

2022 Classified Rates

4 - 5.99 Hours/Day - 12-Check Employees

Effective October 1, 2022 - September 30, 2023

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 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	\$54.54	\$261.97	\$125.55	\$112.01
Employee + Children	\$60.42	\$213.24	\$519.70	\$277.63
Employee + Family	\$148.25			

4.00 - 5.99 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	\$27.67	\$235.10	\$98.68	\$73.74
Employee + Children	\$22.15	\$174.97	\$467.13	\$225.06
Employee + Family	\$95.68			

4.00 - 5.99 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	\$34.37	\$241.80	\$105.38	\$85.20
Employee + Children	\$33.61	\$186.43	\$481.90	\$239.83
Employee + Family	\$110.45			

4.00 - 5.99 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	\$21.17	\$228.60	\$92.18	\$65.93
Employee + Children	\$14.34	\$167.16	\$412.99	\$170.92
Employee + Family	\$41.54			

*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.