2020 MAPS Retiree Rates

100% District Contribution

Effective October 1, 2020 - September 30, 2021

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

| Includes Medical, Rx, Vision, & Delta Dental Plan 5 | Kaiser Permanente | Moda Medical | |
|--|------------------------------|--------------------------|--------------------------|
| | Kaiser Permanente HMO Plan 2 | Moda Plan 3 | Moda Plan 4 |
| | \$800 deductible | \$1200/\$1300 deductible | \$1600/\$1700 deductible |
| Retiree Only | \$363.12 | \$441.85 | \$410.86 |
| Retiree + Spouse/&Domestic Partner | \$1,078.36 | \$1,250.83 | \$1,182.66 |
| Retiree + Children | \$926.31 | \$1,075.99 | \$1,017.11 |
| Retiree + Family | \$1,646.24 | \$1,889.58 | \$1,793.50 |

| Includes Medical, Rx, Vision, & | Kaiser Permanente Moda Medica | | ical | |
|---|-------------------------------|--------------------------|--------------------------|--|
| | Kaiser Permanente HMO Plan 2 | Moda Plan 3 | Moda Plan 4 | |
| Delta Dental Plan 6 *No Orthodontia* | \$800 deductible | \$1200/\$1300 deductible | \$1600/\$1700 deductible | |
| Retiree Only | \$348.36 | \$427.09 | \$396.10 | |
| Retiree + Spouse/ <pre> Opumestic Partner </pre> | \$1,049.07 | \$1,221.54 | \$1,153.37 | |
| Retiree + Children | \$885.32 | \$1,035.00 | \$976.12 | |
| Retiree + Family | \$1,589.67 | \$1,833.01 | \$1,736.93 | |

| Includes Medical, Rx, Vision, & Willamette Dental | Kaiser Permanente Moda Medical | | /ledical |
|--|--------------------------------|--------------------------|--------------------------|
| | Kaiser Permanente HMO Plan 2 | Moda Plan 3 | Moda Plan 4 |
| | \$800 deductible | \$1200/\$1300 deductible | \$1600/\$1700 deductible |
| Retiree Only | \$353.54 | \$432.27 | \$401.28 |
| Retiree + Spouse/Oomestic Partner | \$1,059.40 | \$1,231.87 | \$1,163.70 |
| Retiree + Children | \$900.56 | \$1,050.24 | \$991.36 |
| Retiree + Family | \$1,610.33 | \$1,853.67 | \$1,757.59 |

| Includes Medical, Rx, Vision, & *NO Dental | Kaiser Permanente | Moda Medical | |
|--|------------------------------|--------------------------|--------------------------|
| | Kaiser Permanente HMO Plan 2 | Moda Plan 3 | Moda Plan 4 |
| | \$800 deductible | \$1200/\$1300 deductible | \$1600/\$1700 deductible |
| Retiree Only | \$304.54 | \$383.27 | \$352.28 |
| Retiree + Spouse/ <pre> Domestic Partner </pre> | \$962.32 | \$1,134.79 | \$1,066.62 |
| Retiree + Children | \$797.26 | \$946.94 | \$888.06 |
| Retiree + Family | \$1,455.14 | \$1,698.48 | \$1,602.40 |

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 implecations 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. *Retirees who waive dental insurance are not eligible to enroll in a dental plan in the future.