

| Division 1 - Categories A, B, C, E, I, H & Junior Taxing Districts | | | |
|--|----------------|----------------|----------------------------|
| Subscriber | Regence Plan A | Regence Plan B | Kaiser Permanente #1654800 |
| | Premium | Premium | Premium |
| Participant Only | \$ 833.61 | \$ 873.74 | \$ 572.92 |
| Participant + Spouse | \$ 1,667.19 | \$ 1,747.47 | \$ 1,145.83 |
| Participant + Children | \$ 1,417.12 | \$ 1,485.36 | \$ 973.98 |
| Participant + Family | \$ 2,250.72 | \$ 2,359.09 | \$ 1,546.88 |
| Spouse Only | \$ 833.61 | \$ 873.74 | \$ 572.92 |
| Spouse + Children | \$ 1,417.12 | \$ 1,485.36 | \$ 973.98 |
| Children Only (under 26) | \$ 583.51 | \$ 611.62 | \$ 401.05 |

| VSP Vision #10008695 | |
|--------------------------|----------|
| Subscriber | Premium |
| Participant Only | \$ 5.06 |
| Participant + Spouse | \$ 10.13 |
| Participant + Children | \$ 8.62 |
| Participant + Family | \$ 13.69 |
| Spouse Only | \$ 5.06 |
| Spouse + Children | \$ 8.62 |
| Children Only (under 26) | \$ 3.56 |

| Division 2 - Category F | | |
|--------------------------|-------------------|----------------------------|
| Subscriber | Regence Select 17 | Kaiser Permanente #1654700 |
| | Premium | Premium |
| Participant Only | \$ 918.62 | \$ 572.70 |
| Participant + Spouse | \$ 1,837.28 | \$ 1,145.39 |
| Participant + Children | \$ 1,561.68 | \$ 973.60 |
| Participant + Family | \$ 2,480.32 | \$ 1,546.31 |
| Spouse Only | \$ 918.62 | \$ 572.70 |
| Spouse + Children | \$ 1,561.68 | \$ 973.60 |
| Children Only (under 26) | \$ 643.06 | \$ 400.90 |

| Delta Dental PPO #00444 | |
|--------------------------|-----------|
| Subscriber | Premium |
| Participant Only | \$ 46.57 |
| Participant + Spouse | \$ 82.26 |
| Participant + Children | \$ 103.01 |
| Participant + Family | \$ 138.70 |
| Spouse Only | \$ 46.57 |
| Spouse + Children | \$ 103.01 |
| Children Only (under 26) | \$ 56.44 |

| Division 3 - Categories D & G | | | |
|-------------------------------|------------------|---------------------|----------------------------|
| Subscriber | Regence Selct 20 | Regence Traditional | Kaiser Permanente #1655000 |
| | Premium | Premium | Premium |
| Participant Only | \$ 786.42 | \$ 858.37 | \$ 621.99 |
| Participant + Spouse | \$ 1,572.79 | \$ 1,716.72 | \$ 1,243.94 |
| Participant + Children | \$ 1,336.89 | \$ 1,459.23 | \$ 1,057.35 |
| Participant + Family | \$ 2,123.27 | \$ 2,317.59 | \$ 1,679.30 |
| Spouse Only | \$ 786.42 | \$ 858.37 | \$ 621.99 |
| Spouse + Children | \$ 1,336.89 | \$ 1,459.23 | \$ 1,057.35 |
| Children Only (under 26) | \$ 550.47 | \$ 600.86 | \$ 435.37 |

| Delta Dental DeltaCare #00114 | |
|-------------------------------|-----------|
| Subscriber | Premium |
| Participant Only | \$ 32.29 |
| Participant + Spouse | \$ 64.87 |
| Participant + Children | \$ 101.79 |
| Participant + Family | \$ 134.05 |
| Spouse Only | \$ 32.29 |
| Spouse + Children | \$ 101.79 |
| Children Only (under 26) | \$ 69.49 |

| Willamette Dental Group WA175 | |
|-------------------------------|-----------|
| Subscriber | Premium |
| Participant Only | \$ 50.75 |
| Participant + Spouse | \$ 110.36 |
| Participant + Children | \$ 110.36 |
| Participant + Family | \$ 147.29 |
| Spouse Only | \$ 50.75 |
| Spouse + Children | \$ 110.36 |
| Children Only (under 26) | \$ 59.62 |