



Benefit Rate Sheet

Oregon Educators Benefit Board Plan Options

10/01/2018 - 09/30/2019

EE Only EE+Spouse EE+Child(ren) Family

MEDICAL OPTIONS

MODA Alder Synergy/Summit (\$400 deductible)

Retiree Monthly Premium	651.36	1,432.98	1,237.60	2,019.24
Employer contribution - Full Time Employee	651.36	1,237.58	1,091.04	1,677.27
Employee deduction - Full Time Employee	0.00	195.40	146.56	341.97
Total Premium	651.36	1,432.98	1,237.60	2,019.24
Employer contribution - PT Mgmt, Classified Employee	325.68	325.68	325.68	325.68
Employee deduction - PT Mgmt, Classified Employee	325.68	1,107.30	911.92	1,693.56
Total Premium	651.36	1,432.98	1,237.60	2,019.24
COBRA Monthly Premium	664.39	1,461.64	1,262.35	2,059.62

MODA Birch Synergy/Summit (\$800 deductible)

Retiree Monthly Premium	576.41	1,268.09	1,095.16	1,786.88
Employer contribution - Full Time Employee	576.41	1,095.17	965.47	1,484.26
Employee deduction - Full Time Employee	0.00	172.92	129.69	302.62
Total Premium	576.41	1,268.09	1,095.16	1,786.88
Employer contribution - PT Mgmt, Classified Employee	288.21	288.21	288.21	288.21
Employee deduction - PT Mgmt, Classified Employee	288.20	979.88	806.95	1,498.67
Total Premium	576.41	1,268.09	1,095.16	1,786.88
COBRA Monthly Premium	587.94	1,293.45	1,117.06	1,822.62

MODA Birch PPO Plan (\$800 deductible)

Retiree Monthly Premium	640.46	1,408.99	1,216.88	1,985.44
Employer contribution - Full Time Employee	640.46	1,216.86	1,072.78	1,649.20
Employee deduction - Full Time Employee	0.00	192.13	144.10	336.24
Total Premium	640.46	1,408.99	1,216.88	1,985.44
Employer contribution - PT Mgmt, Classified Employee	320.23	320.23	320.23	320.23
Employee deduction - PT Mgmt, Classified Employee	320.23	1,088.76	896.65	1,665.21
Total Premium	640.46	1,408.99	1,216.88	1,985.44
COBRA Monthly Premium	653.27	1,437.17	1,241.22	2,025.15

MODA Cedar Synergy/Summit (\$1200 deductible)

Retiree Monthly Premium	534.14	1,175.13	1,014.90	1,655.92
Employer contribution - Full Time Employee	534.14	1,014.88	894.71	1,375.48
Employee deduction - Full Time Employee	0.00	160.25	120.19	280.44
Total Premium	534.14	1,175.13	1,014.90	1,655.92
Employer contribution - PT Mgmt, Classified Employee	267.07	267.07	267.07	267.07
Employee deduction - PT Mgmt, Classified Employee	267.07	908.06	747.83	1,388.85
Total Premium	534.14	1,175.13	1,014.90	1,655.92
COBRA Monthly Premium	544.82	1,198.63	1,035.20	1,689.04

MODA Cedar PPO Plan (\$1200 deductible)

Retiree Monthly Premium	593.50	1,305.68	1,127.65	1,839.87
Employer contribution - Full Time Employee	593.50	1,127.64	994.11	1,528.28
Employee deduction - Full Time Employee	0.00	178.04	133.54	311.59
Total Premium	593.50	1,305.68	1,127.65	1,839.87
Employer contribution - PT Mgmt, Classified Employee	296.75	296.75	296.75	296.75
Employee deduction - PT Mgmt, Classified Employee	296.75	1,008.93	830.90	1,543.12
Total Premium	593.50	1,305.68	1,127.65	1,839.87
COBRA Monthly Premium	605.37	1,331.79	1,150.20	1,876.67

MODA Dogwood Synergy/Summit (\$1600 deductible)

