



Moda Health 2019-20 Plan Year
Plans and Monthly Rates
(Effective October 1, 2019)



Medical & Pharmacy					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Moda Medical Plans	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Moda Medical Plan 1					\$1,614.36
Moda Medical Plan 2					\$1,501.87
Moda Medical Plan 3					\$1,411.88
Moda Medical Plan 4					\$1,339.85
Moda Medical Plan 5					\$1,238.89
Moda Medical Plan 6*					\$1,268.74
Moda Medical Plan 7*					\$1,184.12

Medical & Pharmacy - Select¹					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Moda Medical Plans Select¹	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Moda Medical Plan 1 Select ¹					\$1,614.36
Moda Medical Plan 2 Select ¹					\$1,501.87
Moda Medical Plan 3 Select ¹					\$1,399.01
Moda Medical Plan 4 Select ¹					\$1,305.69
Moda Medical Plan 5 Select ¹					\$1,238.89
Moda Medical Plan 6 Select ^{1*}					\$1,187.86
Moda Medical Plan 7 Select ^{1*}					\$1,149.30

* This plan MAY be paired with an HSA (Health Savings Account), but the HSA is not required. Pharmacy is included in this plan as any other covered medical expense. Rx's are applied to the deductible. Once the deductible is met Rx's are paid at the same level as other covered medical expenses.

¹ Select rates apply only to members whose most recent OEBB medical plan enrollment between June 30, 2019 and September 30, 2019 was in a Moda CCM Synergy/Summit Plan.



Moda Health/Delta Dental 2019-20 Plan Year
Plans and Monthly Rates
(Effective October 1, 2019)



Dental and Orthodontia					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Provider network noted in plan name below	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Premier Plan 1 - Delta Dental Premier Network					\$161.70
Premier Plan 5 - Delta Dental Premier Network					\$142.70
Premier Plan 6* - Delta Dental Premier Network					\$100.90
Exclusive PPO Plan** - Delta Dental PPO Network					\$95.39

* This plan has no orthodontia coverage

** This plan has no out-of-network benefit. Services performed by providers outside the Delta Dental PPO network are not covered unless for a dental emergency. Covered emergencies consist of problem focused exam, palliative treatment and x-rays. All other services are considered non-covered.

Moda Health 2019-20 Plan Year
Plans and Monthly Rates
(Effective October 1, 2019)



Vision					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
May use any licensed provider	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Opal Plan					\$55.36
Pearl Plan					\$45.25
Quartz Plan					\$31.94



Willamette Dental Group 2019-20 Plan Year
Plans and Monthly Rates
(Effective October 1, 2019)



Dental and Orthodontia					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Must use Willamette Dental Group facilities and providers for all non-emergency services	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Willamette Dental Plan					\$120.62



VSP Vision 2019-20 Plan Year
Plans and Monthly Rates
 (Effective October 1, 2019)



Vision					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Vision plans using the VSP Choice network	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
VSP Choice Plus Plan					\$45.13
VSP Choice Plan					\$21.94

The Standard
Optional Life Insurance Plans and Rates
2019-20 Plan Year
 (no change from 2018-19)



Optional Employee Life Plans and Rates \$10,000 - \$500,000 Maximum Benefit		
Age as of Each October 1st	Monthly Rate Per Each \$10,000 of Benefit	
	If employee HAS NOT used tobacco in the past 12 months	If employee HAS used tobacco in the past 12 months
Under 25	\$0.340	\$0.500
25 – 29	\$0.383	\$0.600
30 – 34	\$0.425	\$0.800
35 – 39	\$0.595	\$0.900
40 – 44	\$0.850	\$1.216
45 – 49	\$1.275	\$1.802
50 – 54	\$1.955	\$2.754
55 – 59	\$3.655	\$5.041
60 – 64	\$5.610	\$7.684
65 – 69	\$10.795	\$14.467
70 – 74	\$12.580	\$20.600
75+	\$17.510	\$22.440

Optional Spouse Life Plans and Rates \$10,000 - \$500,000 Maximum Benefit		
Age as of Each October 1st	Monthly Rate Per Each \$10,000 of Benefit	
	If spouse HAS NOT used tobacco in the past 12 months	If spouse HAS used tobacco in the past 12 months
Under 25	\$0.468	\$0.675
25 – 29	\$0.558	\$0.801
30 – 34	\$0.747	\$1.071
35 – 39	\$0.846	\$1.224
40 – 44	\$1.000	\$1.494
45 – 49	\$1.500	\$2.268
50 – 54	\$2.300	\$3.339
55 – 59	\$4.250	\$5.877
60 – 64	\$6.420	\$8.802
65 – 69	\$12.270	\$16.461
70 – 74	\$14.710	\$20.600
75+	\$20.600	\$43.542

Optional Child Life Plan and Rate \$2,000 - \$10,000 Maximum Benefit	
Monthly Rate for \$2,000 of Benefit	\$0.100



The Standard
Accidental Death and Dismemberment Basic and Optional
Plans and Rates
2019-20 Plan Year
(No change from 2018-19)

