2022-23 Benefit Plan Rates for RETIREES - Contributions are Tiered Rate

COCC GROUP HEALTH PLAN OPTIONS

Medical Plan Options

Medical Plan 1	$400 annual deductible; $20 Co-pay / 20% Co-insurance (Coordinated Care) $500 annual deductible; $20 Co-pay / 20% Co-insurance (NON-Coordinated Care)
Medical Plan 2	$800 annual deductible; $20 Co-pay / 20% Co-insurance (Coordinated Care) $900 annual deductible; $20 Co-pay / 20% Co-insurance (NON-Coordinated Care)
Medical Plan 4	$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)
Med Plan 6 HSA	$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

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

Vision Plan Options

Opal Plan	No annual deductible; $600 plan year maximum; Lens 12mo frequency; Frame 24mo frequency
VSP Choice Plus	No annual deductible; No plan year max; Lens 12 mo frequency, Frame 12 mo frequency

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	$740.30	$1,628.65	$1,406.60	$2,294.98	Medical Plan 1	$740.30	$1,628.65	$1,406.60	$2,294.98
Delta Plan 1	$64.79	$128.37	$142.74	$211.39	Delta Plan 6	$43.70	$86.50	$87.81	$134.14
Opal Plan	$22.64	$49.78	$42.95	$70.12	Opal Plan	$22.64	$49.78	$42.95	$70.12
Monthly Cost	**$827.73**	**$1,806.80**	**$1,592.29**	**$2,576.49**	**Monthly Cost**	**$806.64**	**$1,764.93**	**$1,537.36**	**$2,499.24**
Medical Plan 1	$740.30	$1,628.65	$1,406.60	$2,294.98	Medical Plan 1	$740.30	$1,628.65	$1,406.60	$2,294.98
Delta Plan 1	$64.79	$128.37	$142.74	$211.39	Delta Plan 6	$43.70	$86.50	$87.81	$134.14
VSP Choice Plus	$16.54	$36.41	$31.44	$51.30	VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$821.63**	**$1,793.43**	**$1,580.78**	**$2,557.67**	**Monthly Cost**	**$800.54**	**$1,751.56**	**$1,525.85**	**$2,480.42**
Medical Plan 1	$740.30	$1,628.65	$1,406.60	$2,294.98	Medical Plan 1	$740.30	$1,628.65	$1,406.60	$2,294.98
Willamette Dental	$46.60	$93.20	$99.27	$148.91	Willamette Dental	$46.60	$93.20	$99.27	$148.91
Opal Plan	$22.64	$49.78	$42.95	$70.12	VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$809.54**	**$1,771.63**	**$1,548.82**	**$2,514.01**	**Monthly Cost**	**$803.44**	**$1,758.26**	**$1,537.31**	**$2,495.19**
Medical Plan 1	$740.30	$1,628.65	$1,406.60	$2,294.98	Medical Plan 1	$740.30	$1,628.65	$1,406.60	$2,294.98
Delta Plan 1	$64.79	$128.37	$142.74	$211.39	Delta Plan 6	$43.70	$86.50	$87.81	$134.14
No Vision Plan					No Vision Plan				
Monthly Cost	**$805.09**	**$1,757.02**	**$1,549.34**	**$2,506.37**	**Monthly Cost**	**$784.00**	**$1,715.15**	**$1,494.41**	**$2,429.12**
Medical Plan 1	$740.30	$1,628.65	$1,406.60	$2,294.98					
Willamette Dental	$46.60	$93.20	$99.27	$148.91					
No Vision Plan									
Monthly Cost	**$786.90**	**$1,721.85**	**$1,505.87**	**$2,443.89**					
Medical Plan 1	$740.30	$1,628.65	$1,406.60	$2,294.98	Medical Plan 1	$740.30	$1,628.65	$1,406.60	$2,294.98
No Dental Plan					No Dental Plan				
Opal Plan	$22.64	$49.78	$42.95	$70.12	VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$762.94**	**$1,678.43**	**$1,449.55**	**$2,365.10**	**Monthly Cost**	**$756.84**	**$1,665.06**	**$1,438.04**	**$2,346.28**

