



Benefit Rate Sheet

Oregon Educators Benefit Board Plan Options

10/01/2017 - 09/30/2018

	EE Only	EE+Spouse	EE+Child(ren)	Family
MEDICAL OPTIONS				
MODA Alder Synergy/Summit (\$400 deductible)				
Retiree Monthly Premium	638.97	1,405.74	1,214.07	1,980.86
Employer contribution - Full Time Employee	638.97	1,214.05	1,070.30	1,645.39
Employee deduction - Full Time Employee	0.00	191.69	143.77	335.47
Total Premium	638.97	1,405.74	1,214.07	1,980.86
Employer contribution - PT Mgmt, Classified Employee	319.49	319.49	319.49	319.49
Employee deduction - PT Mgmt, Classified Employee	319.48	1,086.25	894.58	1,661.37
Total Premium	638.97	1,405.74	1,214.07	1,980.86
COBRA Monthly Premium	651.75	1,433.85	1,238.35	2,020.48
MODA Birch Synergy/Summit (\$800 deductible)				
Retiree Monthly Premium	565.45	1,243.99	1,074.36	1,752.92
Employer contribution - Full Time Employee	565.45	1,074.36	947.13	1,456.05
Employee deduction - Full Time Employee	0.00	169.63	127.23	296.87
Total Premium	565.45	1,243.99	1,074.36	1,752.92
Employer contribution - PT Mgmt, Classified Employee	282.73	282.73	282.73	282.73
Employee deduction - PT Mgmt, Classified Employee	282.72	961.26	791.63	1,470.19
Total Premium	565.45	1,243.99	1,074.36	1,752.92
COBRA Monthly Premium	576.76	1,268.87	1,095.85	1,787.98
MODA Birch PPO Plan (\$800 deductible)				
Retiree Monthly Premium	628.29	1,382.22	1,193.75	1,947.71
Employer contribution - Full Time Employee	628.29	1,193.74	1,052.39	1,617.86
Employee deduction - Full Time Employee	0.00	188.48	141.36	329.85
Total Premium	628.29	1,382.22	1,193.75	1,947.71
Employer contribution - PT Mgmt, Classified Employee	314.15	314.15	314.15	314.15
Employee deduction - PT Mgmt, Classified Employee	314.14	1,068.07	879.60	1,633.56
Total Premium	628.29	1,382.22	1,193.75	1,947.71
COBRA Monthly Premium	640.86	1,409.86	1,217.63	1,986.66
MODA Cedar Synergy/Summit (\$1200 deductible)				
Retiree Monthly Premium	522.65	1,149.84	993.06	1,620.29
Employer contribution - Full Time Employee	522.65	993.04	875.46	1,345.88
Employee deduction - Full Time Employee	0.00	156.80	117.60	274.41
Total Premium	522.65	1,149.84	993.06	1,620.29
Employer contribution - PT Mgmt, Classified Employee	261.33	261.33	261.33	261.33
Employee deduction - PT Mgmt, Classified Employee	261.32	888.51	731.73	1,358.96
Total Premium	522.65	1,149.84	993.06	1,620.29
COBRA Monthly Premium	533.10	1,172.84	1,012.92	1,652.70
MODA Cedar PPO Plan (\$1200 deductible)				
Retiree Monthly Premium	580.73	1,277.60	1,103.40	1,800.31
Employer contribution - Full Time Employee	580.73	1,103.38	972.73	1,495.42
Employee deduction - Full Time Employee	0.00	174.22	130.67	304.89
Total Premium	580.73	1,277.60	1,103.40	1,800.31
Employer contribution - PT Mgmt, Classified Employee	290.37	290.37	290.37	290.37
Employee deduction - PT Mgmt, Classified Employee	290.36	987.23	813.03	1,509.94
Total Premium	580.73	1,277.60	1,103.40	1,800.31
COBRA Monthly Premium	592.34	1,303.15	1,125.47	1,836.32
MODA Dogwood Synergy/Summit (\$1600 deductible)				
Without H S A				
Retiree Monthly Premium	471.55	1,037.41	895.97	1,461.83
Employer contribution - Full Time Employee	471.55	895.95	789.87	1,214.26
Employee deduction - Full Time Employee	0.00	141.46	106.10	247.57
Total Premium	471.55	1,037.41	895.97	1,461.83
Employer contribution - PT Mgmt, Classified Employee	235.78	235.78	235.78	235.78
Employee deduction - PT Mgmt, Classified Employee	235.77	801.63	660.19	1,226.05
Total Premium	471.55	1,037.41	895.97	1,461.83
COBRA Monthly Premium	480.98	1,058.16	913.89	1,491.07

