



Benefit Rate Sheet

Oregon Educators Benefit Board Plan Options

10/01/2022 - 09/30/2023

MEDICAL OPTIONS

MODA Plan 1 (\$400/\$500/\$800 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	740.30	1,628.65	1,406.60	2,294.98
Employer contribution - Full Time Employee	740.30	1,406.56	1,240.03	1,906.31
Employee deduction - Full Time Employee	0.00	222.09	166.57	388.67
Total Premium	740.30	1,628.65	1,406.60	2,294.98
Employer contribution - PT Mgmt, Classified Employee	370.15	370.15	370.15	370.15
Employee deduction - PT Mgmt, Classified Employee	370.15	1,258.50	1,036.45	1,924.83
Total Premium	740.30	1,628.65	1,406.60	2,294.98
COBRA Monthly Premium	755.11	1,661.22	1,434.73	2,340.88

MODA Plan 2 (\$800/\$900/\$1600 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	686.74	1,510.83	1,304.84	2,128.93
Employer contribution - Full Time Employee	686.74	1,304.81	1,150.32	1,768.38
Employee deduction - Full Time Employee	0.00	206.02	154.52	360.55
Total Premium	686.74	1,510.83	1,304.84	2,128.93
Employer contribution - PT Mgmt, Classified Employee	343.37	343.37	343.37	343.37
Employee deduction - PT Mgmt, Classified Employee	343.37	1,167.46	961.47	1,785.56
Total Premium	686.74	1,510.83	1,304.84	2,128.93
COBRA Monthly Premium	700.47	1,541.05	1,330.94	2,171.51

MODA Plan 3 (\$1200/\$1300/\$2400 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	644.28	1,417.42	1,224.17	1,997.32
Employer contribution - Full Time Employee	644.28	1,224.14	1,079.20	1,659.06
Employee deduction - Full Time Employee	0.00	193.28	144.97	338.26
Total Premium	644.28	1,417.42	1,224.17	1,997.32
Employer contribution - PT Mgmt, Classified Employee	322.14	322.14	322.14	322.14
Employee deduction - PT Mgmt, Classified Employee	322.14	1,095.28	902.03	1,675.18
Total Premium	644.28	1,417.42	1,224.17	1,997.32
COBRA Monthly Premium	657.17	1,445.77	1,248.65	2,037.27

Moda Plan 4 (\$1600/\$1700/\$3200 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	608.36	1,338.39	1,155.89	1,885.94
Employer contribution - Full Time Employee	608.36	1,155.88	1,019.01	1,566.55
Employee deduction - Full Time Employee	0.00	182.51	136.88	319.39
Total Premium	608.36	1,338.39	1,155.89	1,885.94
Employer contribution - PT Mgmt, Classified Employee	304.18	304.18	304.18	304.18
Employee deduction - PT Mgmt, Classified Employee	304.18	1,034.21	851.71	1,581.76
Total Premium	608.36	1,338.39	1,155.89	1,885.94
COBRA Monthly Premium	620.53	1,365.16	1,179.01	1,923.66

MODA Plan 6 (\$1600/\$1700/\$3200 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Health Savings Account Compliant - HSA Optional				
Retiree Monthly Premium	573.23	1,261.10	1,089.16	1,777.05
Employer contribution - Full Time Employee	573.23	1,089.13	960.18	1,476.10
Employee deduction - Full Time Employee	0.00	171.97	128.98	300.95
Total Premium	573.23	1,261.10	1,089.16	1,777.05
Employer contribution - PT Mgmt, Classified Employee	286.62	286.62	286.62	286.62
Employee deduction - PT Mgmt, Classified Employee	286.61	974.48	802.54	1,490.43
Total Premium	573.23	1,261.10	1,089.16	1,777.05
COBRA Monthly Premium	584.69	1,286.32	1,110.94	1,812.59

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	64.79	128.37	142.74	211.39
Employer contribution - Full Time Employee	64.79	112.48	123.25	174.74
Employee deduction - Full Time Employee	0.00	15.89	19.49	36.65
Total Premium	64.79	128.37	142.74	211.39
Employer contribution - PT Mgmt, Classified Employee	32.40	32.40	32.40	32.40
Employee deduction - PT Mgmt, Classified Employee	32.39	95.97	110.34	178.99
Total Premium	64.79	128.37	142.74	211.39
COBRA Monthly Premium	66.09	130.94	145.59	215.62

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	57.23	113.37	126.08	186.71
Employer contribution - Full Time Employee	57.23	99.34	108.87	154.34
Employee deduction - Full Time Employee	0.00	14.03	17.21	32.37
Total Premium	57.23	113.37	126.08	186.71
Employer contribution - PT Mgmt, Classified Employee	28.62	28.62	28.62	28.62
Employee deduction - PT Mgmt, Classified Employee	28.61	84.75	97.46	158.09
Total Premium	57.23	113.37	126.08	186.71
COBRA Monthly Premium	58.37	115.64	128.60	190.44

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	43.70	86.50	87.81	134.14
Employer contribution - Full Time Employee	43.70	75.80	76.78	111.53
Employee deduction - Full Time Employee	0.00	10.70	11.03	22.61
Total Premium	43.70	86.50	87.81	134.14
Employer contribution - PT Mgmt, Classified Employee	21.85	21.85	21.85	21.85
Employee deduction - PT Mgmt, Classified Employee	21.85	64.65	65.96	112.29
Total Premium	43.70	86.50	87.81	134.14
COBRA Monthly Premium	44.57	88.23	89.57	136.82

Delta Dental Exclusive PPO Incentive Plan w/Ortho (\$50 Deductible/\$2300 Plan Year Maximum Benefit)

