



Benefit Rate Sheet

Oregon Educators Benefit Board Plan Options

10/01/2019 - 09/30/2020

MEDICAL OPTIONS

MODA Plan 1 (\$400/\$500/\$800 deductible) Regular rates	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	678.31	1,492.27	1,288.81	2,102.80
Employer contribution - Full Time Employee	678.31	1,288.78	1,136.19	1,746.68
Employee deduction - Full Time Employee	0.00	203.49	152.62	356.12
Total Premium	678.31	1,492.27	1,288.81	2,102.80
Employer contribution - PT Mgmt, Classified Employee	339.16	339.16	339.16	339.16
Employee deduction - PT Mgmt, Classified Employee	339.15	1,153.11	949.65	1,763.64
Total Premium	678.31	1,492.27	1,288.81	2,102.80
COBRA Monthly Premium	691.88	1,522.12	1,314.59	2,144.86

MODA Plan 1 (\$400/\$500/\$800 deductible) Select rates	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	678.31	1,492.27	1,288.81	2,102.80
Employer contribution - Full Time Employee	678.31	1,288.78	1,136.19	1,746.68
Employee deduction - Full Time Employee	0.00	203.49	152.62	356.12
Total Premium	678.31	1,492.27	1,288.81	2,102.80
Employer contribution - PT Mgmt, Classified Employee	339.16	339.16	339.16	339.16
Employee deduction - PT Mgmt, Classified Employee	339.15	1,153.11	949.65	1,763.64
Total Premium	678.31	1,492.27	1,288.81	2,102.80
COBRA Monthly Premium	691.88	1,522.12	1,314.59	2,144.86

MODA Plan 2 (\$800/\$900/\$1600 deductible) Regular rates	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	631.05	1,388.30	1,199.01	1,956.28
Employer contribution - Full Time Employee	631.05	1,198.99	1,057.02	1,624.97
Employee deduction - Full Time Employee	0.00	189.31	141.99	331.31
Total Premium	631.05	1,388.30	1,199.01	1,956.28
Employer contribution - PT Mgmt, Classified Employee	315.53	315.53	315.53	315.53
Employee deduction - PT Mgmt, Classified Employee	315.52	1,072.77	883.48	1,640.75
Total Premium	631.05	1,388.30	1,199.01	1,956.28
COBRA Monthly Premium	643.67	1,416.07	1,222.99	1,995.41

MODA Plan 2 (\$800/\$900/\$1600 deductible) Select rates	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	631.05	1,388.30	1,199.01	1,956.28
Employer contribution - Full Time Employee	631.05	1,198.99	1,057.02	1,624.97
Employee deduction - Full Time Employee	0.00	189.31	141.99	331.31
Total Premium	631.05	1,388.30	1,199.01	1,956.28
Employer contribution - PT Mgmt, Classified Employee	315.53	315.53	315.53	315.53
Employee deduction - PT Mgmt, Classified Employee	315.52	1,072.77	883.48	1,640.75
Total Premium	631.05	1,388.30	1,199.01	1,956.28
COBRA Monthly Premium	643.67	1,416.07	1,222.99	1,995.41

MODA Plan 3 (\$1200/\$1300/\$2400 deductible) Regular rates	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	593.23	1,305.10	1,127.17	1,839.05
Employer contribution - Full Time Employee	593.23	1,127.13	993.69	1,527.60
Employee deduction - Full Time Employee	0.00	177.97	133.48	311.45
Total Premium	593.23	1,305.10	1,127.17	1,839.05
Employer contribution - PT Mgmt, Classified Employee	296.62	296.62	296.62	296.62
Employee deduction - PT Mgmt, Classified Employee	296.61	1,008.48	830.55	1,542.43
Total Premium	593.23	1,305.10	1,127.17	1,839.05
COBRA Monthly Premium	605.09	1,331.20	1,149.71	1,875.83

MODA Plan 3 (\$1200/\$1300/\$2400 deductible) Select rates	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	587.82	1,293.22	1,116.88	1,822.31
Employer contribution - Full Time Employee	587.82	1,116.87	984.62	1,513.69
Employee deduction - Full Time Employee	0.00	176.35	132.26	308.62
Total Premium	587.82	1,293.22	1,116.88	1,822.31
Employer contribution - PT Mgmt, Classified Employee	293.91	293.91	293.91	293.91
Employee deduction - PT Mgmt, Classified Employee	293.91	999.31	822.97	1,528.40
Total Premium	587.82	1,293.22	1,116.88	1,822.31
COBRA Monthly Premium	599.58	1,319.08	1,139.22	1,858.76

