

## 2021-22 Benefit Plan Rates for RETIREES - Contributions are Tiered Rate

### COCC GROUP HEALTH PLAN OPTIONS

#### Medical Plan Options

<b>Medical Plan 1</b>	\$400 annual deductible; \$20 Co-pay / 20% Co-insurance (Coordinated Care) \$500 annual deductible; \$20 Co-pay / 20% Co-insurance (NON-Coordinated Care)
<b>Medical Plan 2</b>	\$800 annual deductible; \$20 Co-pay / 20% Co-insurance (Coordinated Care) \$900 annual deductible; \$20 Co-pay / 20% Co-insurance (NON-Coordinated Care)
<b>Medical Plan 4</b>	\$1,600 Individual / \$5,100 Family annual deductible; \$25 Co-pay / 25% Co-insurance (Coordinated Care) \$1,700 Individual / \$5,100 Family annual deductible; \$25 Co-pay / 25% Co-insurance (NON-Coordinated Care)
<b>Med Plan 6 HSA</b>	\$1,600 Individual / \$3,400 Family annual deductible; 15% Co-insurance (Coordinated Care) \$1,700 Individual / \$3,400 Family annual deductible; 20% Co-insurance (NON-Coordinated Care)

#### Dental Plan Options

<b>Delta Plan 1</b>	\$50 deductible; 0-30% Co-insurance; \$2,200 plan year maximum; Ortho \$1800max + 20% visits
<b>Delta Plan 6</b>	\$50 deductible; 0 - 20% Co-insurance; \$1,200 plan year maximum; No Orthodontic Coverage
<b>Willamette Dental</b>	No annual deductible; \$20 Co-pay Office Visit; Orthodontics \$2500 Co-pay + Consult Fee and Office Visits

#### Vision Plan Options

<b>Opal Plan</b>	No annual deductible; \$600 plan year maximum; Lens 12mo frequency; Frame 24mo frequency
<b>NEW VSP Choice Plus</b>	No annual deductible; Co-Payments for services; Benefits vary by location

#### Coordinated Care and Handbook Information

**A Primary Care Provider (PCP360) must be selected for member to receive enhanced coordinated care benefits, otherwise they will be charged non-coordinated care service fees shown under that plan if using a provider in the Connexus network.**

*Please visit the COCC Public Web \ Employee Login \ List of Benefits webpage for [MyOEBB Member Module link](#) plan handbooks, plan summaries and rates.*

