

Classified Retiree Monthly Insurance Premiums
October 1, 2021 - September 30, 2022

Moda Medical Plan 1, Dental Premier Plan 1, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$708.97	\$65.76	\$23.99	\$798.72
EE + Sp/Partner	\$1,559.72	\$130.29	\$52.73	\$1,742.74
EE + Child(ren)	\$1,347.06	\$144.89	\$45.50	\$1,537.45
Full Family	\$2,197.84	\$214.56	\$74.28	\$2,486.68

Moda Medical Plan 1, Dental Premier Plan 6, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$708.97	\$43.43	\$23.99	\$776.39
EE + Sp/Partner	\$1,559.72	\$85.96	\$52.73	\$1,698.41
EE + Child(ren)	\$1,347.06	\$87.26	\$45.50	\$1,479.82
Full Family	\$2,197.84	\$133.30	\$74.28	\$2,405.42

Moda Medical Plan 1, Willamette Dental, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$708.97	\$46.60	\$23.99	\$779.56
EE + Sp/Partner	\$1,559.72	\$93.20	\$52.73	\$1,705.65
EE + Child(ren)	\$1,347.06	\$99.27	\$45.50	\$1,491.83
Full Family	\$2,197.84	\$148.91	\$74.28	\$2,421.03

Moda Medical Plan 1, Dental Premier Plan 1, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$708.97	\$65.76	\$16.54	\$791.27
EE + Sp/Partner	\$1,559.72	\$130.29	\$36.41	\$1,726.42
EE + Child(ren)	\$1,347.06	\$144.89	\$31.44	\$1,523.39
Full Family	\$2,197.84	\$214.56	\$51.30	\$2,463.70

Moda Medical Plan 1, Dental Premier Plan 6, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$708.97	\$43.43	\$16.54	\$768.94
EE + Sp/Partner	\$1,559.72	\$85.96	\$36.41	\$1,682.09
EE + Child(ren)	\$1,347.06	\$87.26	\$31.44	\$1,465.76
Full Family	\$2,197.84	\$133.30	\$51.30	\$2,382.44

Moda Medical Plan 1, Willamette Dental, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$708.97	\$46.60	\$16.54	\$772.11
EE + Sp/Partner	\$1,559.72	\$93.20	\$36.41	\$1,689.33
EE + Child(ren)	\$1,347.06	\$99.27	\$31.44	\$1,477.77
Full Family	\$2,197.84	\$148.91	\$51.30	\$2,398.05

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Moda Medical Plan 2, Dental Premier Plan 1, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$659.56	\$65.76	\$23.99	\$749.31
EE + Sp/Partner	\$1,451.04	\$130.29	\$52.73	\$1,634.06
EE + Child(ren)	\$1,253.20	\$144.89	\$45.50	\$1,443.59
Full Family	\$2,044.69	\$214.56	\$74.28	\$2,333.53

Moda Medical Plan 2, Dental Premier Plan 6, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$659.56	\$43.43	\$23.99	\$726.98
EE + Sp/Partner	\$1,451.04	\$85.96	\$52.73	\$1,589.73
EE + Child(ren)	\$1,253.20	\$87.26	\$45.50	\$1,385.96
Full Family	\$2,044.69	\$133.30	\$74.28	\$2,252.27

Moda Medical Plan 2, Willamette Dental, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$659.56	\$46.60	\$23.99	\$730.15
EE + Sp/Partner	\$1,451.04	\$93.20	\$52.73	\$1,596.97
EE + Child(ren)	\$1,253.20	\$99.27	\$45.50	\$1,397.97
Full Family	\$2,044.69	\$148.91	\$74.28	\$2,267.88

Moda Medical Plan 2, Dental Premier Plan 1, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$659.56	\$65.76	\$16.54	\$741.86
EE + Sp/Partner	\$1,451.04	\$130.29	\$36.41	\$1,617.74
EE + Child(ren)	\$1,253.20	\$144.89	\$31.44	\$1,429.53
Full Family	\$2,044.69	\$214.56	\$51.30	\$2,310.55

