

2017-18 Benefit Plan Rates for RETIREES - Contributions are Composite Rates

COCC GROUP HEALTH PLAN OPTIONS

Medical Plan Options

Alder \$400 annual deductible; \$10-20 copay/20% coinsurance (in-network)

Birch \$800 annual deductible; \$15-30 copay/20% coinsurance (in-network)

Cedar \$1200 annual deductible; \$15-30 copay/20% coinsurance (in-network)

Evergreen / HSA PI: \$1600/Individual or \$3200/Family annual deductible; No copays all visits are 20% co-ins. in-network

Dental Plan Options

Delta Plan 1 \$50 deductible; Incentive plan 0-30% co-insurance; \$2,200 plan year maximum; Ortho \$1800max + 20% visits

Delta Plan 6 \$50 deductible; Non-incentive plan 20% coinsurance; \$1,200 plan year maximum; No Orthodontic Coverage

Willamette Dental No annual deductible; \$20 copay; Orthodontics \$1500 copay + \$20 per visit

Vision Plan Options

Opal Plan No annual deductible; \$600 plan benefit; no copays

Incentives for reduction to annual deductible - this is available during Open Enrollment Only

1. *Healthy Futures Program* - Employee ***ONLY*** completes a Health Assessment by Oct 15 to receive reduction toward deductible

Please see COCC Health Benefits Webpage for MyOEBC Member Module to enroll, plan handbooks, and other benefits information

Alder (\$400 annual deductible) \$0-30 copay/20% coinsurance (in-network)

Synergy	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	Synergy	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
Alder	638.97	1,405.74	1,214.07	1,980.86	Alder	638.97	1,405.74	1,214.07	1,980.86
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
Opal Plan	22.39	49.23	42.50	69.37	Opal Plan	22.39	49.23	42.50	69.37
Monthly Premium	725.45	1,581.92	1,397.75	2,259.30	Monthly Premium	703.67	1,538.74	1,341.60	2,180.12
Alder	638.97	1,405.74	1,214.07	1,980.86					
Willamette Dental	42.75	84.65	90.07	135.36					
Opal Plan	22.39	49.23	42.50	69.37					
Monthly Premium	704.11	1,539.62	1,346.64	2,185.59					
Alder	638.97	1,405.74	1,214.07	1,980.86	Alder	638.97	1,405.74	1,214.07	1,980.86
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
No Vision Plan					No Vision Plan				
Monthly Premium	703.06	1,532.69	1,355.25	2,189.93	Monthly Premium	681.28	1,489.51	1,299.10	2,110.75
Alder	638.97	1,405.74	1,214.07	1,980.86					
Willamette Dental	42.75	84.65	90.07	135.36					
No Vision Plan									
Monthly Premium	\$681.72	\$1,490.39	\$1,304.14	\$2,116.22					
Alder	638.97	1,405.74	1,214.07	1,980.86					
No Dental Plan									
Opal Plan	22.39	49.23	42.50	69.37					
Monthly Premium	\$661.36	\$1,454.97	\$1,256.57	\$2,050.23					

Birch Medical Plan (\$800 annual deductible) \$0-30 copay/20% coinsurance (in-network)

