



Benefit Rate Sheet

Oregon Educators Benefit Board Plan Options

10/01/2020 - 09/30/2021

MEDICAL OPTIONS

MODA Plan 1 (\$400/\$500/\$800 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	694.59	1,528.08	1,319.74	2,153.26
Employer contribution - Full Time Employee	694.59	1,319.71	1,163.45	1,788.59
Employee deduction - Full Time Employee	0.00	208.37	156.29	364.67
Total Premium	694.59	1,528.08	1,319.74	2,153.26
Employer contribution - PT Mgmt, Classified Employee	347.30	347.30	347.30	347.30
Employee deduction - PT Mgmt, Classified Employee	347.29	1,180.78	972.44	1,805.96
Total Premium	694.59	1,528.08	1,319.74	2,153.26
COBRA Monthly Premium	708.48	1,558.64	1,346.13	2,196.33

MODA Plan 2 (\$800/\$900/\$1600 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	646.19	1,421.61	1,227.79	2,003.23
Employer contribution - Full Time Employee	646.19	1,227.76	1,082.39	1,663.97
Employee deduction - Full Time Employee	0.00	193.85	145.40	339.26
Total Premium	646.19	1,421.61	1,227.79	2,003.23
Employer contribution - PT Mgmt, Classified Employee	323.10	323.10	323.10	323.10
Employee deduction - PT Mgmt, Classified Employee	323.09	1,098.51	904.69	1,680.13
Total Premium	646.19	1,421.61	1,227.79	2,003.23
COBRA Monthly Premium	659.11	1,450.04	1,252.35	2,043.29

MODA Plan 3 (\$1200/\$1300/\$2400 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	607.47	1,336.42	1,154.21	1,883.19
Employer contribution - Full Time Employee	607.47	1,154.18	1,017.53	1,564.26
Employee deduction - Full Time Employee	0.00	182.24	136.68	318.93
Total Premium	607.47	1,336.42	1,154.21	1,883.19
Employer contribution - PT Mgmt, Classified Employee	303.74	303.74	303.74	303.74
Employee deduction - PT Mgmt, Classified Employee	303.73	1,032.68	850.47	1,579.45
Total Premium	607.47	1,336.42	1,154.21	1,883.19
COBRA Monthly Premium	619.62	1,363.15	1,177.29	1,920.85

Moda Plan 4 (\$1600/\$1700/\$3200 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	576.48	1,268.25	1,095.33	1,787.11
Employer contribution - Full Time Employee	576.48	1,095.31	965.62	1,484.45
Employee deduction - Full Time Employee	0.00	172.94	129.71	302.66
Total Premium	576.48	1,268.25	1,095.33	1,787.11
Employer contribution - PT Mgmt, Classified Employee	288.24	288.24	288.24	288.24
Employee deduction - PT Mgmt, Classified Employee	288.24	980.01	807.09	1,498.87
Total Premium	576.48	1,268.25	1,095.33	1,787.11
COBRA Monthly Premium	588.01	1,293.62	1,117.24	1,822.85

MODA Plan 6 (\$1600/\$1700/\$3200 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Health Savings Account Compliant - HSA Optional				
Retiree Monthly Premium	545.89	1,200.94	1,037.20	1,692.27
Employer contribution - Full Time Employee	545.89	1,037.18	914.37	1,405.68
Employee deduction - Full Time Employee	0.00	163.76	122.83	286.59
Total Premium	545.89	1,200.94	1,037.20	1,692.27
Employer contribution - PT Mgmt, Classified Employee	272.95	272.95	272.95	272.95
Employee deduction - PT Mgmt, Classified Employee	272.94	927.99	764.25	1,419.32
Total Premium	545.89	1,200.94	1,037.20	1,692.27
COBRA Monthly Premium	556.81	1,224.96	1,057.94	1,726.12

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

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	66.37	131.49	146.22	216.54
Employer contribution - Full Time Employee	66.37	115.21	126.26	179.00
Employee deduction - Full Time Employee	0.00	16.28	19.96	37.54
Total Premium	66.37	131.49	146.22	216.54
Employer contribution - PT Mgmt, Classified Employee	33.19	33.19	33.19	33.19
Employee deduction - PT Mgmt, Classified Employee	33.18	98.30	113.03	183.35
Total Premium	66.37	131.49	146.22	216.54
COBRA Monthly Premium	67.70	134.12	149.14	220.87

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

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	58.58	116.04	129.05	191.10
Employer contribution - Full Time Employee	58.58	101.68	111.43	157.97
Employee deduction - Full Time Employee	0.00	14.36	17.62	33.13
Total Premium	58.58	116.04	129.05	191.10
Employer contribution - PT Mgmt, Classified Employee	29.29	29.29	29.29	29.29
Employee deduction - PT Mgmt, Classified Employee	29.29	86.75	99.76	161.81
Total Premium	58.58	116.04	129.05	191.10
COBRA Monthly Premium	59.75	118.36	131.63	194.92