Without H S A

Retiree Monthly Premium	495.69	1,090.51	941.83	1,536.66
Employer contribution - Full Time Employee	495.69	941.81	830.30	1,276.42
Employee deduction - Full Time Employee	0.00	148.70	111.53	260.24
Total Premium	495.69	1,090.51	941.83	1,536.66
Employer contribution - PT Mgmt, Classified Employee	247.85	247.85	247.85	247.85
Employee deduction - PT Mgmt, Classified Employee	247.84	842.66	693.98	1,288.81
Total Premium	495.69	1,090.51	941.83	1,536.66
COBRA Monthly Premium	505.60	1,112.32	960.67	1,567.39

MODA Dogwood PPO Plan (\$1600 deductible)**Without H S A**

Retiree Monthly Premium	550.77	1,211.70	1,046.50	1,707.45
Employer contribution - Full Time Employee	550.77	1,046.47	922.57	1,418.28
Employee deduction - Full Time Employee	0.00	165.23	123.93	289.17
Total Premium	550.77	1,211.70	1,046.50	1,707.45
Employer contribution - PT Mgmt, Classified Employee	275.39	275.39	275.39	275.39
Employee deduction - PT Mgmt, Classified Employee	275.38	936.31	771.11	1,432.06
Total Premium	550.77	1,211.70	1,046.50	1,707.45
COBRA Monthly Premium	561.79	1,235.93	1,067.43	1,741.60

MODA Evergreen Synergy/Summit (\$1600 deductible)**Health Savings Account Compliant - HSA Optional**

Retiree Monthly Premium	444.62	978.14	844.77	1,378.31
Employer contribution - Full Time Employee	444.62	844.76	744.73	1,144.89
Employee deduction - Full Time Employee	0.00	133.38	100.04	233.42
Total Premium	444.62	978.14	844.77	1,378.31
Employer contribution - PT Mgmt, Classified Employee	222.31	222.31	222.31	222.31
Employee deduction - PT Mgmt, Classified Employee	222.31	755.83	622.46	1,156.00
Total Premium	444.62	978.14	844.77	1,378.31
COBRA Monthly Premium	453.51	997.70	861.67	1,405.88

MODA Evergreen PPO Plan (\$1600 deductible)**Health Savings Account Compliant - HSA Optional**

Retiree Monthly Premium	494.02	1,086.84	938.65	1,531.46
Employer contribution - Full Time Employee	494.02	938.64	827.49	1,272.10
Employee deduction - Full Time Employee	0.00	148.20	111.16	259.36
Total Premium	494.02	1,086.84	938.65	1,531.46
Employer contribution - PT Mgmt, Classified Employee	247.01	247.01	247.01	247.01
Employee deduction - PT Mgmt, Classified Employee	247.01	839.83	691.64	1,284.45
Total Premium	494.02	1,086.84	938.65	1,531.46
COBRA Monthly Premium	503.90	1,108.58	957.42	1,562.09

DENTAL OPTIONS**Delta Dental Premier Plan 1 w/Ortho (\$50 Deductible/\$2200 Plan Year Maximum Benefit)**

Benefit Levels (70/80/90/100) Start at 70% increase 10% each yr

Retiree Monthly Premium	66.09	130.91	145.58	215.59
Employer contribution - Full Time Employee	66.09	114.71	125.71	178.22
Employee deduction - Full Time Employee	0.00	16.20	19.87	37.37
Total Premium	66.09	130.91	145.58	215.59
Employer contribution - PT Mgmt, Classified Employee	33.05	33.05	33.05	33.05
Employee deduction - PT Mgmt, Classified Employee	33.04	97.86	112.53	182.54
Total Premium	66.09	130.91	145.58	215.59
COBRA Monthly Premium	67.41	133.53	148.49	219.90

Delta Dental Premier Plan 5 w/Ortho (\$50 Deductible/\$1700 Plan Year Maximum Benefit)

Benefit Levels (70/80/90/100) Start at 70% increase 10% each yr

Retiree Monthly Premium	58.32	115.53	128.48	190.26
Employer contribution - Full Time Employee	58.32	101.23	110.94	157.28
Employee deduction - Full Time Employee	0.00	14.30	17.54	32.98
Total Premium	58.32	115.53	128.48	190.26
Employer contribution - PT Mgmt, Classified Employee	29.16	29.16	29.16	29.16
Employee deduction - PT Mgmt, Classified Employee	29.16	86.37	99.32	161.10
Total Premium	58.32	115.53	128.48	190.26
COBRA Monthly Premium	59.49	117.84	131.05	194.07