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

PLAN TYPE	RETIREE ONLY	RETIREE + SPOUSE	RETIREE + CHILD(REN)	FAMILY
Medical Plan 2	$686.74	$1,510.83	$1,304.84	$2,128.93
Delta Plan 1	$64.79	$128.37	$142.74	$211.39
Opal Plan	$22.64	$49.78	$42.95	$70.12
Monthly Cost	**$774.17**	**$1,688.98**	**$1,490.53**	**$2,410.44**
Medical Plan 2	$686.74	$1,510.83	$1,304.84	$2,128.93
Delta Plan 1	$64.79	$128.37	$142.74	$211.39
VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$768.07**	**$1,675.61**	**$1,479.02**	**$2,391.62**
Medical Plan 2	$686.74	$1,510.83	$1,304.84	$2,128.93
Willamette Dental	$46.60	$93.20	$99.27	$148.91
Opal Plan	$22.64	$49.78	$42.95	$70.12
Monthly Cost	**$755.98**	**$1,653.81**	**$1,447.06**	**$2,347.96**
Medical Plan 2	$686.74	$1,510.83	$1,304.84	$2,128.93
Delta Plan 1	$64.79	$128.37	$142.74	$211.39
No Vision Plan				
Monthly Cost	**$751.53**	**$1,639.20**	**$1,447.58**	**$2,340.32**
Medical Plan 2	$686.74	$1,510.83	$1,304.84	$2,128.93
Willamette Dental	$46.60	$93.20	$99.27	$148.91
No Vision Plan				
Monthly Cost	**$733.34**	**$1,604.03**	**$1,404.11**	**$2,277.84**
Medical Plan 2	$686.74	$1,510.83	$1,304.84	$2,128.93
No Dental Plan				
Opal Plan	$22.64	$49.78	$42.95	$70.12
Monthly Cost	**$709.38**	**$1,560.61**	**$1,347.79**	**$2,199.05**

PLAN TYPE	RETIREE ONLY	RETIREE + SPOUSE	RETIREE + CHILD(REN)	FAMILY
Medical Plan 2	$686.74	$1,510.83	$1,304.84	$2,128.93
Delta Plan 6	$43.70	$86.50	$87.81	$134.14
Opal Plan	$22.64	$49.78	$42.95	$70.12
Monthly Cost	**$753.08**	**$1,647.11**	**$1,435.60**	**$2,333.19**
Medical Plan 2	$686.74	$1,510.83	$1,304.84	$2,128.93
Delta Plan 6	$43.70	$86.50	$87.81	$134.14
VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$746.98**	**$1,633.74**	**$1,424.09**	**$2,314.37**
Medical Plan 2	$686.74	$1,510.83	$1,304.84	$2,128.93
Willamette Dental	$46.60	$93.20	$99.27	$148.91
VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$749.88**	**$1,640.44**	**$1,435.55**	**$2,329.14**
Medical Plan 2	$686.74	$1,510.83	$1,304.84	$2,128.93
Delta Plan 6	$43.70	$86.50	$87.81	$134.14
No Vision Plan				
Monthly Cost	**$730.44**	**$1,597.33**	**$1,392.65**	**$2,263.07**
Medical Plan 2	$686.74	$1,510.83	$1,304.84	$2,128.93
No Dental Plan				
VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$703.28**	**$1,547.24**	**$1,336.28**	**$2,180.23**

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
Medical Plan 4	$608.36	$1,338.39	$1,155.89	$1,885.94
Delta Plan 1	$64.79	$128.37	$142.74	$211.39
Opal Plan	$22.64	$49.78	$42.95	$70.12
Monthly Cost	**$695.79**	**$1,516.54**	**$1,341.58**	**$2,167.45**