Moda Medical Plan 2, Dental Premier Plan 6, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$659.56	\$43.43	\$16.54	\$719.53
EE + Sp/Partner	\$1,451.04	\$85.96	\$36.41	\$1,573.41
EE + Child(ren)	\$1,253.20	\$87.26	\$31.44	\$1,371.90
Full Family	\$2,044.69	\$133.30	\$51.30	\$2,229.29

Moda Medical Plan 2, Willamette Dental, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$659.56	\$46.60	\$16.54	\$722.70
EE + Sp/Partner	\$1,451.04	\$93.20	\$36.41	\$1,580.65
EE + Child(ren)	\$1,253.20	\$99.27	\$31.44	\$1,383.91
Full Family	\$2,044.69	\$148.91	\$51.30	\$2,244.90

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Moda Medical Plan 6, Dental Premier Plan 1, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$557.18	\$65.76	\$23.99	\$646.93
EE + Sp/Partner	\$1,225.80	\$130.29	\$52.73	\$1,408.82
EE + Child(ren)	\$1,058.67	\$144.89	\$45.50	\$1,249.06
Full Family	\$1,727.30	\$214.56	\$74.28	\$2,016.14

Moda Medical Plan 6, Dental Premier Plan 6, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$557.18	\$43.43	\$23.99	\$624.60
EE + Sp/Partner	\$1,225.80	\$85.96	\$52.73	\$1,364.49
EE + Child(ren)	\$1,058.67	\$87.26	\$45.50	\$1,191.43
Full Family	\$1,727.30	\$133.30	\$74.28	\$1,934.88

Moda Medical Plan 6, Willamette Dental, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$557.18	\$46.60	\$23.99	\$798.72
EE + Sp/Partner	\$1,225.80	\$93.20	\$52.73	\$1,742.74
EE + Child(ren)	\$1,058.67	\$99.27	\$45.50	\$1,537.45
Full Family	\$1,727.30	\$148.91	\$74.28	\$2,486.68

Moda Medical Plan 6, Dental Premier Plan 1, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$557.18	\$65.76	\$16.54	\$639.48
EE + Sp/Partner	\$1,225.80	\$130.29	\$36.41	\$1,392.50
EE + Child(ren)	\$1,058.67	\$144.89	\$31.44	\$1,235.00
Full Family	\$1,727.30	\$214.56	\$51.30	\$1,993.16

Moda Medical Plan 6, Dental Premier Plan 6, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$557.18	\$43.43	\$16.54	\$617.15
EE + Sp/Partner	\$1,225.80	\$85.96	\$36.41	\$1,348.17
EE + Child(ren)	\$1,058.67	\$87.26	\$31.44	\$1,177.37
Full Family	\$1,727.30	\$133.30	\$51.30	\$1,911.90

Moda Medical Plan 6, Willamette Dental, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$557.18	\$46.60	\$16.54	\$620.32
EE + Sp/Partner	\$1,225.80	\$93.20	\$36.41	\$1,355.41
EE + Child(ren)	\$1,058.67	\$99.27	\$31.44	\$1,189.38
Full Family	\$1,727.30	\$148.91	\$51.30	\$1,927.51

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Moda Medical Plan 7, Dental Premier Plan 1, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$520.02	\$65.76	\$23.99	\$609.77
EE + Sp/Partner	\$1,144.03	\$130.29	\$52.73	\$1,327.05
EE + Child(ren)	\$988.06	\$144.89	\$45.50	\$1,178.45
Full Family	\$1,612.09	\$214.56	\$74.28	\$1,900.93

Moda Medical Plan 7, Dental Premier Plan 6, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$520.02	\$43.43	\$23.99	\$587.44
EE + Sp/Partner	\$1,144.03	\$85.96	\$52.73	\$1,282.72
EE + Child(ren)	\$988.06	\$87.26	\$45.50	\$1,120.82
Full Family	\$1,612.09	\$133.30	\$74.28	\$1,819.67