Basic Accidental Death and Dismemberment (AD&D) Plans		
Plan Design	Benefit Level	Rate Per \$1,000 of Benefit
Plan 1	\$5,000	\$0.015
Plan 2	\$7,500	\$0.015
Plan 3	\$10,000	\$0.015
Plan 4	\$15,000	\$0.015
Plan 5	\$20,000	\$0.015
Plan 6	\$25,000	\$0.015
Plan 7	\$30,000	\$0.015
Plan 8	\$35,000	\$0.015
Plan 9	\$40,000	\$0.015
Plan 10	\$50,000	\$0.015
Plan 11	\$100,000	\$0.015
Plan 12	\$110,000	\$0.015
Plan 13	\$200,000	\$0.015
Plan 14	\$300,000	\$0.015
Plan 15	1 Times Annual Pay Max \$300,000	\$0.015
Plan 16	2 Times Annual Pay Max \$300,000	\$0.015
Plan 18	\$150,000	\$0.015

Optional Employee AD&D Plan	
\$10,000 - \$500,000 Maximum Benefit	
Rate per \$10,000 of benefit	\$0.200

Optional Spouse AD&D Plan	
\$10,000 - \$500,000 Maximum Benefit	
Rate per \$10,000 of benefit	\$0.200

Optional Child AD&D Plan	
\$2,000 - \$10,000 Maximum Benefit	
Rate per \$2,000 of benefit	\$0.040





The Standard
Short Term Disability Plans and Rates

2019-20 Plan Year

(no change from 2018-19)

VOLUNTARY ENROLLMENT - EMPLOYEE PAID PLANS

Allows each employee to choose whether or not they wish to enroll. Premiums must be paid by the employee.

	Voluntary Enrollment - Employee Paid								
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9
Benefit Waiting Period (Days)									
Benefit Duration (Days)									
Maximum Weekly Benefit									
Benefit Percentage									
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)									

	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14	Plan 16	Plan 17
Benefit Waiting Period (Days)					14		
Benefit Duration (Days)					90		
Maximum Weekly Benefit					\$1,500		
Benefit Percentage					66 ⅔%		
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)					0.00598		

*** Maximum Monthly Pre-disability Earnings:**

- For 60% Plan: The first \$10,833 of employee's monthly pre-disability earnings
- For 66 ⅔% Plan: The first \$9,750 of employee's monthly pre-disability earnings
- For 70% Plan: The first \$9,286 of employee's monthly pre-disability earnings

CULVER OFFERS ONLY PLAN #14





The Standard
Long Term Disability Plans and Rates
 2019-20 Plan Year
 (no change from 2018-19)

VOLUNTARY ENROLLMENT - EMPLOYEE PAID PLANS

Allows each employee to choose whether or not they wish to enroll.
 Premiums must be paid by the employee.

	Voluntary Enrollment - Employee Paid					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Benefit Waiting Period (Days)						90
Maximum Monthly Benefit						\$8,000
Benefit Percentage						66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)						0.00553

CULVER OFFERS ONLY PLAN #6

*** Maximum Monthly Pre-disability Earnings:**

- For 50% Plan: The first \$16,000 of employee's monthly pre-disability earnings
- For 60% Plan: The first \$13,333 of employee's monthly pre-disability earnings
- For 66 ⅔% Plan: The first \$12,000 of employee's monthly pre-disability earnings