PPO Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	PPO Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
Birch	628.29	1,382.22	1,193.75	1,947.71	Birch	628.29	1,382.22	1,193.75	1,947.71
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
Opal Plan	22.39	49.23	42.50	69.37	Opal Plan	22.39	49.23	42.50	69.37
Monthly Premium	714.77	1,558.40	1,377.43	2,226.15	Monthly Premium	692.99	1,515.22	1,321.28	2,146.97
Birch	628.29	1,382.22	1,193.75	1,947.71					
Willamette Dental	42.75	84.65	90.07	135.36					
Opal Plan	22.39	49.23	42.50	69.37					
Monthly Premium	693.43	1,516.10	1,326.32	2,152.44					
Birch	628.29	1,382.22	1,193.75	1,947.71	Birch	628.29	1,382.22	1,193.75	1,947.71
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
No Vision Plan					No Vision Plan				
Monthly Premium	692.38	1,509.17	1,334.93	2,156.78	Monthly Premium	670.60	1,465.99	1,278.78	2,077.60
Birch	628.29	1,382.22	1,193.75	1,947.71					
Willamette Dental	42.75	84.65	90.07	135.36					
No Vision Plan									
Monthly Premium	671.04	1,466.87	1,283.82	2,083.07					
Birch	628.29	1,382.22	1,193.75	1,947.71					
No Dental Plan									
Opal Plan	22.39	49.23	42.50	69.37					
Monthly Premium	650.68	1,431.45	1,236.25	2,017.08					

Cedar Medical Plan (\$1200 annual deductible) \$0-30 copay/20% coinsurance (in-network)

PPO Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	PPO Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
Cedar	580.73	1,277.60	1,103.40	1,800.31	Cedar	580.73	1,277.60	1,103.40	1,800.31
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
Opal Plan	22.39	49.23	42.50	69.37	Opal Plan	22.39	49.23	42.50	69.37
Monthly Premium	667.21	1,453.78	1,287.08	2,078.75	Monthly Premium	645.43	1,410.60	1,230.93	1,999.57
Cedar	580.73	1,277.60	1,103.40	1,800.31					
Willamette Dental	42.75	84.65	90.07	135.36					
Opal Plan	22.39	49.23	42.50	69.37					
Monthly Premium	645.87	1,411.48	1,235.97	2,005.04					
Cedar	580.73	1,277.60	1,103.40	1,800.31	Cedar	580.73	1,277.60	1,103.40	1,800.31
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
No Vision Plan					No Vision Plan				
Monthly Premium	644.82	1,404.55	1,244.58	2,009.38	Monthly Premium	623.04	1,361.37	1,188.43	1,930.20
Cedar	580.73	1,277.60	1,103.40	1,800.31					
Willamette Dental	42.75	84.65	90.07	135.36					
No Vision Plan									
Monthly Premium	623.48	1,362.25	1,193.47	1,935.67					
Cedar	580.73	1,277.60	1,103.40	1,800.31					
No Dental Plan									
Opal Plan	22.39	49.23	42.50	69.37					
Monthly Premium	580.73	1,277.60	1,103.40	1,800.31					

Evergreen / HSA Plan (\$1600/\$3200 annual deductible) No CoPays; 20% coinsurance (in-network)

PPO Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	PPO Network	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
Evergreen / HSA*	466.03	1,025.26	885.47	1,444.70	Evergreen / HSA*	466.03	1,025.26	885.47	1,444.70
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
Opal Plan	22.39	49.23	42.50	69.37	Opal Plan	22.39	49.23	42.50	69.37
Monthly Premium	552.51	1,201.44	1,069.15	1,723.14	Monthly Premium	530.73	1,158.26	1,013.00	1,643.96
Evergreen / HSA*	466.03	1,025.26	885.47	1,444.70					
Willamette Dental	42.75	84.65	90.07	135.36					
Opal Plan	22.39	49.23	42.50	69.37					
Monthly Premium	531.17	1,159.14	1,018.04	1,649.43					
Evergreen / HSA*	466.03	1,025.26	885.47	1,444.70	Evergreen / HSA*	466.03	1,025.26	885.47	1,444.70
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
No Vision Plan					No Vision Plan				
Monthly Premium	530.12	1,152.21	1,026.65	1,653.77	Monthly Premium	508.34	1,109.03	970.50	1,574.59
Evergreen / HSA*	466.03	1,025.26	885.47	1,444.70					
Willamette Dental	42.75	84.65	90.07	135.36					
No Vision Plan									
Monthly Premium	508.78	1,109.91	975.54	1,580.06					
Evergreen / HSA*	466.03	1,025.26	885.47	1,444.70					
No Dental Plan									
Opal Plan	22.39	49.23	42.50	69.37					
Monthly Premium	488.42	1,074.49	927.97	1,514.07					

