

## Benefit Rate Sheet

Oregon Educators Benefit Board Plan Options

|  | 10/01/2023 - 09/30/2 | 2024 |
|--|----------------------|------|
| MEDICAL OPTIONS  |                      |      |
| MODA Plan 1 (\$400/\$500/\$800 deductible)               | EE Only              |      |
| Retiree Monthly Premium                                  | 767.25               |      |
| Employer contribution - Full Time Employee               | 690.53               |      |
| Employee deduction - Full Time Employee                  | 76.73                |      |
| Total Premium  | 767.25               |      |
|  |                      |      |
| MODA Plan 2 (\$800/\$900/\$1600 deductible)              | EE Only              |      |
| Retiree Monthly Premium                                  | 711.74               |      |
| Employer contribution - Full Time Employee               | 640.57               |      |
| Employee deduction - Full Time Employee                  | 71.17                |      |
| Total Premium  | 711.74               |      |
|  |                      |      |
| MODA Plan 3 (\$1200/\$1300/\$2400 deductible)            | EE Only              |      |
| Retiree Monthly Premium                                  | 667.73               |      |
| Employer contribution - Full Time Employee               | 600.96               |      |
| Employee deduction - Full Time Employee                  | 66.77                |      |
| Total Premium  | 667.73               |      |
|  |                      |      |
| Moda Plan 4 (\$1600/\$1700/\$3200 deductible)            | EE Only              |      |
| Retiree Monthly Premium                                  | 630.50               |      |
| Employer contribution - Full Time Employee               | 567.45               |      |
| Employee deduction - Full Time Employee                  | 63.05                |      |
| Total Premium  | 630.50               |      |
|  |                      |      |
| MODA Plan 6 (\$1600/\$1700/\$3200 deductible)            |                      |      |
| Health Savings Account Compliant - HSA Optional          | EE Only              |      |
| Retiree Monthly Premium                                  | 594.09               |      |
| Employer contribution - Full Time Employee               | 534.68               |      |
| Employee deduction - Full Time Employee<br>Total Premium | <u> </u>             |      |
|  | 394.09               |      |
|  |                      |      |