PLAN TYPE	RETIREE ONLY	RETIREE + SPOUSE	RETIREE + CHILD(REN)	FAMILY
Medical Plan 4	$608.36	$1,338.39	$1,155.89	$1,885.94
Delta Plan 6	$43.70	$86.50	$87.81	$134.14
Opal Plan	$22.64	$49.78	$42.95	$70.12
Monthly Cost	**$674.70**	**$1,474.67**	**$1,286.65**	**$2,090.20**

Medical Plan 4	$608.36	$1,338.39	$1,155.89	$1,885.94
Delta Plan 1	$64.79	$128.37	$142.74	$211.39
VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$689.69**	**$1,503.17**	**$1,330.07**	**$2,148.63**

Medical Plan 4	$608.36	$1,338.39	$1,155.89	$1,885.94
Delta Plan 6	$43.70	$86.50	$87.81	$134.14
VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$668.60**	**$1,461.30**	**$1,275.14**	**$2,071.38**

Medical Plan 4	$608.36	$1,338.39	$1,155.89	$1,885.94
Willamette Dental	$46.60	$93.20	$99.27	$148.91
Opal Plan	$22.64	$49.78	$42.95	$70.12
Monthly Cost	**$677.60**	**$1,481.37**	**$1,298.11**	**$2,104.97**

Medical Plan 4	$608.36	$1,338.39	$1,155.89	$1,885.94
Willamette Dental	$46.60	$93.20	$99.27	$148.91
VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$671.50**	**$1,468.00**	**$1,286.60**	**$2,086.15**

Medical Plan 4	$608.36	$1,338.39	$1,155.89	$1,885.94
Delta Plan 1	$64.79	$128.37	$142.74	$211.39
No Vision Plan				
Monthly Cost	**$673.15**	**$1,466.76**	**$1,298.63**	**$2,097.33**

Medical Plan 4	$608.36	$1,338.39	$1,155.89	$1,885.94
Delta Plan 6	$43.70	$86.50	$87.81	$134.14
No Vision Plan				
Monthly Cost	**$652.06**	**$1,424.89**	**$1,243.70**	**$2,020.08**

Medical Plan 4	$608.36	$1,338.39	$1,155.89	$1,885.94
Willamette Dental	$46.60	$93.20	$99.27	$148.91
No Vision Plan				
Monthly Cost	**$654.96**	**$1,431.59**	**$1,255.16**	**$2,034.85**

Medical Plan 4	$608.36	$1,338.39	$1,155.89	$1,885.94
No Dental Plan				
Opal Plan	$22.64	$49.78	$42.95	$70.12
Monthly Cost	**$631.00**	**$1,388.17**	**$1,198.84**	**$1,956.06**

Medical Plan 4	$608.36	$1,338.39	$1,155.89	$1,885.94
No Dental Plan				
VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$624.90**	**$1,374.80**	**$1,187.33**	**$1,937.24**

