

## Medical and Prescription Drug Coverage

Effective January 1, 2017

	Trust Plan 2 (Regence)	Kaiser Permanente HMO	Providence Personal Option Plan	Trust Plan 1 (Regence)
				CLOSED: Not open for new enrollment
For Early Retirees who partner (available for f		tribution for themselves a	and 50% contribution for	r spouse/domestic
Retiree only	\$0	\$0	\$0	\$0
Retiree + one	\$271	\$272	\$312	\$318
Retiree + family	\$737	\$654	\$919	\$864
		tribution for themselves o l(ren) (available for five y		spouse/domestic
Retiree only	\$0	\$0	\$0	\$0
Retiree + one	\$543	\$545	\$625	\$637
Retiree + family	\$1,009	\$927	\$1,232	\$1,183
For Early Retirees who District contribution)	receive no District o	contribution (100% retired	e-paid before or after five	ve-year period of
Retiree only	\$522	\$545	\$619	\$611
Retiree + one	\$1,066	\$1,090	\$1,245	\$1,248
Retiree + family	\$1,532	\$1,472	\$1,852	\$1,794

Important: Rates are evaluated annually and are subject to change.

## Voluntary Dental/Vision Plans

You may elect Trust Dental/Vision Plan coverage on a self-pay basis as a package; neither dental nor vision is available separately. If you are enrolled in Early Retiree Trust Dental/Vision but decide to decline coverage in the future, you cannot re-enroll in the Early Retiree Trust Dental/Vision at a later date. Early Retiree Kaiser HMO medical includes vision benefits; dental may be elected separately for Early Retirees enrolled in Kaiser HMO.

	Trust Plan 2 (Regence)	Kaiser Permanente HMO Trust Dental only (Kaiser medical includes vision)	Providence Personal Option Plan	Trust Plan 1 (Regence)
Basic Dental/Vision				
Retiree only	\$39	\$35	\$39	\$39
Retiree + one	\$73	\$65	\$73	\$73
Retiree + family	\$122	\$113	\$122	\$122
Buy-up Dental/Vision				
Retiree only	\$61	\$55	\$61	\$61
Retiree + one	\$117	\$104	\$117	\$117
Retiree + family	\$193	\$179	\$193	\$193

Important: Rates are evaluated annually and are subject to change.