**Monthly premiums are payable to COCC and due on the first of the month.**

**Mail checks Attn: Payroll Department Newberry Hall, 2600 NW College Way, Bend OR 97703**

**Medical Plan 1 (\$400 deductible; \$20 co-pay / 20% co-insurance (coordinated care))**

PLAN TYPE	RETIREE ONLY	RETIREE + SPOUSE	RETIREE + CHILD(REN)	FAMILY	PLAN TYPE	RETIREE ONLY	RETIREE + SPOUSE	RETIREE + CHILD(REN)	FAMILY
Medical Plan 1	\$708.97	\$1,559.72	\$1,347.06	\$2,197.84	Medical Plan 1	\$708.97	\$1,559.72	\$1,347.06	\$2,197.84
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56	Delta Plan 6	\$43.43	\$85.96	\$87.26	\$133.30
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28	Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28
<b>Monthly Cost</b>	<b>\$798.72</b>	<b>\$1,742.74</b>	<b>\$1,537.45</b>	<b>\$2,486.68</b>	<b>Monthly Cost</b>	<b>\$776.39</b>	<b>\$1,698.41</b>	<b>\$1,479.82</b>	<b>\$2,405.42</b>
Medical Plan 1	\$708.97	\$1,559.72	\$1,347.06	\$2,197.84	Medical Plan 1	\$708.97	\$1,559.72	\$1,347.06	\$2,197.84
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56	Delta Plan 6	\$43.43	\$85.96	\$87.26	\$133.30
<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30	<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30
<b>Monthly Cost</b>	<b>\$791.27</b>	<b>\$1,726.42</b>	<b>\$1,523.39</b>	<b>\$2,463.70</b>	<b>Monthly Cost</b>	<b>\$768.94</b>	<b>\$1,682.09</b>	<b>\$1,465.76</b>	<b>\$2,382.44</b>
Medical Plan 1	\$708.97	\$1,559.72	\$1,347.06	\$2,197.84	Medical Plan 1	\$708.97	\$1,559.72	\$1,347.06	\$2,197.84
Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91	Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28	<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30
<b>Monthly Cost</b>	<b>\$779.56</b>	<b>\$1,705.65</b>	<b>\$1,491.83</b>	<b>\$2,421.03</b>	<b>Monthly Cost</b>	<b>\$772.11</b>	<b>\$1,689.33</b>	<b>\$1,477.77</b>	<b>\$2,398.05</b>
Medical Plan 1	\$708.97	\$1,559.72	\$1,347.06	\$2,197.84	Medical Plan 1	\$708.97	\$1,559.72	\$1,347.06	\$2,197.84
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56	Delta Plan 6	\$43.43	\$85.96	\$87.26	\$133.30
No Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00	No Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00
<b>Monthly Cost</b>	<b>\$774.73</b>	<b>\$1,690.01</b>	<b>\$1,491.95</b>	<b>\$2,412.40</b>	<b>Monthly Cost</b>	<b>\$752.40</b>	<b>\$1,645.68</b>	<b>\$1,434.32</b>	<b>\$2,331.14</b>
Medical Plan 1	\$708.97	\$1,559.72	\$1,347.06	\$2,197.84					
Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91					
No Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00					
<b>Monthly Cost</b>	<b>\$755.57</b>	<b>\$1,652.92</b>	<b>\$1,446.33</b>	<b>\$2,346.75</b>					
Medical Plan 1	\$708.97	\$1,559.72	\$1,347.06	\$2,197.84	Medical Plan 1	\$708.97	\$1,559.72	\$1,347.06	\$2,197.84
No Dental Plan	\$0.00	\$0.00	\$0.00	\$0.00	No Dental Plan	\$0.00	\$0.00	\$0.00	\$0.00
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28	<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30
<b>Monthly Cost</b>	<b>\$732.96</b>	<b>\$1,612.45</b>	<b>\$1,392.56</b>	<b>\$2,272.12</b>	<b>Monthly Cost</b>	<b>\$725.51</b>	<b>\$1,596.13</b>	<b>\$1,378.50</b>	<b>\$2,249.14</b>

**Medical Plan 2 (\$800 deductible; \$20 co-pay / 20% co-insurance (coordinated care))**

PLAN TYPE	RETIREE ONLY	RETIREE + SPOUSE	RETIREE + CHILD(REN)	FAMILY	PLAN TYPE	RETIREE ONLY	RETIREE + SPOUSE	RETIREE + CHILD(REN)	FAMILY
Medical Plan 2	\$659.56	\$1,451.04	\$1,253.20	\$2,044.69	Medical Plan 2	\$659.56	\$1,451.04	\$1,253.20	\$2,044.69
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56	Delta Plan 6	\$43.43	\$85.96	\$87.26	\$133.30
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28	Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28
<b>Monthly Cost</b>	<b>\$749.31</b>	<b>\$1,634.06</b>	<b>\$1,443.59</b>	<b>\$2,333.53</b>	<b>Monthly Cost</b>	<b>\$726.98</b>	<b>\$1,589.73</b>	<b>\$1,385.96</b>	<b>\$2,252.27</b>
Medical Plan 2	\$659.56	\$1,451.04	\$1,253.20	\$2,044.69	Medical Plan 2	\$659.56	\$1,451.04	\$1,253.20	\$2,044.69
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56	Delta Plan 6	\$43.43	\$85.96	\$87.26	\$133.30
<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30	<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30
<b>Monthly Cost</b>	<b>\$741.86</b>	<b>\$1,617.74</b>	<b>\$1,429.53</b>	<b>\$2,310.55</b>	<b>Monthly Cost</b>	<b>\$719.53</b>	<b>\$1,573.41</b>	<b>\$1,371.90</b>	<b>\$2,229.29</b>
Medical Plan 2	\$659.56	\$1,451.04	\$1,253.20	\$2,044.69	Medical Plan 2	\$659.56	\$1,451.04	\$1,253.20	\$2,044.69
Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91	Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28	<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30
<b>Monthly Cost</b>	<b>\$730.15</b>	<b>\$1,596.97</b>	<b>\$1,397.97</b>	<b>\$2,267.88</b>	<b>Monthly Cost</b>	<b>\$722.70</b>	<b>\$1,580.65</b>	<b>\$1,383.91</b>	<b>\$2,244.90</b>
Medical Plan 2	\$659.56	\$1,451.04	\$1,253.20	\$2,044.69	Medical Plan 2	\$659.56	\$1,451.04	\$1,253.20	\$2,044.69
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56	Delta Plan 6	\$43.43	\$85.96	\$87.26	\$133.30
No Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00	No Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00
<b>Monthly Cost</b>	<b>\$725.32</b>	<b>\$1,581.33</b>	<b>\$1,398.09</b>	<b>\$2,259.25</b>	<b>Monthly Cost</b>	<b>\$702.99</b>	<b>\$1,537.00</b>	<b>\$1,340.46</b>	<b>\$2,177.99</b>
Medical Plan 2	\$659.56	\$1,451.04	\$1,253.20	\$2,044.69					
Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91					
No Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00					
<b>Monthly Cost</b>	<b>\$706.16</b>	<b>\$1,544.24</b>	<b>\$1,352.47</b>	<b>\$2,193.60</b>					
Medical Plan 2	\$659.56	\$1,451.04	\$1,253.20	\$2,044.69	Medical Plan 2	\$659.56	\$1,451.04	\$1,253.20	\$2,044.69
No Dental Plan	\$0.00	\$0.00	\$0.00	\$0.00	No Dental Plan	\$0.00	\$0.00	\$0.00	\$0.00
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28	<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30
<b>Monthly Cost</b>	<b>\$683.55</b>	<b>\$1,503.77</b>	<b>\$1,298.70</b>	<b>\$2,118.97</b>	<b>Monthly Cost</b>	<b>\$676.10</b>	<b>\$1,487.45</b>	<b>\$1,284.64</b>	<b>\$2,095.99</b>