Medical Plan 6 *HSA Compatible* ***($1600 Ind / $3400 Fam deductible; 15% coinsurance (coordinated care)***									
PLAN TYPE	**RETIREE ONLY**	**RETIREE + SPOUSE**	**RETIREE + CHILD(REN)**	**FAMILY**	**PLAN TYPE**	**RETIREE ONLY**	**RETIREE + SPOUSE**	**RETIREE + CHILD(REN)**	**FAMILY**
Medical Plan 6	$573.23	$1,261.10	$1,089.16	$1,777.05	Medical Plan 6	$573.23	$1,261.10	$1,089.16	$1,777.05
Delta Plan 1	$64.79	$128.37	$142.74	$211.39	Delta Plan 6	$43.70	$86.50	$87.81	$134.14
Opal Plan	$22.64	$49.78	$42.95	$70.12	Opal Plan	$22.64	$49.78	$42.95	$70.12
Monthly Cost	**$660.66**	**$1,439.25**	**$1,274.85**	**$2,058.56**	**Monthly Cost**	**$639.57**	**$1,397.38**	**$1,219.92**	**$1,981.31**
Medical Plan 6	$573.23	$1,261.10	$1,089.16	$1,777.05	Medical Plan 6	$573.23	$1,261.10	$1,089.16	$1,777.05
Delta Plan 1	$64.79	$128.37	$142.74	$211.39	Delta Plan 6	$43.70	$86.50	$87.81	$134.14
VSP Choice Plus	$16.54	$36.41	$31.44	$51.30	VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$654.56**	**$1,425.88**	**$1,263.34**	**$2,039.74**	**Monthly Cost**	**$633.47**	**$1,384.01**	**$1,208.41**	**$1,962.49**
Medical Plan 6	$573.23	$1,261.10	$1,089.16	$1,777.05	Medical Plan 6	$573.23	$1,261.10	$1,089.16	$1,777.05
Willamette Dental	$46.60	$93.20	$99.27	$148.91	Willamette Dental	$46.60	$93.20	$99.27	$148.91
Opal Plan	$22.64	$49.78	$42.95	$70.12	VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$642.47**	**$1,404.08**	**$1,231.38**	**$1,996.08**	**Monthly Cost**	**$636.37**	**$1,390.71**	**$1,219.87**	**$1,977.26**
Medical Plan 6	$573.23	$1,261.10	$1,089.16	$1,777.05	Medical Plan 6	$573.23	$1,261.10	$1,089.16	$1,777.05
Delta Plan 1	$64.79	$128.37	$142.74	$211.39	Delta Plan 6	$43.70	$86.50	$87.81	$134.14
No Vision Plan					No Vision Plan				
Monthly Cost	**$638.02**	**$1,389.47**	**$1,231.90**	**$1,988.44**	**Monthly Cost**	**$616.93**	**$1,347.60**	**$1,176.97**	**$1,911.19**
Medical Plan 6	$573.23	$1,261.10	$1,089.16	$1,777.05					
Willamette Dental	$46.60	$93.20	$99.27	$148.91					
No Vision Plan									
Monthly Cost	**$619.83**	**$1,354.30**	**$1,188.43**	**$1,925.96**					
Medical Plan 6	$573.23	$1,261.10	$1,089.16	$1,777.05	Medical Plan 6	$573.23	$1,261.10	$1,089.16	$1,777.05
No Dental Plan					No Dental Plan				
Opal Plan	$22.64	$49.78	$42.95	$70.12	VSP Choice Plus	$16.54	$36.41	$31.44	$51.30
Monthly Cost	**$595.87**	**$1,310.88**	**$1,132.11**	**$1,847.17**	**Monthly Cost**	**$589.77**	**$1,297.51**	**$1,120.60**	**$1,828.35**

STAND ALONE PLAN RATES - Monthly Premium Costs				
MEDICAL PLANS	**RETIREE ONLY**	**RETIREE + SPOUSE**	**RETIREE + CHILD(REN)**	**FAMILY**
Medical Plan 1	**$740.30**	**$1,628.65**	**$1,406.60**	**$2,294.98**
Medical Plan 2	**$686.74**	**$1,510.83**	**$1,304.84**	**$2,128.93**
Medical Plan 4	**$608.36**	**$1,338.39**	**$1,155.89**	**$1,885.94**
Medical Plan 6 HSA	**$573.23**	**$1,261.10**	**$1,089.16**	**$1,777.05**
DENTAL PLANS	**RETIREE ONLY**	**RETIREE + SPOUSE**	**RETIREE + CHILD(REN)**	**FAMILY**
Delta Plan 1	**$64.79**	**$128.37**	**$142.74**	**$211.39**
)elta Plan 6 (No Ortho)	**$43.70**	**$86.50**	**$87.81**	**$134.14**
llamette Dental Group	**$46.60**	**$93.20**	**$99.27**	**$148.91**
VISION PLANS	**RETIREE ONLY**	**RETIREE + SPOUSE**	**RETIREE + CHILD(REN)**	**FAMILY**
Opal Plan	**$22.64**	**$49.78**	**$42.95**	**$70.12**
VSP Choice Plus	**$16.54**	**$36.41**	**$31.44**	**$51.30**

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