Moda Plan 4 (\$1600/\$1700/\$3200 deductible) Regular rates	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	562.96	1,238.52	1,069.66	1,745.23
Employer contribution - Full Time Employee	562.96	1,069.63	942.99	1,449.66
Employee deduction - Full Time Employee	0.00	168.89	126.67	295.57
Total Premium	562.96	1,238.52	1,069.66	1,745.23
Employer contribution - PT Mgmt, Classified Employee	281.48	281.48	281.48	281.48
Employee deduction - PT Mgmt, Classified Employee	281.48	957.04	788.18	1,463.75
Total Premium	562.96	1,238.52	1,069.66	1,745.23
COBRA Monthly Premium	574.22	1,263.29	1,091.05	1,780.13

Moda Plan 4 (\$1600/\$1700/\$3200 deductible) Select rates	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	548.61	1,206.94	1,042.38	1,700.73
Employer contribution - Full Time Employee	548.61	1,042.36	918.94	1,412.70
Employee deduction - Full Time Employee	0.00	164.58	123.44	288.03
Total Premium	548.61	1,206.94	1,042.38	1,700.73
Employer contribution - PT Mgmt, Classified Employee	274.31	274.31	274.31	274.31
Employee deduction - PT Mgmt, Classified Employee	274.30	932.63	768.07	1,426.42
Total Premium	548.61	1,206.94	1,042.38	1,700.73
COBRA Monthly Premium	559.58	1,231.08	1,063.23	1,734.74

MODA Plan 6 (\$1600/\$1700/\$3200 deductible) Regular rates	EE Only	EE+Spouse	EE+Child(ren)	Family
Health Savings Account Compliant - HSA Optional				
Retiree Monthly Premium	533.09	1,172.79	1,012.89	1,652.61
Employer contribution - Full Time Employee	533.09	1,012.87	892.94	1,372.73
Employee deduction - Full Time Employee	0.00	159.92	119.95	279.88
Total Premium	533.09	1,172.79	1,012.89	1,652.61
Employer contribution - PT Mgmt, Classified Employee	266.55	266.55	266.55	266.55
Employee deduction - PT Mgmt, Classified Employee	266.54	906.24	746.34	1,386.06
Total Premium	533.09	1,172.79	1,012.89	1,652.61
COBRA Monthly Premium	543.75	1,196.25	1,033.15	1,685.66

MODA Plan 6 (\$1600/\$1700/\$3200 deductible) Select rates	EE Only	EE+Spouse	EE+Child(ren)	Family
Health Savings Account Compliant - HSA Optional				
Retiree Monthly Premium	499.12	1,098.04	948.33	1,547.27
Employer contribution - Full Time Employee	499.12	948.31	836.03	1,285.23
Employee deduction - Full Time Employee	0.00	149.73	112.30	262.04
Total Premium	499.12	1,098.04	948.33	1,547.27
Employer contribution - PT Mgmt, Classified Employee	249.56	249.56	249.56	249.56
Employee deduction - PT Mgmt, Classified Employee	249.56	848.48	698.77	1,297.71
Total Premium	499.12	1,098.04	948.33	1,547.27
COBRA Monthly Premium	509.10	1,120.00	967.30	1,578.22

DENTAL OPTIONS

Delta Dental Premier Plan 1 w/Ortho (\$50 Deductible/\$2200 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
Benefit Levels (70/80/90/100) Start at 70% increase 10% each yr				
Retiree Monthly Premium	66.48	131.70	146.45	216.88
Employer contribution - Full Time Employee	66.48	115.40	126.46	179.28
Employee deduction - Full Time Employee	0.00	16.30	19.99	37.60
Total Premium	66.48	131.70	146.45	216.88
Employer contribution - PT Mgmt, Classified Employee	33.24	33.24	33.24	33.24
Employee deduction - PT Mgmt, Classified Employee	33.24	98.46	113.21	183.64
Total Premium	66.48	131.70	146.45	216.88
COBRA Monthly Premium	67.81	134.33	149.38	221.22

