



## Benefit Rate Sheet

Oregon Educators Benefit Board Plan Options

10/01/2023 - 09/30/2024

### MEDICAL OPTIONS

<b>MODA Plan 1 (\$400/\$500/\$800 deductible)</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	767.25	1,687.93	1,457.80	2,378.52
Employer contribution - Full Time Employee	767.25	1,457.76	1,285.16	1,975.70
Employee deduction - Full Time Employee	0.00	230.17	172.64	402.82
<b>Total Premium</b>	<b>767.25</b>	<b>1,687.93</b>	<b>1,457.80</b>	<b>2,378.52</b>
Employer contribution - PT Mgmt, Classified Employee	383.63	383.63	383.63	383.63
Employee deduction - PT Mgmt, Classified Employee	383.62	1,304.30	1,074.17	1,994.89
<b>Total Premium</b>	<b>767.25</b>	<b>1,687.93</b>	<b>1,457.80</b>	<b>2,378.52</b>
COBRA Monthly Premium	782.60	1,721.69	1,486.96	2,426.09

  

<b>MODA Plan 2 (\$800/\$900/\$1600 deductible)</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	711.74	1,565.82	1,352.33	2,206.43
Employer contribution - Full Time Employee	711.74	1,352.30	1,192.18	1,832.76
Employee deduction - Full Time Employee	0.00	213.52	160.15	373.67
<b>Total Premium</b>	<b>711.74</b>	<b>1,565.82</b>	<b>1,352.33</b>	<b>2,206.43</b>
Employer contribution - PT Mgmt, Classified Employee	355.87	355.87	355.87	355.87
Employee deduction - PT Mgmt, Classified Employee	355.87	1,209.95	996.46	1,850.56
<b>Total Premium</b>	<b>711.74</b>	<b>1,565.82</b>	<b>1,352.33</b>	<b>2,206.43</b>
COBRA Monthly Premium	725.97	1,597.14	1,379.38	2,250.56

  

<b>MODA Plan 3 (\$1200/\$1300/\$2400 deductible)</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	667.73	1,469.01	1,268.73	2,070.02
Employer contribution - Full Time Employee	667.73	1,268.69	1,118.48	1,719.45
Employee deduction - Full Time Employee	0.00	200.32	150.25	350.57
<b>Total Premium</b>	<b>667.73</b>	<b>1,469.01</b>	<b>1,268.73</b>	<b>2,070.02</b>
Employer contribution - PT Mgmt, Classified Employee	333.87	333.87	333.87	333.87
Employee deduction - PT Mgmt, Classified Employee	333.86	1,135.14	934.86	1,736.15
<b>Total Premium</b>	<b>667.73</b>	<b>1,469.01</b>	<b>1,268.73</b>	<b>2,070.02</b>
COBRA Monthly Premium	681.08	1,498.39	1,294.10	2,111.42

  

<b>Moda Plan 4 (\$1600/\$1700/\$3200 deductible)</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	630.50	1,387.10	1,197.96	1,954.59
Employer contribution - Full Time Employee	630.50	1,197.95	1,056.10	1,623.57
Employee deduction - Full Time Employee	0.00	189.15	141.86	331.02
<b>Total Premium</b>	<b>630.50</b>	<b>1,387.10</b>	<b>1,197.96</b>	<b>1,954.59</b>
Employer contribution - PT Mgmt, Classified Employee	315.25	315.25	315.25	315.25
Employee deduction - PT Mgmt, Classified Employee	315.25	1,071.85	882.71	1,639.34
<b>Total Premium</b>	<b>630.50</b>	<b>1,387.10</b>	<b>1,197.96</b>	<b>1,954.59</b>
COBRA Monthly Premium	643.11	1,414.84	1,221.92	1,993.68

  

<b>MODA Plan 6 (\$1600/\$1700/\$3200 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	594.09	1,307.01	1,128.81	1,841.73
Employer contribution - Full Time Employee	594.09	1,128.78	995.13	1,529.82
Employee deduction - Full Time Employee	0.00	178.23	133.68	311.91
<b>Total Premium</b>	<b>594.09</b>	<b>1,307.01</b>	<b>1,128.81</b>	<b>1,841.73</b>
Employer contribution - PT Mgmt, Classified Employee	297.05	297.05	297.05	297.05
Employee deduction - PT Mgmt, Classified Employee	297.04	1,009.96	831.76	1,544.68
<b>Total Premium</b>	<b>594.09</b>	<b>1,307.01</b>	<b>1,128.81</b>	<b>1,841.73</b>
COBRA Monthly Premium	605.97	1,333.15	1,151.39	1,878.56

