2021 Classified Retiree Rates 80.00% 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 | \$300.21 | \$395.52 | \$363.89 |
| Retiree + Spouse/◊Domestic Partner | \$1,007.44 | \$1,216.39 | \$1,146.80 |
| Retiree + Children | \$857.15 | \$1,038.32 | \$978.21 |
| Retiree + Family | \$1,569.02 | \$1,863.73 | \$1,765.67 |

| 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 | \$285.60 | \$380.91 | \$349.28 |
| Retiree + Spouse/◊Domestic Partner | \$978.41 | \$1,187.36 | \$1,117.77 |
| Retiree + Children | \$816.54 | \$997.71 | \$937.60 |
| Retiree + Family | \$1,512.96 | \$1,807.67 | \$1,709.61 |

| Includes Medical, Rx, Vision, & | Kaiser Permanente | Moda Medical | |
|------------------------------------|-------------------------------|--------------------------|--------------------------|
| Willamette Dental | Kaiser Permanente HMO Plan 2A | Moda Plan 3 | Moda Plan 4 |
| | \$800 deductible | \$1200/\$1300 deductible | \$1600/\$1700 deductible |
| Retiree Only | \$288.77 | \$384.08 | \$352.45 |
| Retiree + Spouse/◊Domestic Partner | \$985.65 | \$1,194.60 | \$1,125.01 |
| Retiree + Children | \$828.55 | \$1,009.72 | \$949.61 |
| Retiree + Family | \$1,528.57 | \$1,823.28 | \$1,725.22 |

| 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 | \$242.17 | \$337.48 | \$305.85 |
| Retiree + Spouse/ODomestic Partner | \$892.45 | \$1,101.40 | \$1,031.81 |
| Retiree + Children | \$729.28 | \$910.45 | \$850.34 |
| Retiree + Family | \$1,379.66 | \$1,674.37 | \$1,576.31 |

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.