



## Benefit Rate Sheet

### Oregon Educators Benefit Board Plan Options

10/01/2025 - 09/30/2026

#### MEDICAL OPTIONS

<b>MODA Plan 1 (\$700/\$800/\$1100 deductible)</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	821.57	1,807.46	1,561.02	2,546.95
Employer contribution - Full Time Employee	821.57	1,560.99	1,376.16	2,115.61
Employee deduction - Full Time Employee	0.00	246.47	184.86	431.34
Total Premium	821.57	1,807.46	1,561.02	2,546.95
Employer contribution - PT Mgmt, Classified Employee	410.79	410.79	410.79	410.79
Employee deduction - PT Mgmt, Classified Employee	410.78	1,396.67	1,150.23	2,136.16
Total Premium	821.57	1,807.46	1,561.02	2,546.95
COBRA Monthly Premium	838.00	1,843.61	1,592.24	2,597.89
<b>MODA Plan 2 (\$1100/\$1200/\$1900 deductible)</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	762.14	1,676.70	1,448.09	2,362.67
Employer contribution - Full Time Employee	762.14	1,448.06	1,276.60	1,962.54
Employee deduction - Full Time Employee	0.00	228.64	171.49	400.13
Total Premium	762.14	1,676.70	1,448.09	2,362.67
Employer contribution - PT Mgmt, Classified Employee	381.07	381.07	381.07	381.07
Employee deduction - PT Mgmt, Classified Employee	381.07	1,295.63	1,067.02	1,981.60
Total Premium	762.14	1,676.70	1,448.09	2,362.67
COBRA Monthly Premium	777.38	1,710.23	1,477.05	2,409.92
<b>MODA Plan 3 (\$1500/\$1600/\$2700 deductible)</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	715.01	1,573.04	1,358.56	2,216.61
Employer contribution - Full Time Employee	715.01	1,358.53	1,197.67	1,841.21
Employee deduction - Full Time Employee	0.00	214.51	160.89	375.40
Total Premium	715.01	1,573.04	1,358.56	2,216.61
Employer contribution - PT Mgmt, Classified Employee	357.51	357.51	357.51	357.51
Employee deduction - PT Mgmt, Classified Employee	357.50	1,215.53	1,001.05	1,859.10
Total Premium	715.01	1,573.04	1,358.56	2,216.61
COBRA Monthly Premium	729.31	1,604.50	1,385.73	2,260.94
<b>Moda Plan 4 (\$1900/\$2000/\$3500 deductible)</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	675.14	1,485.32	1,282.79	2,093.00
Employer contribution - Full Time Employee	675.14	1,282.78	1,130.88	1,738.54
Employee deduction - Full Time Employee	0.00	202.54	151.91	354.46
Total Premium	675.14	1,485.32	1,282.79	2,093.00
Employer contribution - PT Mgmt, Classified Employee	337.57	337.57	337.57	337.57
Employee deduction - PT Mgmt, Classified Employee	337.57	1,147.75	945.22	1,755.43
Total Premium	675.14	1,485.32	1,282.79	2,093.00
COBRA Monthly Premium	688.64	1,515.03	1,308.45	2,134.86
<b>MODA Plan 6 (\$1900/\$2000/\$3500 deductible)</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
<b>Health Savings Account Compliant - HSA Optional</b>				
Retiree Monthly Premium	636.16	1,399.56	1,208.74	1,972.14
Employer contribution - Full Time Employee	636.16	1,208.71	1,065.60	1,638.15
Employee deduction - Full Time Employee	0.00	190.85	143.14	333.99
Total Premium	636.16	1,399.56	1,208.74	1,972.14
Employer contribution - PT Mgmt, Classified Employee	318.08	318.08	318.08	318.08
Employee deduction - PT Mgmt, Classified Employee	318.08	1,081.48	890.66	1,654.06
Total Premium	636.16	1,399.56	1,208.74	1,972.14
COBRA Monthly Premium	648.88	1,427.55	1,232.91	2,011.58

## 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	69.45	137.60	153.00	226.59
Employer contribution - Full Time Employee	69.45	120.56	132.11	187.31
Employee deduction - Full Time Employee	0.00	17.04	20.89	39.28
Total Premium	69.45	137.60	153.00	226.59
Employer contribution - PT Mgmt, Classified Employee	34.73	34.73	34.73	34.73
Employee deduction - PT Mgmt, Classified Employee	34.72	102.87	118.27	191.86
Total Premium	69.45	137.60	153.00	226.59
COBRA Monthly Premium	70.84	140.35	156.06	231.12

### 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	61.35	121.52	135.13	200.13
Employer contribution - Full Time Employee	61.35	106.48	116.69	165.44
Employee deduction - Full Time Employee	0.00	15.04	18.44	34.69
Total Premium	61.35	121.52	135.13	200.13
Employer contribution - PT Mgmt, Classified Employee	30.68	30.68	30.68	30.68
Employee deduction - PT Mgmt, Classified Employee	30.67	90.84	104.45	169.45
Total Premium	61.35	121.52	135.13	200.13
COBRA Monthly Premium	62.58	123.95	137.83	204.13

### 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	46.84	92.72	94.12	143.79
Employer contribution - Full Time Employee	46.84	81.25	82.30	119.55
Employee deduction - Full Time Employee	0.00	11.47	11.82	24.24
Total Premium	46.84	92.72	94.12	143.79
Employer contribution - PT Mgmt, Classified Employee	23.42	23.42	23.42	23.42
Employee deduction - PT Mgmt, Classified Employee	23.42	69.30	70.70	120.37
Total Premium	46.84	92.72	94.12	143.79
COBRA Monthly Premium	47.78	94.57	96.00	146.67

