

2022 Classified Retiree Rates

50.70% District Contribution

Effective October 1, 2022 - September 30, 2023

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 \$800 deductible | Moda Plan 3 \$1200/\$1300 deductible | Moda Plan 4 \$1600/\$1700 deductible |
| | Retiree Only | \$441.13 | \$536.15 |
| Retiree + Spouse/◇Domestic Partner | \$1,177.03 | \$1,385.30 | \$1,306.27 |
| Retiree + Children | \$1,019.16 | \$1,199.79 | \$1,131.51 |
| Retiree + Family | \$1,759.64 | \$2,053.43 | \$1,942.05 |

| 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 |
| | Retiree Only | \$427.60 | \$522.62 |
| Retiree + Spouse/◇Domestic Partner | \$1,150.16 | \$1,358.43 | \$1,279.40 |
| Retiree + Children | \$980.89 | \$1,161.52 | \$1,093.24 |
| Retiree + Family | \$1,707.07 | \$2,000.86 | \$1,889.48 |

| 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 |
| | Retiree Only | \$430.50 | \$525.52 |
| Retiree + Spouse/◇Domestic Partner | \$1,156.86 | \$1,365.13 | \$1,286.10 |
| Retiree + Children | \$992.35 | \$1,172.98 | \$1,104.70 |
| Retiree + Family | \$1,721.84 | \$2,015.63 | \$1,904.25 |

| 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 |
| | Retiree Only | \$383.90 | \$478.92 |
| Retiree + Spouse/◇Domestic Partner | \$1,063.66 | \$1,271.93 | \$1,192.90 |
| Retiree + Children | \$893.08 | \$1,073.71 | \$1,005.43 |
| Retiree + Family | \$1,572.93 | \$1,866.72 | \$1,755.34 |

◇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.

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