**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

	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	65.61	129.99	144.54	214.06
Employer contribution - Full Time Employee	65.61	113.90	124.81	176.95
Employee deduction - Full Time Employee	0.00	16.09	19.73	37.11
<b>Total Premium</b>	<b>65.61</b>	<b>129.99</b>	<b>144.54</b>	<b>214.06</b>
Employer contribution - PT Mgmt, Classified Employee	32.81	32.81	32.81	32.81
Employee deduction - PT Mgmt, Classified Employee	32.80	97.18	111.73	181.25
<b>Total Premium</b>	<b>65.61</b>	<b>129.99</b>	<b>144.54</b>	<b>214.06</b>
COBRA Monthly Premium	66.92	132.59	147.43	218.34

**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

	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	57.95	114.80	127.67	189.06
Employer contribution - Full Time Employee	57.95	100.59	110.24	156.28
Employee deduction - Full Time Employee	0.00	14.21	17.43	32.78
<b>Total Premium</b>	<b>57.95</b>	<b>114.80</b>	<b>127.67</b>	<b>189.06</b>
Employer contribution - PT Mgmt, Classified Employee	28.98	28.98	28.98	28.98
Employee deduction - PT Mgmt, Classified Employee	28.97	85.82	98.69	160.08
<b>Total Premium</b>	<b>57.95</b>	<b>114.80</b>	<b>127.67</b>	<b>189.06</b>
COBRA Monthly Premium	59.11	117.10	130.22	192.84

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

	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	44.25	87.59	88.91	135.83
Employer contribution - Full Time Employee	44.25	76.76	77.75	112.94
Employee deduction - Full Time Employee	0.00	10.83	11.16	22.89
<b>Total Premium</b>	<b>44.25</b>	<b>87.59</b>	<b>88.91</b>	<b>135.83</b>
Employer contribution - PT Mgmt, Classified Employee	22.13	22.13	22.13	22.13
Employee deduction - PT Mgmt, Classified Employee	22.12	65.46	66.78	113.70
<b>Total Premium</b>	<b>44.25</b>	<b>87.59</b>	<b>88.91</b>	<b>135.83</b>
COBRA Monthly Premium	45.14	89.34	90.69	138.55

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

	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	56.88	112.68	125.30	185.55
Employer contribution - Full Time Employee	56.88	98.73	108.20	153.38
Employee deduction - Full Time Employee	0.00	13.95	17.10	32.17
<b>Total Premium</b>	<b>56.88</b>	<b>112.68</b>	<b>125.30</b>	<b>185.55</b>
Employer contribution - PT Mgmt, Classified Employee	28.44	28.44	28.44	28.44
Employee deduction - PT Mgmt, Classified Employee	28.44	84.24	96.86	157.11
<b>Total Premium</b>	<b>56.88</b>	<b>112.68</b>	<b>125.30</b>	<b>185.55</b>
COBRA Monthly Premium	58.02	114.93	127.81	189.26

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

	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	38.33	75.92	84.43	125.05
Employer contribution - Full Time Employee	38.33	66.52	72.91	103.37
Employee deduction - Full Time Employee	0.00	9.40	11.52	21.68
<b>Total Premium</b>	<b>38.33</b>	<b>75.92</b>	<b>84.43</b>	<b>125.05</b>
Employer contribution - PT Mgmt, Classified Employee	19.17	19.17	19.17	19.17
Employee deduction - PT Mgmt, Classified Employee	19.16	56.75	65.26	105.88
<b>Total Premium</b>	<b>38.33</b>	<b>75.92</b>	<b>84.43</b>	<b>125.05</b>
COBRA Monthly Premium	39.10	77.44	86.12	127.55