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

Retiree Monthly Premium	523.93	1,152.66	995.51	1,624.26
Employer contribution - Full Time Employee	523.93	995.48	877.62	1,349.18
Employee deduction - Full Time Employee	0.00	157.18	117.89	275.08
Total Premium	<u>523.93</u>	<u>1,152.66</u>	<u>995.51</u>	<u>1,624.26</u>
Employer contribution - PT Mgmt, Classified Employee	261.97	261.97	261.97	261.97
Employee deduction - PT Mgmt, Classified Employee	261.96	890.69	733.54	1,362.29
Total Premium	<u>523.93</u>	<u>1,152.66</u>	<u>995.51</u>	<u>1,624.26</u>
COBRA Monthly Premium	<u>534.41</u>	<u>1,175.71</u>	<u>1,015.42</u>	<u>1,656.75</u>

MODA Evergreen Synergy/Summit (\$1600 deductible)**Health Savings Account Compliant (Must have an HSA)**

Retiree Monthly Premium	419.43	922.74	796.92	1,300.24
Employer contribution - Full Time Employee	419.43	796.91	702.55	1,080.04
Employee deduction - Full Time Employee	0.00	125.83	94.37	220.20
Total Premium	<u>419.43</u>	<u>922.74</u>	<u>796.92</u>	<u>1,300.24</u>
Employer contribution - PT Mgmt, Classified Employee	209.72	209.72	209.72	209.72
Employee deduction - PT Mgmt, Classified Employee	209.71	713.02	587.20	1,090.52
Total Premium	<u>419.43</u>	<u>922.74</u>	<u>796.92</u>	<u>1,300.24</u>
COBRA Monthly Premium	<u>427.82</u>	<u>941.19</u>	<u>812.86</u>	<u>1,326.24</u>

MODA Evergreen PPO Plan (\$1600 deductible)**Health Savings Account Compliant (Must have an HSA)**

Retiree Monthly Premium	466.03	1,025.26	885.47	1,444.70
Employer contribution - Full Time Employee	466.03	885.45	780.61	1,200.03
Employee deduction - Full Time Employee	0.00	139.81	104.86	244.67
Total Premium	<u>466.03</u>	<u>1,025.26</u>	<u>885.47</u>	<u>1,444.70</u>
Employer contribution - PT Mgmt, Classified Employee	233.02	233.02	233.02	233.02
Employee deduction - PT Mgmt, Classified Employee	233.01	792.24	652.45	1,211.68
Total Premium	<u>466.03</u>	<u>1,025.26</u>	<u>885.47</u>	<u>1,444.70</u>
COBRA Monthly Premium	<u>475.35</u>	<u>1,045.77</u>	<u>903.18</u>	<u>1,473.59</u>

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	64.09	126.95	141.18	209.07
Employer contribution - Full Time Employee	64.09	111.24	121.91	172.83
Employee deduction - Full Time Employee	0.00	15.71	19.27	36.24
Total Premium	<u>64.09</u>	<u>126.95</u>	<u>141.18</u>	<u>209.07</u>
Employer contribution - PT Mgmt, Classified Employee	32.05	32.05	32.05	32.05
Employee deduction - PT Mgmt, Classified Employee	32.04	94.90	109.13	177.02
Total Premium	<u>64.09</u>	<u>126.95</u>	<u>141.18</u>	<u>209.07</u>
COBRA Monthly Premium	<u>65.37</u>	<u>129.49</u>	<u>144.00</u>	<u>213.25</u>

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	56.56	112.04	124.59	184.51
Employer contribution - Full Time Employee	56.56	98.17	107.58	152.52
Employee deduction - Full Time Employee	0.00	13.87	17.01	31.99
Total Premium	<u>56.56</u>	<u>112.04</u>	<u>124.59</u>	<u>184.51</u>
Employer contribution - PT Mgmt, Classified Employee	28.28	28.28	28.28	28.28
Employee deduction - PT Mgmt, Classified Employee	28.28	83.76	96.31	156.23
Total Premium	<u>56.56</u>	<u>112.04</u>	<u>124.59</u>	<u>184.51</u>
COBRA Monthly Premium	<u>57.69</u>	<u>114.28</u>	<u>127.08</u>	<u>188.20</u>

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

Retiree Monthly Premium	42.31	83.77	85.03	129.89
Employer contribution - Full Time Employee	42.31	73.41	74.35	108.00
Employee deduction - Full Time Employee	0.00	10.36	10.68	21.89
Total Premium	<u>42.31</u>	<u>83.77</u>	<u>85.03</u>	<u>129.89</u>
Employer contribution - PT Mgmt, Classified Employee	21.16	21.16	21.16	21.16
Employee deduction - PT Mgmt, Classified Employee	21.15	62.61	63.87	108.73
Total Premium	<u>42.31</u>	<u>83.77</u>	<u>85.03</u>	<u>129.89</u>
COBRA Monthly Premium	<u>43.16</u>	<u>85.45</u>	<u>86.73</u>	<u>132.49</u>