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	43.82	86.75	88.06	134.53
Employer contribution - Full Time Employee	43.82	76.02	77.00	111.85
Employee deduction - Full Time Employee	0.00	10.73	11.06	22.68
Total Premium	43.82	86.75	88.06	134.53
Employer contribution - PT Mgmt, Classified Employee	21.91	21.91	21.91	21.91
Employee deduction - PT Mgmt, Classified Employee	21.91	64.84	66.15	112.62
Total Premium	43.82	86.75	88.06	134.53
COBRA Monthly Premium	44.70	88.49	89.82	137.22

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	39.16	77.58	86.26	127.76
Employer contribution - Full Time Employee	39.16	67.98	74.49	105.61
Employee deduction - Full Time Employee	0.00	9.60	11.77	22.15
Total Premium	39.16	77.58	86.26	127.76
Employer contribution - PT Mgmt, Classified Employee	19.58	19.58	19.58	19.58
Employee deduction - PT Mgmt, Classified Employee	19.58	58.00	66.68	108.18
Total Premium	39.16	77.58	86.26	127.76
COBRA Monthly Premium	39.94	79.13	87.99	130.32

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

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	49.00	97.08	103.30	155.19
Employer contribution - Full Time Employee	49.00	85.06	89.73	128.64
Employee deduction - Full Time Employee	0.00	12.02	13.57	26.55
Total Premium	49.00	97.08	103.30	155.19
Employer contribution - PT Mgmt, Classified Employee	24.50	24.50	24.50	24.50
Employee deduction - PT Mgmt, Classified Employee	24.50	72.58	78.80	130.69
Total Premium	49.00	97.08	103.30	155.19
COBRA Monthly Premium	49.98	99.02	105.37	158.29

VISION OPTIONS

MODA Opal Vision Plan (\$600 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	23.91	52.55	45.36	74.05
Employer contribution - Full Time Employee	23.91	45.39	40.00	61.52
Employee deduction - Full Time Employee	0.00	7.16	5.36	12.53
Total Premium	23.91	52.55	45.36	74.05
Employer contribution - PT Mgmt, Classified Employee	11.96	11.96	11.96	11.96
Employee deduction - PT Mgmt, Classified Employee	11.95	40.59	33.40	62.09
Total Premium	23.91	52.55	45.36	74.05
COBRA Monthly Premium	24.39	53.60	46.27	75.53

MODA Pearl Vision Plan (\$400 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	19.50	42.97	37.11	60.53
Employer contribution - Full Time Employee	19.50	37.10	32.71	50.27
Employee deduction - Full Time Employee	0.00	5.87	4.40	10.26
Total Premium	19.50	42.97	37.11	60.53
Employer contribution - PT Mgmt, Classified Employee	9.75	9.75	9.75	9.75
Employee deduction - PT Mgmt, Classified Employee	9.75	33.22	27.36	50.78
Total Premium	19.50	42.97	37.11	60.53
COBRA Monthly Premium	19.89	43.83	37.85	61.74

MODA Quartz Vision Plan (\$250 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	13.78	30.34	26.19	42.72
Employer contribution - Full Time Employee	13.78	26.20	23.09	35.49
Employee deduction - Full Time Employee	0.00	4.14	3.10	7.23
Total Premium	13.78	30.34	26.19	42.72
Employer contribution - PT Mgmt, Classified Employee	6.89	6.89	6.89	6.89
Employee deduction - PT Mgmt, Classified Employee	6.89	23.45	19.30	35.83
Total Premium	13.78	30.34	26.19	42.72
COBRA Monthly Premium	14.06	30.95	26.71	43.57

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		
Life Insurance - The Standard (Mandatory)				
Employer Contribution	EE Only	5.20		
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	0.340	0.500	0.468	0.675	0.10
25-29	0.383	0.600	0.558	0.801	
30-34	0.425	0.800	0.747	1.071	
35-39	0.595	0.900	0.846	1.224	
40-44	0.850	1.216	1.000	1.494	
45-49	1.275	1.802	1.500	2.268	
50-54	1.955	2.754	2.300	3.339	
55-59	3.655	5.041	4.250	5.877	
60-64	5.610	7.684	6.420	8.802	
65-69	10.795	14.467	12.270	16.461	
70-74	12.580	20.600	14.710	20.600	
75+	17.510	22.440	20.600	43.542	

AD&D - The Standard (Mandatory)

Employer Contribution	EE Only	0.75		
-----------------------	---------	------	--	--

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