

## 2021 Classified Retiree Rates

### 50.70% 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<br>\$800 deductible | Moda Plan 3<br>\$1200/\$1300 deductible | Moda Plan 4<br>\$1600/\$1700 deductible |
| Retiree Only                                        | \$417.41                                          | \$512.72                                | \$481.09                                |
| Retiree + Spouse/◇Domestic Partner                  | \$1,124.64                                        | \$1,333.59                              | \$1,264.00                              |
| Retiree + Children                                  | \$974.35                                          | \$1,155.52                              | \$1,095.41                              |
| Retiree + Family                                    | \$1,686.22                                        | \$1,980.93                              | \$1,882.87                              |

| Includes Medical, Rx, Vision, & Delta Dental Plan 6 *No Orthodontia* | Kaiser Permanente                                 | Moda Medical                            |                                         |
|----------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|-----------------------------------------|
|                                                                      | Kaiser Permanente HMO Plan 2A<br>\$800 deductible | Moda Plan 3<br>\$1200/\$1300 deductible | Moda Plan 4<br>\$1600/\$1700 deductible |
| Retiree Only                                                         | \$402.80                                          | \$498.11                                | \$466.48                                |
| Retiree + Spouse/◇Domestic Partner                                   | \$1,095.61                                        | \$1,304.56                              | \$1,234.97                              |
| Retiree + Children                                                   | \$933.74                                          | \$1,114.91                              | \$1,054.80                              |
| Retiree + Family                                                     | \$1,630.16                                        | \$1,924.87                              | \$1,826.81                              |

| Includes Medical, Rx, Vision, & Willamette Dental | Kaiser Permanente                                 | Moda Medical                            |                                         |
|---------------------------------------------------|---------------------------------------------------|-----------------------------------------|-----------------------------------------|
|                                                   | Kaiser Permanente HMO Plan 2A<br>\$800 deductible | Moda Plan 3<br>\$1200/\$1300 deductible | Moda Plan 4<br>\$1600/\$1700 deductible |
| Retiree Only                                      | \$405.97                                          | \$501.28                                | \$469.65                                |
| Retiree + Spouse/◇Domestic Partner                | \$1,102.85                                        | \$1,311.80                              | \$1,242.21                              |
| Retiree + Children                                | \$945.75                                          | \$1,126.92                              | \$1,066.81                              |
| Retiree + Family                                  | \$1,645.77                                        | \$1,940.48                              | \$1,842.42                              |

| Includes Medical, Rx, Vision, & *NO Dental | Kaiser Permanente                                 | Moda Medical                            |                                         |
|--------------------------------------------|---------------------------------------------------|-----------------------------------------|-----------------------------------------|
|                                            | Kaiser Permanente HMO Plan 2A<br>\$800 deductible | Moda Plan 3<br>\$1200/\$1300 deductible | Moda Plan 4<br>\$1600/\$1700 deductible |
| Retiree Only                               | \$359.37                                          | \$454.68                                | \$423.05                                |
| Retiree + Spouse/◇Domestic Partner         | \$1,009.65                                        | \$1,218.60                              | \$1,149.01                              |
| Retiree + Children                         | \$846.48                                          | \$1,027.65                              | \$967.54                                |
| Retiree + Family                           | \$1,496.86                                        | \$1,791.57                              | \$1,693.51                              |

◇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.**