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

Retiree Monthly Premium	37.81	74.90	83.29	123.35
Employer contribution - Full Time Employee	37.81	65.63	71.92	101.97
Employee deduction - Full Time Employee	0.00	9.27	11.37	21.38
Total Premium	37.81	74.90	83.29	123.35
Employer contribution - PT Mgmt, Classified Employee	18.91	18.91	18.91	18.91
Employee deduction - PT Mgmt, Classified Employee	18.90	55.99	64.38	104.44
Total Premium	37.81	74.90	83.29	123.35
COBRA Monthly Premium	38.57	76.40	84.96	125.82

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

Retiree Monthly Premium	42.75	84.65	90.07	135.36
Employer contribution - Full Time Employee	42.75	74.18	78.24	112.21
Employee deduction - Full Time Employee	0.00	10.47	11.83	23.15
Total Premium	42.75	84.65	90.07	135.36
Employer contribution - PT Mgmt, Classified Employee	21.38	21.38	21.38	21.38
Employee deduction - PT Mgmt, Classified Employee	21.37	63.27	68.69	113.98
Total Premium	42.75	84.65	90.07	135.36
COBRA Monthly Premium	43.61	86.34	91.87	138.07

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

Retiree Monthly Premium	12.90	28.43	24.53	40.02
Employer contribution - Full Time Employee	12.90	24.55	21.62	33.24
Employee deduction - Full Time Employee	0.00	3.88	2.91	6.78
Total Premium	12.90	28.43	24.53	40.02
Employer contribution - PT Mgmt, Classified Employee	6.45	6.45	6.45	6.45
Employee deduction - PT Mgmt, Classified Employee	6.45	21.98	18.08	33.57
Total Premium	12.90	28.43	24.53	40.02
COBRA Monthly Premium	13.16	29.00	25.02	40.82

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

Retiree Monthly Premium	18.27	40.26	34.76	56.71
Employer contribution - Full Time Employee	18.27	34.76	30.64	47.10
Employee deduction - Full Time Employee	0.00	5.50	4.12	9.61
Total Premium	18.27	40.26	34.76	56.71
Employer contribution - PT Mgmt, Classified Employee	9.14	9.14	9.14	9.14
Employee deduction - PT Mgmt, Classified Employee	9.13	31.12	25.62	47.57
Total Premium	18.27	40.26	34.76	56.71
COBRA Monthly Premium	18.64	41.07	35.46	57.84

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

Retiree Monthly Premium	22.39	49.23	42.50	69.37
Employer contribution - Full Time Employee	22.39	42.52	37.47	57.63
Employee deduction - Full Time Employee	0.00	6.71	5.03	11.74
Total Premium	22.39	49.23	42.50	69.37
Employer contribution - PT Mgmt, Classified Employee	11.20	11.20	11.20	11.20
Employee deduction - PT Mgmt, Classified Employee	11.19	38.03	31.30	58.17
Total Premium	22.39	49.23	42.50	69.37
COBRA Monthly Premium	22.84	50.21	43.35	70.76

VSP Choice Plus Plan

Retiree Monthly Premium	18.83	41.43	35.78	58.37
Employer contribution - Full Time Employee	18.83	35.78	31.54	48.49
Employee deduction - Full Time Employee	0.00	5.65	4.24	9.88
Total Premium	18.83	41.43	35.78	58.37
Employer contribution - PT Mgmt, Classified Employee	9.42	9.42	9.42	9.42
Employee deduction - PT Mgmt, Classified Employee	9.41	32.01	26.36	48.95
Total Premium	18.83	41.43	35.78	58.37
COBRA Monthly Premium	19.21	42.26	36.50	59.54

VSP Choice Plan

Retiree Monthly Premium	9.16	20.15	17.40	28.39
Employer contribution - Full Time Employee	9.16	17.40	15.34	23.58
Employee deduction - Full Time Employee	0.00	2.75	2.06	4.81
Total Premium	9.16	20.15	17.40	28.39
Employer contribution - PT Mgmt, Classified Employee	4.58	4.58	4.58	4.58
Employee deduction - PT Mgmt, Classified Employee	4.58	15.57	12.82	23.81
Total Premium	9.16	20.15	17.40	28.39
COBRA Monthly Premium	9.34	20.55	17.75	28.96

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 1.22

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	0.40	0.57	0.52	0.75	0.10
25-29	0.45	0.64	0.62	0.89	
30-34	0.50	0.80	0.83	1.19	
35-39	0.70	1.00	0.94	1.36	
40-44	1.00	1.43	1.15	1.66	
45-49	1.50	2.12	1.78	2.52	
50-54	2.30	3.24	2.62	3.71	
55-59	4.30	5.93	4.72	6.53	
60-64	6.60	9.04	7.13	9.78	
65-69	12.70	17.02	13.63	18.29	
70-74	14.80	20.60	16.34	21.46	
75+	20.60	26.40	37.74	48.38	

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