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	56.17	111.28	123.74	183.24
Employer contribution - Full Time Employee	56.17	97.50	106.85	151.47
Employee deduction - Full Time Employee	0.00	13.78	16.89	31.77
Total Premium	56.17	111.28	123.74	183.24
Employer contribution - PT Mgmt, Classified Employee	28.09	28.09	28.09	28.09
Employee deduction - PT Mgmt, Classified Employee	28.08	83.19	95.65	155.15
Total Premium	56.17	111.28	123.74	183.24
COBRA Monthly Premium	57.29	113.51	126.21	186.90

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	37.86	74.98	83.38	123.49
Employer contribution - Full Time Employee	37.86	65.70	72.00	102.08
Employee deduction - Full Time Employee	0.00	9.28	11.38	21.41
Total Premium	37.86	74.98	83.38	123.49
Employer contribution - PT Mgmt, Classified Employee	18.93	18.93	18.93	18.93
Employee deduction - PT Mgmt, Classified Employee	18.93	56.05	64.45	104.56
Total Premium	37.86	74.98	83.38	123.49
COBRA Monthly Premium	38.62	76.48	85.05	125.96

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

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	46.60	93.20	99.27	148.91
Employer contribution - Full Time Employee	46.60	81.55	86.10	123.33
Employee deduction - Full Time Employee	0.00	11.65	13.17	25.58
Total Premium	46.60	93.20	99.27	148.91
Employer contribution - PT Mgmt, Classified Employee	23.30	23.30	23.30	23.30
Employee deduction - PT Mgmt, Classified Employee	23.30	69.90	75.97	125.61
Total Premium	46.60	93.20	99.27	148.91
COBRA Monthly Premium	47.53	95.06	101.26	151.89

VISION OPTIONS

MODA Opal Vision Plan (\$600 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	22.64	49.78	42.95	70.12
Employer contribution - Full Time Employee	22.64	43.00	37.87	58.25
Employee deduction - Full Time Employee	0.00	6.78	5.08	11.87
Total Premium	22.64	49.78	42.95	70.12
Employer contribution - PT Mgmt, Classified Employee	11.32	11.32	11.32	11.32
Employee deduction - PT Mgmt, Classified Employee	11.32	38.46	31.63	58.80
Total Premium	22.64	49.78	42.95	70.12
COBRA Monthly Premium	23.09	50.78	43.81	71.52

MODA Pearl Vision Plan (\$400 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	18.47	40.70	35.14	57.32
Employer contribution - Full Time Employee	18.47	35.14	30.97	47.61
Employee deduction - Full Time Employee	0.00	5.56	4.17	9.71
Total Premium	18.47	40.70	35.14	57.32
Employer contribution - PT Mgmt, Classified Employee	9.24	9.24	9.24	9.24
Employee deduction - PT Mgmt, Classified Employee	9.23	31.46	25.90	48.08
Total Premium	18.47	40.70	35.14	57.32
COBRA Monthly Premium	18.84	41.51	35.84	58.47

MODA Quartz Vision Plan (\$250 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	13.05	28.74	24.80	40.45
Employer contribution - Full Time Employee	13.05	24.82	21.86	33.60
Employee deduction - Full Time Employee	0.00	3.92	2.94	6.85
Total Premium	13.05	28.74	24.80	40.45
Employer contribution - PT Mgmt, Classified Employee	6.53	6.53	6.53	6.53
Employee deduction - PT Mgmt, Classified Employee	6.52	22.21	18.27	33.92
Total Premium	13.05	28.74	24.80	40.45
COBRA Monthly Premium	13.31	29.31	25.30	41.26

VSP Choice Plus Plan	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	16.54	36.41	31.44	51.30
Employer contribution - Full Time Employee	16.54	31.44	27.72	42.61
Employee deduction - Full Time Employee	0.00	4.97	3.72	8.69
Total Premium	16.54	36.41	31.44	51.30
Employer contribution - PT Mgmt, Classified Employee	8.27	8.27	8.27	8.27
Employee deduction - PT Mgmt, Classified Employee	8.27	28.14	23.17	43.03
Total Premium	16.54	36.41	31.44	51.30
COBRA Monthly Premium	16.87	37.14	32.07	52.33

VSP Choice Plan	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	8.05	17.71	15.29	24.94
Employer contribution - Full Time Employee	8.05	15.30	13.48	20.72
Employee deduction - Full Time Employee	0.00	2.41	1.81	4.22
Total Premium	8.05	17.71	15.29	24.94
Employer contribution - PT Mgmt, Classified Employee	4.03	4.03	4.03	4.03
Employee deduction - PT Mgmt, Classified Employee	4.02	13.68	11.26	20.91
Total Premium	8.05	17.71	15.29	24.94
COBRA Monthly Premium	8.21	18.06	15.60	25.44

OTHER OPTIONS

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	0.150	0.230	0.380	0.540	0.10
25-29	0.170	0.270	0.450	0.640	
30-34	0.190	0.360	0.600	0.860	
35-39	0.270	0.410	0.680	0.980	
40-44	0.380	0.550	0.800	1.190	
45-49	0.580	0.810	1.200	1.820	
50-54	0.880	1.240	1.840	2.670	
55-59	1.650	2.270	3.400	4.700	
60-64	2.520	3.460	5.140	7.040	
65-69	4.860	6.510	9.820	13.170	
70-74	5.660	9.270	11.770	16.480	
75+	7.880	10.100	16.480	34.830	

AD&D - The Standard (Optional)

	Employee	Spouse	Child
Employee Contribution	0.15	0.15	0.04
	Per \$10,000 Max \$500,000	Per \$10,000 Max \$500,000	Per \$2,000 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