



Benefit Rate Sheet

Oregon Educators Benefit Board Plan Options

10/01/2024 - 09/30/2025

MEDICAL OPTIONS

MODA Plan 1 (\$400/\$500/\$800 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	793.33	1,745.32	1,507.36	2,459.39
Employer contribution - Full Time Employee	793.33	1,507.32	1,328.85	2,042.88
Employee deduction - Full Time Employee	0.00	238.00	178.51	416.51
Total Premium	793.33	1,745.32	1,507.36	2,459.39
Employer contribution - PT Mgmt, Classified Employee	396.67	396.67	396.67	396.67
Employee deduction - PT Mgmt, Classified Employee	396.66	1,348.65	1,110.69	2,062.72
Total Premium	793.33	1,745.32	1,507.36	2,459.39
COBRA Monthly Premium	809.20	1,780.23	1,537.51	2,508.58

MODA Plan 2 (\$800/\$900/\$1600 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	735.94	1,619.06	1,398.31	2,281.45
Employer contribution - Full Time Employee	735.94	1,398.28	1,232.72	1,895.07
Employee deduction - Full Time Employee	0.00	220.78	165.59	386.38
Total Premium	735.94	1,619.06	1,398.31	2,281.45
Employer contribution - PT Mgmt, Classified Employee	367.97	367.97	367.97	367.97
Employee deduction - PT Mgmt, Classified Employee	367.97	1,251.09	1,030.34	1,913.48
Total Premium	735.94	1,619.06	1,398.31	2,281.45
COBRA Monthly Premium	750.66	1,651.44	1,426.28	2,327.08

MODA Plan 3 (\$1200/\$1300/\$2400 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	690.43	1,518.96	1,311.87	2,140.41
Employer contribution - Full Time Employee	690.43	1,311.83	1,156.51	1,777.92
Employee deduction - Full Time Employee	0.00	207.13	155.36	362.49
Total Premium	690.43	1,518.96	1,311.87	2,140.41
Employer contribution - PT Mgmt, Classified Employee	345.22	345.22	345.22	345.22
Employee deduction - PT Mgmt, Classified Employee	345.21	1,173.74	966.65	1,795.19
Total Premium	690.43	1,518.96	1,311.87	2,140.41
COBRA Monthly Premium	704.24	1,549.34	1,338.11	2,183.22

Moda Plan 4 (\$1600/\$1700/\$3200 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Retiree Monthly Premium	651.94	1,434.27	1,238.70	2,021.05
Employer contribution - Full Time Employee	651.94	1,238.69	1,092.01	1,678.77
Employee deduction - Full Time Employee	0.00	195.58	146.69	342.28
Total Premium	651.94	1,434.27	1,238.70	2,021.05
Employer contribution - PT Mgmt, Classified Employee	325.97	325.97	325.97	325.97
Employee deduction - PT Mgmt, Classified Employee	325.97	1,108.30	912.73	1,695.08
Total Premium	651.94	1,434.27	1,238.70	2,021.05
COBRA Monthly Premium	664.98	1,462.96	1,263.47	2,061.47

MODA Plan 6 (\$1600/\$1700/\$3200 deductible)	EE Only	EE+Spouse	EE+Child(ren)	Family
Health Savings Account Compliant - HSA Optional				
Retiree Monthly Premium	614.29	1,351.45	1,167.19	1,904.35
Employer contribution - Full Time Employee	614.29	1,167.16	1,028.97	1,581.84
Employee deduction - Full Time Employee	0.00	184.29	138.22	322.51
Total Premium	614.29	1,351.45	1,167.19	1,904.35
Employer contribution - PT Mgmt, Classified Employee	307.15	307.15	307.15	307.15
Employee deduction - PT Mgmt, Classified Employee	307.14	1,044.30	860.04	1,597.20
Total Premium	614.29	1,351.45	1,167.19	1,904.35
COBRA Monthly Premium	626.58	1,378.48	1,190.53	1,942.44

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	67.54	133.80	148.78	220.33
Employer contribution - Full Time Employee	67.54	117.24	128.47	182.13
Employee deduction - Full Time Employee	0.00	16.56	20.31	38.20
Total Premium	67.54	133.80	148.78	220.33
Employer contribution - PT Mgmt, Classified Employee	33.77	33.77	33.77	33.77
Employee deduction - PT Mgmt, Classified Employee	33.77	100.03	115.01	186.56
Total Premium	67.54	133.80	148.78	220.33
COBRA Monthly Premium	68.89	136.48	151.76	224.74

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	59.66	118.17	131.41	194.60
Employer contribution - Full Time Employee	59.66	103.54	113.47	160.87
Employee deduction - Full Time Employee	0.00	14.63	17.94	33.73
Total Premium	59.66	118.17	131.41	194.60
Employer contribution - PT Mgmt, Classified Employee	29.83	29.83	29.83	29.83
Employee deduction - PT Mgmt, Classified Employee	29.83	88.34	101.58	164.77
Total Premium	59.66	118.17	131.41	194.60
COBRA Monthly Premium	60.85	120.53	134.04	198.49

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	45.54	90.16	91.51	139.81
Employer contribution - Full Time Employee	45.54	79.01	80.02	116.24
Employee deduction - Full Time Employee	0.00	11.15	11.49	23.57
Total Premium	45.54	90.16	91.51	139.81
Employer contribution - PT Mgmt, Classified Employee	22.77	22.77	22.77	22.77
Employee deduction - PT Mgmt, Classified Employee	22.77	67.39	68.74	117.04
Total Premium	45.54	90.16	91.51	139.81
COBRA Monthly Premium	46.45	91.96	93.34	142.61

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	58.55	115.98	128.97	190.99
Employer contribution - Full Time Employee	58.55	101.62	111.37	157.88
Employee deduction - Full Time Employee	0.00	14.36	17.60	33.11
Total Premium	58.55	115.98	128.97	190.99
Employer contribution - PT Mgmt, Classified Employee	29.28	29.28	29.28	29.28
Employee deduction - PT Mgmt, Classified Employee	29.27	86.70	99.69	161.71
Total Premium	58.55	115.98	128.97	190.99
COBRA Monthly Premium	59.72	118.30	131.55	194.81

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	39.46	78.15	86.91	128.72
Employer contribution - Full Time Employee	39.46	68.48	75.05	106.41
Employee deduction - Full Time Employee	0.00	9.67	11.86	22.31
Total Premium	39.46	78.15	86.91	128.72
Employer contribution - PT Mgmt, Classified Employee	19.73	19.73	19.73	19.73
Employee deduction - PT Mgmt, Classified Employee	19.73	58.42	67.18	108.99
Total Premium	39.46	78.15	86.91	128.72
COBRA Monthly Premium	40.25	79.71	88.65	131.29

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

	EE Only	EE+Spouse	EE+Child(ren)	Family
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
Total Premium	46.99	93.99	100.11	150.18
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
Total Premium	46.99	93.99	100.11	150.18
COBRA Monthly Premium	47.93	95.87	102.11	153.18

VISION OPTIONS

MODA Opal Vision Plan (\$600 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
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

MODA Pearl Vision Plan (\$400 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
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

MODA Quartz Vision Plan (\$250 Plan Year Maximum Benefit)	EE Only	EE+Spouse	EE+Child(ren)	Family
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

VSP Choice Plus Plan	EE Only	EE+Spouse	EE+Child(ren)	Family
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

VSP Choice Plan	EE Only	EE+Spouse	EE+Child(ren)	Family
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

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