## 2021 Classified Retiree Rates 50.00% District Contribution

## Effective October 1, 2021 - September 30, 2022

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 2A | Moda Plan 3              | Moda Plan 4              |
|   | \$800 deductible              | \$1200/\$1300 deductible | \$1600/\$1700 deductible |
| Retiree Only  | \$420.21                      | \$515.52                 | \$483.89                 |
| Retiree + Spouse/◊Domestic Partner                  | \$1,127.44                    | \$1,336.39               | \$1,266.80               |
| Retiree + Children                                  | \$977.15                      | \$1,158.32               | \$1,098.21               |
| Retiree + Family                                    | \$1,689.02                    | \$1,983.73               | \$1,885.67               |

| Includes Medical, Rx, Vision, &      | Kaiser Permanente             | Moda Medical             |                          |
|--------------------------------------|-------------------------------|--------------------------|--------------------------|
|                                      | Kaiser Permanente HMO Plan 2A | Moda Plan 3              | Moda Plan 4              |
| Delta Dental Plan 6 *No Orthodontia* | \$800 deductible              | \$1200/\$1300 deductible | \$1600/\$1700 deductible |
| Retiree Only                         | \$405.60                      | \$500.91                 | \$469.28                 |
| Retiree + Spouse/ODomestic Partner   | \$1,098.41                    | \$1,307.36               | \$1,237.77               |
| Retiree + Children                   | \$936.54                      | \$1,117.71               | \$1,057.60               |
| Retiree + Family                     | \$1,632.96                    | \$1,927.67               | \$1,829.61               |

| Includes Medical, Rx, Vision, &    | Kaiser Permanente             | Moda Medical             |                          |
|------------------------------------|-------------------------------|--------------------------|--------------------------|
| Willamette Dental                  | Kaiser Permanente HMO Plan 2A | Moda Plan 3              | Moda Plan 4              |
| willamette Dental                  | \$800 deductible              | \$1200/\$1300 deductible | \$1600/\$1700 deductible |
| Retiree Only                       | \$408.77                      | \$504.08                 | \$472.45                 |
| Retiree + Spouse/ODomestic Partner | \$1,105.65                    | \$1,314.60               | \$1,245.01               |
| Retiree + Children                 | \$948.55                      | \$1,129.72               | \$1,069.61               |
| Retiree + Family                   | \$1,648.57                    | \$1,943.28               | \$1,845.22               |

| Includes Medical, Rx, Vision, &    | Kaiser Permanente             | Moda Medical             |                          |
|------------------------------------|-------------------------------|--------------------------|--------------------------|
|                                    | Kaiser Permanente HMO Plan 2A | Moda Plan 3              | Moda Plan 4              |
| *NO Dental                         | \$800 deductible              | \$1200/\$1300 deductible | \$1600/\$1700 deductible |
| Retiree Only                       | \$362.17                      | \$457.48                 | \$425.85                 |
| Retiree + Spouse/◊Domestic Partner | \$1,012.45                    | \$1,221.40               | \$1,151.81               |
| Retiree + Children                 | \$849.28                      | \$1,030.45               | \$970.34                 |
| Retiree + Family                   | \$1,499.66                    | \$1,794.37               | \$1,696.31               |

oMembers 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.