Moda Medical Plan 7, Willamette Dental, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$520.02	\$46.60	\$23.99	\$798.72
EE + Sp/Partner	\$1,144.03	\$93.20	\$52.73	\$1,742.74
EE + Child(ren)	\$988.06	\$99.27	\$45.50	\$1,537.45
Full Family	\$1,612.09	\$148.91	\$74.28	\$2,486.68

Moda Medical Plan 7, Dental Premier Plan 1, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$520.02	\$65.76	\$16.54	\$602.32
EE + Sp/Partner	\$1,144.03	\$130.29	\$36.41	\$1,310.73
EE + Child(ren)	\$988.06	\$144.89	\$31.44	\$1,164.39
Full Family	\$1,612.09	\$214.56	\$51.30	\$1,877.95

Moda Medical Plan 7, Dental Premier Plan 6, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$520.02	\$43.43	\$16.54	\$579.99
EE + Sp/Partner	\$1,144.03	\$85.96	\$36.41	\$1,266.40
EE + Child(ren)	\$988.06	\$87.26	\$31.44	\$1,106.76
Full Family	\$1,612.09	\$133.30	\$51.30	\$1,796.69

Moda Medical Plan 7, Willamette Dental, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$520.02	\$46.60	\$16.54	\$583.16
EE + Sp/Partner	\$1,144.03	\$93.20	\$36.41	\$1,273.64
EE + Child(ren)	\$988.06	\$99.27	\$31.44	\$1,118.77
Full Family	\$1,612.09	\$148.91	\$51.30	\$1,812.30

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Kaiser Medical Plan 1, Dental Premier Plan 1, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$634.87	\$65.76	\$23.99	\$724.62
EE + Sp/Partner	\$1,396.71	\$130.29	\$52.73	\$1,579.73
EE + Child(ren)	\$1,206.25	\$144.89	\$45.50	\$1,396.64
Full Family	\$1,968.10	\$214.56	\$74.28	\$2,256.94

Kaiser Medical Plan 1, Dental Premier Plan 6, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$634.87	\$43.43	\$23.99	\$702.29
EE + Sp/Partner	\$1,396.71	\$85.96	\$52.73	\$1,535.40
EE + Child(ren)	\$1,206.25	\$87.26	\$45.50	\$1,339.01
Full Family	\$1,968.10	\$133.30	\$74.28	\$2,175.68

Kaiser Medical Plan 1, Willamette Dental, Opal Vision				
	Medical	Dental	Vision	Total
EE Only	\$634.87	\$46.60	\$23.99	\$705.46
EE + Sp/Partner	\$1,396.71	\$93.20	\$52.73	\$1,542.64
EE + Child(ren)	\$1,206.25	\$99.27	\$45.50	\$1,351.02
Full Family	\$1,968.10	\$148.91	\$74.28	\$2,191.29

Kaiser Medical Plan 1, Dental Premier Plan 1, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$634.87	\$65.76	\$16.54	\$717.17
EE + Sp/Partner	\$1,396.71	\$130.29	\$36.41	\$1,563.41
EE + Child(ren)	\$1,206.25	\$144.89	\$31.44	\$1,382.58
Full Family	\$1,968.10	\$214.56	\$51.30	\$2,233.96

Kaiser Medical Plan 1, Dental Premier Plan 6, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$634.87	\$43.43	\$16.54	\$694.84
EE + Sp/Partner	\$1,396.71	\$85.96	\$36.41	\$1,519.08
EE + Child(ren)	\$1,206.25	\$87.26	\$31.44	\$1,324.95
Full Family	\$1,968.10	\$133.30	\$51.30	\$2,152.70

Kaiser Medical Plan 1, Willamette Dental, VSP Choice Plus Vision				
	Medical	Dental	Vision	Total
EE Only	\$634.87	\$46.60	\$16.54	\$698.01
EE + Sp/Partner	\$1,396.71	\$93.20	\$36.41	\$1,526.32
EE + Child(ren)	\$1,206.25	\$99.27	\$31.44	\$1,336.96
Full Family	\$1,968.10	\$148.91	\$51.30	\$2,168.31