

RETIREE - INSURANCE RATES 2019-2020

District Contribution:	Licensed Retiree: \$986/month	Classified Retiree: \$860/month	Confidential/Unrep Retiree: \$835/month
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Medical & Pharmacy – Monthly Premium Rates								
	Retiree Only		Retiree & Spouse or Domestic Partner		Retiree & Child(ren)		Retiree & Family	
	Regular	Select*	Regular	Select*	Regular	Select*	Regular	Select*
Moda Plan 1	\$678.31	\$678.31	\$1,492.27	\$1,492.27	\$1,288.81	\$1,288.81	\$2,102.80	\$2,102.80
Moda Plan 2	\$631.05	\$631.05	\$1,388.30	\$1,388.30	\$1,199.01	\$1,199.01	\$1,956.28	\$1,956.28
Moda Plan 3	\$593.23	\$587.82	\$1,305.10	\$1,293.22	\$1,127.17	\$1,116.88	\$1,839.05	\$1,822.31
Moda Plan 4	\$562.96	\$548.61	\$1,238.52	\$1,206.94	\$1,069.66	\$1,042.38	\$1,745.23	\$1,700.73
Moda Plan 5	\$520.55	\$520.55	\$1,145.21	\$1,145.21	\$989.06	\$989.06	\$1,613.73	\$1,613.73
Moda Plan 6 (HSA)	\$533.09	\$499.12	\$1,172.79	\$1,098.04	\$1,012.89	\$948.33	\$1,652.61	\$1,547.27
Moda Plan 7 (HSA)	\$497.53	\$482.91	\$1,094.57	\$1,062.39	\$945.33	\$917.53	\$1,542.38	\$1,497.03
Kaiser Plan 1	\$659.42		\$1,450.73		\$1,252.90		\$2,044.20	
Kaiser Plan 2	\$544.97		\$1,199.71		\$1,035.40		\$1,690.23	
Kaiser Plan 3 (HSA)	\$397.93		\$875.96		\$755.75		\$1,233.82	

* Select Rates will only apply to those members that were enrolled in the Synergy network plans during the 2018/2019 plan year. The Moda Synergy network will be discontinued for the 2019/2020 plan year.

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Dental Plans – Monthly Premium Rates				
	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
Delta Dental Premier Plan 1	\$66.48	\$131.70	\$146.45	\$216.88
Delta Dental Premier Plan 5	\$58.67	\$116.22	\$129.25	\$191.41
Delta Dental Premier Plan 6†	\$43.89	\$86.90	\$88.20	\$134.74
Exclusive PPO – Delta Dental PPO**	\$39.22	\$77.70	\$86.40	\$127.96
Kaiser Dental Plan	\$73.07	\$160.77	\$138.84	\$226.53
Willamette Dental Plan	\$47.39	\$93.88	\$99.90	\$150.09

†No orthodontia benefit for Plan 6

** Delta Dental PPO network is different than the Delta Dental Premier network. This plan has no out-of-network benefit. Services performed by providers outside of the Delta Dental PPO network are not covered, unless an emergency. Confirm your provider is in the Exclusive PPO network before selecting Exclusive PPO plan.

Vision Plans – Monthly Premium Rates				
	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
Moda Opal	\$24.26	\$53.33	\$46.03	\$75.14
Moda Pearl	\$19.79	\$43.61	\$37.65	\$61.43
Moda Quartz	\$13.98	\$30.79	\$26.57	\$43.35
Kaiser Vision	\$8.34	\$18.34	\$15.83	\$25.83
VSP Choice Plus Plan	\$18.80	\$41.37	\$35.73	\$58.29
VSP Choice Plan	\$9.15	\$20.12	\$17.37	\$28.34