**Medical Plan 4 (\$1600 Single or \$5,100 Family deductible; \$25 co-pay / 20% co-insurance (coordinated care))**

PLAN TYPE	RETIREE ONLY	RETIREE + SPOUSE	RETIREE + CHILD(REN)	FAMILY	PLAN TYPE	RETIREE ONLY	RETIREE + SPOUSE	RETIREE + CHILD(REN)	FAMILY
Medical Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11	Medical Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56	Delta Plan 6	\$43.43	\$85.96	\$87.26	\$133.30
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28	Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28
<b>Monthly Cost</b>	<b>\$678.16</b>	<b>\$1,477.52</b>	<b>\$1,308.39</b>	<b>\$2,112.95</b>	<b>Monthly Cost</b>	<b>\$655.83</b>	<b>\$1,433.19</b>	<b>\$1,250.76</b>	<b>\$2,031.69</b>
Medical Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11	Medical Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56	Delta Plan 6	\$43.43	\$85.96	\$87.26	\$133.30
<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30	<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30
<b>Monthly Cost</b>	<b>\$670.71</b>	<b>\$1,461.20</b>	<b>\$1,294.33</b>	<b>\$2,089.97</b>	<b>Monthly Cost</b>	<b>\$648.38</b>	<b>\$1,416.87</b>	<b>\$1,236.70</b>	<b>\$2,008.71</b>
Medical Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11	Medical Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11
Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91	Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28	<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30
<b>Monthly Cost</b>	<b>\$659.00</b>	<b>\$1,440.43</b>	<b>\$1,262.77</b>	<b>\$2,047.30</b>	<b>Monthly Cost</b>	<b>\$651.55</b>	<b>\$1,424.11</b>	<b>\$1,248.71</b>	<b>\$2,024.32</b>
Medical Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11	Medical Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56	Delta Plan 6	\$43.43	\$85.96	\$87.26	\$133.30
No Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00	No Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00
<b>Monthly Cost</b>	<b>\$654.17</b>	<b>\$1,424.79</b>	<b>\$1,262.89</b>	<b>\$2,038.67</b>	<b>Monthly Cost</b>	<b>\$631.84</b>	<b>\$1,380.46</b>	<b>\$1,205.26</b>	<b>\$1,957.41</b>
Medical Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11					
Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91					
No Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00					
<b>Monthly Cost</b>	<b>\$635.01</b>	<b>\$1,387.70</b>	<b>\$1,217.27</b>	<b>\$1,973.02</b>					
Medical Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11	Medical Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11
No Dental Plan	\$0.00	\$0.00	\$0.00	\$0.00	No Dental Plan	\$0.00	\$0.00	\$0.00	\$0.00
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28	<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30
<b>Monthly Cost</b>	<b>\$612.40</b>	<b>\$1,347.23</b>	<b>\$1,163.50</b>	<b>\$1,898.39</b>	<b>Monthly Cost</b>	<b>\$604.95</b>	<b>\$1,330.91</b>	<b>\$1,149.44</b>	<b>\$1,875.41</b>