### 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	60.21	119.27	132.63	196.41
Employer contribution - Full Time Employee	60.21	104.51	114.53	162.36
Employee deduction - Full Time Employee	0.00	14.76	18.10	34.05
Total Premium	60.21	119.27	132.63	196.41
Employer contribution - PT Mgmt, Classified Employee	30.11	30.11	30.11	30.11
Employee deduction - PT Mgmt, Classified Employee	30.10	89.16	102.52	166.30
Total Premium	60.21	119.27	132.63	196.41
COBRA Monthly Premium	61.41	121.66	135.28	200.34

### 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	40.58	80.37	89.38	132.38
Employer contribution - Full Time Employee	40.58	70.42	77.18	109.43
Employee deduction - Full Time Employee	0.00	9.95	12.20	22.95
Total Premium	40.58	80.37	89.38	132.38
Employer contribution - PT Mgmt, Classified Employee	20.29	20.29	20.29	20.29
Employee deduction - PT Mgmt, Classified Employee	20.29	60.08	69.09	112.09
Total Premium	40.58	80.37	89.38	132.38
COBRA Monthly Premium	41.39	81.98	91.17	135.03

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

	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	48.17	96.34	102.62	153.93
Employer contribution - Full Time Employee	48.17	84.30	89.01	127.49
Employee deduction - Full Time Employee	0.00	12.04	13.61	26.44
Total Premium	48.17	96.34	102.62	153.93
Employer contribution - PT Mgmt, Classified Employee	24.09	24.09	24.09	24.09
Employee deduction - PT Mgmt, Classified Employee	24.08	72.25	78.53	129.84
Total Premium	48.17	96.34	102.62	153.93
COBRA Monthly Premium	49.13	98.27	104.67	157.01

### VISION OPTIONS

<b>MODA Opal Vision Plan (\$600 Plan Year Maximum Benefit)</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	21.83	47.99	41.40	67.60
Employer contribution - Full Time Employee	21.83	41.45	36.51	56.16
Employee deduction - Full Time Employee	0.00	6.54	4.89	11.44
Total Premium	21.83	47.99	41.40	67.60
Employer contribution - PT Mgmt, Classified Employee	10.92	10.92	10.92	10.92
Employee deduction - PT Mgmt, Classified Employee	10.91	37.07	30.48	56.68
Total Premium	21.83	47.99	41.40	67.60
COBRA Monthly Premium	22.27	48.95	42.23	68.95

<b>MODA Pearl Vision Plan (\$400 Plan Year Maximum Benefit)</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	17.81	39.24	33.87	55.26
Employer contribution - Full Time Employee	17.81	33.88	29.86	45.90
Employee deduction - Full Time Employee	0.00	5.36	4.01	9.36
Total Premium	17.81	39.24	33.87	55.26
Employer contribution - PT Mgmt, Classified Employee	8.91	8.91	8.91	8.91
Employee deduction - PT Mgmt, Classified Employee	8.90	30.33	24.96	46.35
Total Premium	17.81	39.24	33.87	55.26
COBRA Monthly Premium	18.17	40.02	34.55	56.37

<b>MODA Quartz Vision Plan (\$250 Plan Year Maximum Benefit)</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	12.58	27.71	23.91	38.99
Employer contribution - Full Time Employee	12.58	23.93	21.08	32.39
Employee deduction - Full Time Employee	0.00	3.78	2.83	6.60
Total Premium	12.58	27.71	23.91	38.99
Employer contribution - PT Mgmt, Classified Employee	6.29	6.29	6.29	6.29
Employee deduction - PT Mgmt, Classified Employee	6.29	21.42	17.62	32.70
Total Premium	12.58	27.71	23.91	38.99
COBRA Monthly Premium	12.83	28.26	24.39	39.77

<b>VSP Choice Plus Plan</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	14.15	31.14	26.90	43.87
Employer contribution - Full Time Employee	14.15	26.89	23.71	36.44
Employee deduction - Full Time Employee	0.00	4.25	3.19	7.43
Total Premium	14.15	31.14	26.90	43.87
Employer contribution - PT Mgmt, Classified Employee	7.08	7.08	7.08	7.08
Employee deduction - PT Mgmt, Classified Employee	7.07	24.06	19.82	36.79
Total Premium	14.15	31.14	26.90	43.87
COBRA Monthly Premium	14.43	31.76	27.44	44.75

<b>VSP Choice Plan</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	6.89	15.14	13.08	21.33
Employer contribution - Full Time Employee	6.89	13.08	11.53	17.72
Employee deduction - Full Time Employee	0.00	2.06	1.55	3.61
Total Premium	6.89	15.14	13.08	21.33
Employer contribution - PT Mgmt, Classified Employee	3.45	3.45	3.45	3.45
Employee deduction - PT Mgmt, Classified Employee	3.44	11.69	9.63	17.88
Total Premium	6.89	15.14	13.08	21.33
COBRA Monthly Premium	7.03	15.44	13.34	21.76

**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	Per \$10,000	Per \$2,000
	Max \$500,000	Max \$500,000	Max \$10,000

**Long Term Care (Optional)**

Based on age and coverage amount. See calculator at [unuminfo.com/oebb](http://unuminfo.com/oebb)

Employee Contribution

**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