees

Effective October 1, 2020 - September 30, 2021

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

4.00 - 5.99 Hours/Day	Includes Medical, Rx, Vision, & Delta Dental Plan 5	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$204.17	\$419.33	\$256.58	
Employee + Children	\$172.24	\$335.76	\$214.33	
Employee + Family	\$436.17	\$807.03	\$520.24	

4.00 - 5.99 Hours/Day	Includes Medical, Rx, Vision, & Delta Dental Plan 6 *No Orthodontia*	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$169.02	\$384.18	\$221.43	
Employee + Children	\$123.05	\$286.57	\$165.15	
Employee + Family	\$368.29	\$739.15	\$452.36	

4.00 - 5.99 Hours/Day	Includes Medical, Rx, Vision, & Willamette Dental	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$181.42	\$396.58	\$233.82	
Employee + Children	\$141.34	\$304.86	\$183.43	
Employee + Family	\$393.08	\$763.94	\$477.15	

4.00 - 5.99 Hours/Day	Includes Medical, Rx, Vision, & *NO Dental	Kaiser Permanente	Moda Medical	
		Kaiser Permanente HMO Plan 2 \$800 deductible	Moda Plan 3 \$1200/\$1300 deductible	Moda Plan 4 \$1600/\$1700 deductible
		Employee Only	\$0.00	\$0.00
Employee + Spouse/◊Domestic Partner	\$148.92	\$364.08	\$201.33	
Employee + Children	\$101.38	\$264.90	\$143.47	
Employee + Family	\$290.85	\$661.71	\$374.92	

*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.