**Medical Plan 6 HSA Compatible (\$1600 Ind / \$3400 Fam deductible; 15% coinsurance (coordinated care))**

PLAN TYPE	RETIREE ONLY	RETIREE + SPOUSE	RETIREE + CHILD(REN)	RETIREE + FAMILY	PLAN TYPE	RETIREE ONLY	RETIREE + SPOUSE	RETIREE + CHILD(REN)	RETIREE + FAMILY
Medical Plan 6	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30	Medical Plan 6	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56	Delta Plan 6	\$43.43	\$85.96	\$87.26	\$133.30
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28	Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28
<b>Monthly Cost</b>	<b>\$646.93</b>	<b>\$1,408.82</b>	<b>\$1,249.06</b>	<b>\$2,016.14</b>	<b>Monthly Cost</b>	<b>\$624.60</b>	<b>\$1,364.49</b>	<b>\$1,191.43</b>	<b>\$1,934.88</b>
Medical Plan 6	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30	Medical Plan 6	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56	Delta Plan 6	\$43.43	\$85.96	\$87.26	\$133.30
<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30	<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30
<b>Monthly Cost</b>	<b>\$639.48</b>	<b>\$1,392.50</b>	<b>\$1,235.00</b>	<b>\$1,993.16</b>	<b>Monthly Cost</b>	<b>\$617.15</b>	<b>\$1,348.17</b>	<b>\$1,177.37</b>	<b>\$1,911.90</b>
Medical Plan 6	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30	Medical Plan 6	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30
Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91	Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28	<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30
<b>Monthly Cost</b>	<b>\$627.77</b>	<b>\$1,371.73</b>	<b>\$1,203.44</b>	<b>\$1,950.49</b>	<b>Monthly Cost</b>	<b>\$620.32</b>	<b>\$1,355.41</b>	<b>\$1,189.38</b>	<b>\$1,927.51</b>
Medical Plan 6	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30	Medical Plan 6	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56	Delta Plan 6	\$43.43	\$85.96	\$87.26	\$133.30
No Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00	No Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00
<b>Monthly Cost</b>	<b>\$622.94</b>	<b>\$1,356.09</b>	<b>\$1,203.56</b>	<b>\$1,941.86</b>	<b>Monthly Cost</b>	<b>\$600.61</b>	<b>\$1,311.76</b>	<b>\$1,145.93</b>	<b>\$1,860.60</b>
Medical Plan 6	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30					
Willamette Dental	\$46.60	\$93.20	\$99.27	\$148.91					
No Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00					
<b>Monthly Cost</b>	<b>\$603.78</b>	<b>\$1,319.00</b>	<b>\$1,157.94</b>	<b>\$1,876.21</b>					
Medical Plan 6	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30	Medical Plan 6	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30
No Dental Plan	\$0.00	\$0.00	\$0.00	\$0.00	No Dental Plan	\$0.00	\$0.00	\$0.00	\$0.00
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28	<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30
<b>Monthly Cost</b>	<b>\$581.17</b>	<b>\$1,278.53</b>	<b>\$1,104.17</b>	<b>\$1,801.58</b>	<b>Monthly Cost</b>	<b>\$573.72</b>	<b>\$1,262.21</b>	<b>\$1,090.11</b>	<b>\$1,778.60</b>

<b>STAND ALONE PLAN RATES - Monthly Premium Costs</b>				
<b>MEDICAL PLANS</b>	<b>RETIREE ONLY</b>	<b>RETIREE + SPOUSE</b>	<b>RETIREE + CHILD(REN)</b>	<b>FAMILY</b>
Medical Plan 1	\$708.97	\$1,559.72	\$1,347.06	\$2,197.84
Medical Plan 2	\$659.56	\$1,451.04	\$1,253.20	\$2,044.69
Medical Plan 4	\$588.41	\$1,294.50	\$1,118.00	\$1,824.11
Medical Plan 6 <b>HSA</b>	\$557.18	\$1,225.80	\$1,058.67	\$1,727.30
<b>DENTAL PLANS</b>	<b>RETIREE ONLY</b>	<b>RETIREE + SPOUSE</b>	<b>RETIREE + CHILD(REN)</b>	<b>FAMILY</b>
Delta Plan 1	\$65.76	\$130.29	\$144.89	\$214.56
Delta Plan 6 (No Ortho)	\$43.43	\$85.96	\$87.26	\$133.30
Willamette Dental Group	\$46.60	\$93.20	\$99.27	\$148.91
<b>VISION PLANS</b>	<b>RETIREE ONLY</b>	<b>RETIREE + SPOUSE</b>	<b>RETIREE + CHILD(REN)</b>	<b>FAMILY</b>
Opal Plan	\$23.99	\$52.73	\$45.50	\$74.28
<b>NEW</b> VSP Choice Plus	\$16.54	\$36.41	\$31.44	\$51.30