Delta Dental Premier Plan 6 no Ortho (\$50 Deductible/\$1200 Plan Year Maximum Benefit)

Retiree Monthly Premium	43.63	86.38	87.68	133.94
Employer contribution - Full Time Employee	43.63	75.69	76.67	111.36
Employee deduction - Full Time Employee	0.00	10.69	11.01	22.58
Total Premium	43.63	86.38	87.68	133.94
Employer contribution - PT Mgmt, Classified Employee	21.82	21.82	21.82	21.82
Employee deduction - PT Mgmt, Classified Employee	21.81	64.56	65.86	112.12
Total Premium	43.63	86.38	87.68	133.94
COBRA Monthly Premium	44.50	88.11	89.43	136.62

Delta Dental Exclusive PPO Plan w/Ortho (\$50 Deductible/\$1500 Plan Year Maximum Benefit)

Retiree Monthly Premium	38.99	77.23	85.88	127.20
Employer contribution - Full Time Employee	38.99	67.67	74.16	105.15
Employee deduction - Full Time Employee	0.00	9.56	11.72	22.05
Total Premium	38.99	77.23	85.88	127.20
Employer contribution - PT Mgmt, Classified Employee	19.50	19.50	19.50	19.50
Employee deduction - PT Mgmt, Classified Employee	19.49	57.73	66.38	107.70
Total Premium	38.99	77.23	85.88	127.20
COBRA Monthly Premium	39.77	78.77	87.60	129.74

Willamette Dental Plan w/Ortho (\$20 Copay)

Retiree Monthly Premium	45.53	90.21	95.98	144.20
Employer contribution - Full Time Employee	45.53	79.04	83.37	119.53
Employee deduction - Full Time Employee	0.00	11.17	12.61	24.67
Total Premium	45.53	90.21	95.98	144.20
Employer contribution - PT Mgmt, Classified Employee	22.77	22.77	22.77	22.77
Employee deduction - PT Mgmt, Classified Employee	22.76	67.44	73.21	121.43
Total Premium	45.53	90.21	95.98	144.20
COBRA Monthly Premium	46.44	92.01	97.90	147.08

VISION OPTIONS**MODA Quartz Vision Plan (\$250 Plan Year Maximum Benefit)**

Retiree Monthly Premium	13.29	29.28	25.26	41.22
Employer contribution - Full Time Employee	13.29	25.28	22.27	34.24
Employee deduction - Full Time Employee	0.00	4.00	2.99	6.98
Total Premium	13.29	29.28	25.26	41.22
Employer contribution - PT Mgmt, Classified Employee	6.65	6.65	6.65	6.65
Employee deduction - PT Mgmt, Classified Employee	6.64	22.63	18.61	34.57
Total Premium	13.29	29.28	25.26	41.22
COBRA Monthly Premium	13.56	29.87	25.77	42.04

MODA Pearl Vision Plan (\$400 Plan Year Maximum Benefit)

Retiree Monthly Premium	18.82	41.46	35.80	58.41
Employer contribution - Full Time Employee	18.82	35.80	31.56	48.51
Employee deduction - Full Time Employee	0.00	5.66	4.24	9.90
Total Premium	18.82	41.46	35.80	58.41
Employer contribution - PT Mgmt, Classified Employee	9.41	9.41	9.41	9.41
Employee deduction - PT Mgmt, Classified Employee	9.41	32.05	26.39	49.00
Total Premium	18.82	41.46	35.80	58.41
COBRA Monthly Premium	19.20	42.29	36.52	59.58

MODA Opal Vision Plan (\$600 Plan Year Maximum Benefit)