Delta Dental Premier Plan 5 w/Ortho (\$50 Deductible/\$1700 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
Benefit Levels (70/80/90/100) Start at 70% increase 10% each yr				
Retiree Monthly Premium	58.67	116.22	129.25	191.41
Employer contribution - Full Time Employee	58.67	101.83	111.61	158.23
Employee deduction - Full Time Employee	0.00	14.39	17.64	33.18
Total Premium	58.67	116.22	129.25	191.41
Employer contribution - PT Mgmt, Classified Employee	29.34	29.34	29.34	29.34
Employee deduction - PT Mgmt, Classified Employee	29.33	86.88	99.91	162.07
Total Premium	58.67	116.22	129.25	191.41
COBRA Monthly Premium	59.84	118.54	131.84	195.24

Delta Dental Premier Plan 6 no Ortho (\$50 Deductible/\$1200 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	43.89	86.90	88.20	134.74
Employer contribution - Full Time Employee	43.89	76.15	77.12	112.03
Employee deduction - Full Time Employee	0.00	10.75	11.08	22.71
Total Premium	43.89	86.90	88.20	134.74
Employer contribution - PT Mgmt, Classified Employee	21.95	21.95	21.95	21.95
Employee deduction - PT Mgmt, Classified Employee	21.94	64.95	66.25	112.79
Total Premium	43.89	86.90	88.20	134.74
COBRA Monthly Premium	44.77	88.64	89.96	137.43

Delta Dental Exclusive PPO Plan w/Ortho (\$50 Deductible/\$1500 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	39.22	77.70	86.40	127.96
Employer contribution - Full Time Employee	39.22	68.08	74.61	105.78
Employee deduction - Full Time Employee	0.00	9.62	11.79	22.18
Total Premium	39.22	77.70	86.40	127.96
Employer contribution - PT Mgmt, Classified Employee	19.61	19.61	19.61	19.61
Employee deduction - PT Mgmt, Classified Employee	19.61	58.09	66.79	108.35
Total Premium	39.22	77.70	86.40	127.96
COBRA Monthly Premium	40.00	79.25	88.13	130.52

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

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	47.39	93.88	99.90	150.09
Employer contribution - Full Time Employee	47.39	82.26	86.77	124.42
Employee deduction - Full Time Employee	0.00	11.62	13.13	25.67
Total Premium	47.39	93.88	99.90	150.09
Employer contribution - PT Mgmt, Classified Employee	23.70	23.70	23.70	23.70
Employee deduction - PT Mgmt, Classified Employee	23.69	70.18	76.20	126.39
Total Premium	47.39	93.88	99.90	150.09
COBRA Monthly Premium	48.34	95.76	101.90	153.09

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

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	24.26	53.33	46.03	75.14
Employer contribution - Full Time Employee	24.26	46.06	40.59	62.42
Employee deduction - Full Time Employee	0.00	7.27	5.44	12.72
Total Premium	24.26	53.33	46.03	75.14
Employer contribution - PT Mgmt, Classified Employee	12.13	12.13	12.13	12.13
Employee deduction - PT Mgmt, Classified Employee	12.13	41.20	33.90	63.01
Total Premium	24.26	53.33	46.03	75.14
COBRA Monthly Premium	24.75	54.40	46.95	76.64

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

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	19.79	43.61	37.65	61.43
Employer contribution - Full Time Employee	19.79	37.66	33.19	51.02
Employee deduction - Full Time Employee	0.00	5.95	4.46	10.41
Total Premium	19.79	43.61	37.65	61.43
Employer contribution - PT Mgmt, Classified Employee	9.90	9.90	9.90	9.90
Employee deduction - PT Mgmt, Classified Employee	9.89	33.71	27.75	51.53
Total Premium	19.79	43.61	37.65	61.43
COBRA Monthly Premium	20.19	44.48	38.40	62.66

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

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	13.98	30.79	26.57	43.35
Employer contribution - Full Time Employee	13.98	26.59	23.42	36.01
Employee deduction - Full Time Employee	0.00	4.20	3.15	7.34
Total Premium	13.98	30.79	26.57	43.35
Employer contribution - PT Mgmt, Classified Employee	6.99	6.99	6.99	6.99
Employee deduction - PT Mgmt, Classified Employee	6.99	23.80	19.58	36.36
Total Premium	13.98	30.79	26.57	43.35
COBRA Monthly Premium	14.26	31.41	27.10	44.22

VSP Choice Plus Plan

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

	EE Only	EE+Spouse	EE+Child(ren)	Family
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
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Life Insurance - The Standard (Mandatory)

Employer Contribution	EE Only	1.04
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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
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AD&D - The Standard (Optional)

	Employee	Spouse	Child
Employee Contribution	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