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

	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	46.99	93.99	100.11	150.18
Employer contribution - Full Time Employee	46.99	82.24	86.83	124.38
Employee deduction - Full Time Employee	0.00	11.75	13.28	25.80
<b>Total Premium</b>	<b>46.99</b>	<b>93.99</b>	<b>100.11</b>	<b>150.18</b>
Employer contribution - PT Mgmt, Classified Employee	23.50	23.50	23.50	23.50
Employee deduction - PT Mgmt, Classified Employee	23.49	70.49	76.61	126.68
<b>Total Premium</b>	<b>46.99</b>	<b>93.99</b>	<b>100.11</b>	<b>150.18</b>
COBRA Monthly Premium	47.93	95.87	102.11	153.18

**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	21.99	48.35	41.72	68.10
Employer contribution - Full Time Employee	21.99	41.76	36.79	56.57
Employee deduction - Full Time Employee	0.00	6.59	4.93	11.53
<b>Total Premium</b>	<b>21.99</b>	<b>48.35</b>	<b>41.72</b>	<b>68.10</b>
Employer contribution - PT Mgmt, Classified Employee	11.00	11.00	11.00	11.00
Employee deduction - PT Mgmt, Classified Employee	10.99	37.35	30.72	57.10
<b>Total Premium</b>	<b>21.99</b>	<b>48.35</b>	<b>41.72</b>	<b>68.10</b>
COBRA Monthly Premium	22.43	49.32	42.55	69.46

<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	17.94	39.54	34.13	55.67
Employer contribution - Full Time Employee	17.94	34.14	30.08	46.24
Employee deduction - Full Time Employee	0.00	5.40	4.05	9.43
<b>Total Premium</b>	<b>17.94</b>	<b>39.54</b>	<b>34.13</b>	<b>55.67</b>
Employer contribution - PT Mgmt, Classified Employee	8.97	8.97	8.97	8.97
Employee deduction - PT Mgmt, Classified Employee	8.97	30.57	25.16	46.70
<b>Total Premium</b>	<b>17.94</b>	<b>39.54</b>	<b>34.13</b>	<b>55.67</b>
COBRA Monthly Premium	18.30	40.33	34.81	56.78

<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	12.67	27.92	24.09	39.28
Employer contribution - Full Time Employee	12.67	24.11	21.24	32.63
Employee deduction - Full Time Employee	0.00	3.81	2.85	6.65
<b>Total Premium</b>	<b>12.67</b>	<b>27.92</b>	<b>24.09</b>	<b>39.28</b>
Employer contribution - PT Mgmt, Classified Employee	6.34	6.34	6.34	6.34
Employee deduction - PT Mgmt, Classified Employee	6.33	21.58	17.75	32.94
<b>Total Premium</b>	<b>12.67</b>	<b>27.92</b>	<b>24.09</b>	<b>39.28</b>
COBRA Monthly Premium	12.92	28.48	24.57	40.07

<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	14.56	32.04	27.68	45.14
Employer contribution - Full Time Employee	14.56	27.67	24.40	37.50
Employee deduction - Full Time Employee	0.00	4.37	3.28	7.64
<b>Total Premium</b>	<b>14.56</b>	<b>32.04</b>	<b>27.68</b>	<b>45.14</b>
Employer contribution - PT Mgmt, Classified Employee	7.28	7.28	7.28	7.28
Employee deduction - PT Mgmt, Classified Employee	7.28	24.76	20.40	37.86
<b>Total Premium</b>	<b>14.56</b>	<b>32.04</b>	<b>27.68</b>	<b>45.14</b>
COBRA Monthly Premium	14.85	32.68	28.23	46.04

<b>VSP Choice Plan</b>	<b>EE Only</b>	<b>EE+Spouse</b>	<b>EE+Child(ren)</b>	<b>Family</b>
Retiree Monthly Premium	7.09	15.58	13.45	21.95
Employer contribution - Full Time Employee	7.09	13.46	11.86	18.24
Employee deduction - Full Time Employee	0.00	2.12	1.59	3.71
<b>Total Premium</b>	<b>7.09</b>	<b>15.58</b>	<b>13.45</b>	<b>21.95</b>
Employer contribution - PT Mgmt, Classified Employee	3.55	3.55	3.55	3.55
Employee deduction - PT Mgmt, Classified Employee	3.54	12.03	9.90	18.40
<b>Total Premium</b>	<b>7.09</b>	<b>15.58</b>	<b>13.45</b>	<b>21.95</b>
COBRA Monthly Premium	7.23	15.89	13.72	22.39

**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)**

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