Retiree Monthly Premium	23.07	50.71	43.77	71.45
Employer contribution - Full Time Employee	23.07	43.80	38.60	59.36
Employee deduction - Full Time Employee	0.00	6.91	5.17	12.09
Total Premium	23.07	50.71	43.77	71.45
Employer contribution - PT Mgmt, Classified Employee	11.54	11.54	11.54	11.54
Employee deduction - PT Mgmt, Classified Employee	11.53	39.17	32.23	59.91
Total Premium	23.07	50.71	43.77	71.45
COBRA Monthly Premium	23.53	51.72	44.65	72.88

VSP Choice Plus Plan

Retiree Monthly Premium	18.80	41.37	35.73	58.29
Employer contribution - Full Time Employee	18.80	35.73	31.50	48.42
Employee deduction - Full Time Employee	0.00	5.64	4.23	9.87
Total Premium	18.80	41.37	35.73	58.29
Employer contribution - PT Mgmt, Classified Employee	9.40	9.40	9.40	9.40
Employee deduction - PT Mgmt, Classified Employee	9.40	31.97	26.33	48.89
Total Premium	18.80	41.37	35.73	58.29
COBRA Monthly Premium	19.18	42.20	36.44	59.46

VSP Choice Plan

Retiree Monthly Premium	9.15	20.12	17.37	28.34
Employer contribution - Full Time Employee	9.15	17.38	15.32	23.54
Employee deduction - Full Time Employee	0.00	2.74	2.05	4.80
Total Premium	9.15	20.12	17.37	28.34
Employer contribution - PT Mgmt, Classified Employee	4.58	4.58	4.58	4.58
Employee deduction - PT Mgmt, Classified Employee	4.57	15.54	12.79	23.76
Total Premium	9.15	20.12	17.37	28.34
COBRA Monthly Premium	9.33	20.52	17.72	28.91

OTHER OPTIONS

Long Term Disability - The Standard (Mandatory)

Employer Contribution EE Only .235% of monthly salary

Life Insurance - The Standard (Mandatory)

Employer Contribution EE Only 1.04

Life Insurance - The Standard (Optional)

Rate (per \$10,000 of benefit based on age)	Employee (No Tobacco)	Employee (Tobacco)	Spouse (No Tobacco)	Spouse (Tobacco Use)	Child per \$2,000
Under 25	0.34	0.50	0.47	0.68	0.10
25-29	0.38	0.60	0.56	0.80	
30-34	0.43	0.80	0.75	1.07	
35-39	0.60	0.90	0.85	1.22	
40-44	0.85	1.22	1.00	1.49	
45-49	1.28	1.80	1.50	2.27	
50-54	1.96	2.75	2.30	3.34	
55-59	3.66	5.04	4.25	5.88	
60-64	5.61	7.68	6.42	8.80	
65-69	10.80	14.47	12.27	16.46	
70-74	12.58	20.60	14.71	20.60	
75+	17.51	22.44	20.60	43.54	

AD&D - The Standard (Mandatory)

Employer Contribution EE Only 0.15

AD&D - The Standard (Optional)

Employee Contribution	Employee	Spouse	Child
	0.20	0.20	0.04
	Per \$10,000	Per \$10,000	Per \$2,000
	Max \$500,000	Max \$500,000	Max \$10,000

Long Term Care (Optional)

Employee Contribution Based on age and coverage amount. See calculator at unuminfo.com/oebb

I understand and agree that:

On or after the first day of the plan year, I cannot change or revoke my payroll deductions with respect to pre-tax premiums before the next anniversary date of the plan unless a "change in status" occurs (as defined under the Internal Revenue Code), and the change is caused by and consistent with the "change in status." I understand that I cannot revoke any pre-tax election based on a Right to Examine provision as may be contained in any insurance plan or policy issued to me.

New coverage will become effective the first day of the plan year. Terms and conditions and actual coverage will be determined under the separate benefit plans or insurance policies.

Paying for coverage on a pre-tax basis may cause insurance claim payments under health and medical coverage to be subject to federal and state taxes if claim payments (combining total from all health and medical policies/plans) are in excess of medical expenses.

Name (Print)

Signature

Date

OR

I elect to waive all pre-tax benefits under the plan, and understand that certain benefits may be elected on an after-tax basis. Except for a "change in status," I understand that I cannot elect pre-tax benefits until the next anniversary date, and that any after-tax coverage shall be outside the plan.

Name (Print)

Signature

Date