Evergreen / HSA Plan (\$1600/\$3200 annual deductible) No CoPays; 20% coinsurance (in-network)

SYNERGY	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY	SYNERGY	EE ONLY	EE + SPOUSE	EE+ CHILD(REN)	FAMILY
Evergreen / HSA*	419.93	922.74	796.92	1,300.24	Evergreen / HSA*	419.43	922.74	796.92	1,300.24
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
Opal Plan	22.39	49.23	42.50	69.37	Opal Plan	22.39	49.23	42.50	69.37
Monthly Premium	506.41	1,098.92	980.60	1,578.68	Monthly Premium	484.13	1,055.74	924.45	1,499.50
Evergreen / HSA*	419.43	922.74	796.92	1,300.24					
Willamette Dental	41.93	83.03	88.35	132.77					
Opal Plan	22.39	49.23	42.50	69.37					
Monthly Premium	483.75	1,055.00	927.77	1,502.38					
Evergreen / HSA*	419.43	922.74	796.92	1,300.24	Evergreen / HSA*	419.43	922.74	796.92	1,300.24
Delta Plan 1	64.09	126.95	141.18	209.07	Delta Plan 6	42.31	83.77	85.03	129.89
No Vision Plan					No Vision Plan				
Monthly Premium	483.52	1,049.69	938.10	1,509.31	Monthly Premium	461.74	1,006.51	881.95	1,430.13
Evergreen / HSA*	419.43	922.74	796.92	1,300.24					
Willamette Dental	41.93	83.03	88.35	132.77					
No Vision Plan									
Monthly Premium	461.36	1,005.77	885.27	1,433.01					
Evergreen / HSA*	419.43	922.74	796.92	1,300.24					
No Dental Plan									
Opal Plan	22.39	49.23	42.50	69.37					
Monthly Premium	441.82	971.97	839.42	1,369.61					

STAND ALONE PLAN RATES - Monthly Premium Costs

PLAN OPTIONS	EE ONLY	EE + SPOUSE	EE + CHILD(REN)	FAMILY
Alder Medical-Synergy	\$638.97	\$1,371.60	\$1,184.59	\$1,932.74
EE Cost:	\$638.97	\$1,371.60	\$1,184.59	\$1,932.74
Birch Medical-PPO	\$628.29	\$1,382.22	\$1,193.75	\$1,947.71
EE Cost:	\$628.29	\$1,382.22	\$1,193.75	\$1,947.71
Cedera Medical-PPO	\$580.73	\$1,277.60	\$1,103.40	\$1,800.31
EE Cost:	\$580.73	\$1,277.60	\$1,103.40	\$1,800.31
Evergreen Medical - PPO	\$466.03	\$1,025.26	\$885.47	\$1,444.70
EE Cost:	\$466.03	\$1,025.26	\$885.47	\$1,444.70
Evergreen Medical - Synergy	\$419.43	\$922.74	\$796.92	\$1,300.24
EE Cost:	\$419.43	\$922.74	\$796.92	\$1,300.24
Delta Plan 1	\$64.09	\$126.95	\$141.18	\$209.07
EE Cost:	\$64.09	\$125.71	\$139.80	\$207.02
Delta Plan 6 (No Ortho)	\$42.31	\$83.77	\$85.03	\$129.89
EE Cost:	\$42.31	\$83.77	\$85.03	\$129.89
Willamette Dental	\$41.93	\$83.03	\$88.35	\$132.77
EE Cost:	\$41.93	\$83.03	\$88.35	\$132.77
Opal Plan	\$22.39	\$49.23	\$42.50	\$69.37
EE Cost:	\$22.39	\$49.23	\$42.50	\$69.37

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