Unum

**Long Term Care Rates Per \$1,000 of Benefit
2019-20 Plan Year (No change from 2018-19)**



Employee-Paid Rates Without Qualified Partnership Program							With Total Home Care						
EE Paid Rates	3 Years	6 Years	Lifetime	With 5% Simple Inflation			EE Paid Rates	3 Years	6 Years	Lifetime	With 5% Simple Inflation		
				3 Years	6 Years	Lifetime					3 Years	6 Years	Lifetime
18-30	\$2.40	\$3.10	\$4.60	\$6.00	\$8.50	\$10.60	18-30	\$3.90	\$5.00	\$7.30	\$9.30	\$13.10	\$16.40
31	\$2.50	\$3.30	\$4.70	\$6.30	\$8.90	\$11.10	31	\$4.00	\$5.20	\$7.50	\$9.70	\$13.80	\$17.20
32	\$2.70	\$3.40	\$4.80	\$6.60	\$9.40	\$11.70	32	\$4.20	\$5.50	\$7.70	\$10.20	\$14.50	\$18.00
33	\$2.80	\$3.60	\$5.00	\$7.00	\$9.80	\$12.30	33	\$4.40	\$5.70	\$7.90	\$10.80	\$15.20	\$19.00
34	\$2.90	\$3.80	\$5.10	\$7.30	\$10.30	\$12.90	34	\$4.70	\$6.00	\$8.20	\$11.30	\$16.00	\$19.90
35	\$3.10	\$3.90	\$5.30	\$7.70	\$10.90	\$13.50	35	\$4.90	\$6.30	\$8.40	\$11.90	\$16.80	\$20.90
36	\$3.20	\$4.10	\$5.50	\$8.10	\$11.40	\$14.20	36	\$5.10	\$6.60	\$8.70	\$12.50	\$17.60	\$22.00
37	\$3.40	\$4.40	\$5.70	\$8.50	\$12.00	\$14.90	37	\$5.40	\$6.90	\$9.00	\$13.20	\$18.50	\$23.10
38	\$3.60	\$4.60	\$5.90	\$9.00	\$12.60	\$15.70	38	\$5.70	\$7.30	\$9.30	\$13.90	\$19.50	\$24.20
39	\$3.80	\$4.80	\$6.10	\$9.50	\$13.30	\$16.50	39	\$6.00	\$7.70	\$9.70	\$14.60	\$20.50	\$25.50
40	\$4.00	\$5.10	\$6.30	\$10.00	\$13.90	\$17.30	40	\$6.30	\$8.10	\$10.10	\$15.40	\$21.60	\$26.80
41	\$4.10	\$5.20	\$6.50	\$10.40	\$14.40	\$17.90	41	\$6.60	\$8.30	\$10.40	\$16.00	\$22.30	\$27.70
42	\$4.30	\$5.40	\$6.70	\$10.80	\$14.90	\$18.50	42	\$6.80	\$8.70	\$10.70	\$16.60	\$23.10	\$28.60
43	\$4.50	\$5.70	\$7.00	\$11.20	\$15.50	\$19.10	43	\$7.10	\$9.00	\$11.10	\$17.30	\$23.90	\$29.60
44	\$4.70	\$5.90	\$7.20	\$11.70	\$16.00	\$19.80	44	\$7.40	\$9.30	\$11.50	\$18.10	\$24.80	\$30.70
45	\$4.90	\$6.10	\$7.50	\$12.20	\$16.70	\$20.60	45	\$7.80	\$9.80	\$11.90	\$18.90	\$25.80	\$31.80
46	\$5.10	\$6.40	\$7.80	\$12.80	\$17.30	\$21.30	46	\$8.10	\$10.20	\$12.40	\$19.70	\$26.70	\$33.00
47	\$5.30	\$6.70	\$8.10	\$13.20	\$17.90	\$22.00	47	\$8.50	\$10.60	\$12.80	\$20.40	\$27.60	\$34.00
48	\$5.70	\$7.10	\$8.50	\$14.10	\$18.90	\$23.30	48	\$9.00	\$11.30	\$13.60	\$21.80	\$29.20	\$36.00
49	\$6.10	\$7.60	\$9.10	\$15.00	\$20.10	\$24.70	49	\$9.70	\$12.00	\$14.50	\$23.20	\$31.10	\$38.20
50	\$6.50	\$8.10	\$9.70	\$16.10	\$21.40	\$26.20	50	\$10.30	\$12.90	\$15.40	\$24.80	\$33.00	\$40.50
51	\$7.00	\$8.70	\$10.50	\$17.20	\$22.80	\$27.90	51	\$11.20	\$13.90	\$16.70	\$26.60	\$35.20	\$43.20
52	\$7.60	\$9.50	\$11.30	\$18.50	\$24.30	\$29.80	52	\$12.10	\$15.00	\$18.00	\$28.60	\$37.60	\$46.00
53	\$8.00	\$10.00	\$12.10	\$19.40	\$25.40	\$31.10	53	\$12.80	\$16.00	\$19.20	\$30.00	\$39.20	\$48.00
54	\$8.50	\$10.70	\$12.80	\$20.40	\$26.50	\$32.50	54	\$13.60	\$17.00	\$20.40	\$31.60	\$41.00	\$50.20
55	\$9.10	\$11.40	\$13.80	\$21.50	\$27.90	\$34.10	55	\$14.50	\$18.20	\$21.90	\$33.30	\$43.10	\$52.70
56	\$9.70	\$12.20	\$14.70	\$22.70	\$29.20	\$35.70	56	\$15.40	\$19.40	\$23.40	\$35.10	\$45.10	\$55.10
57	\$10.30	\$13.00	\$15.70	\$23.80	\$30.50	\$37.30	57	\$16.40	\$20.60	\$24.90	\$36.80	\$47.10	\$57.60
58	\$11.10	\$14.00	\$16.90	\$25.40	\$32.30	\$39.40	58	\$17.70	\$22.20	\$26.90	\$39.20	\$49.90	\$61.00
59	\$12.00	\$15.10	\$18.40	\$27.10	\$34.40	\$41.90	59	\$19.20	\$24.10	\$29.20	\$42.00	\$53.10	\$64.80
60	\$13.10	\$16.50	\$20.00	\$29.10	\$36.70	\$44.70	60	\$20.80	\$26.20	\$31.80	\$45.00	\$56.70	\$69.10
61	\$14.30	\$17.90	\$21.90	\$31.30	\$39.70	\$48.40	61	\$22.70	\$28.50	\$34.80	\$48.40	\$61.30	\$74.70
62	\$15.50	\$19.50	\$23.90	\$33.60	\$42.80	\$52.20	62	\$24.70	\$31.10	\$38.10	\$51.90	\$66.10	\$80.70
63	\$16.80	\$21.10	\$25.90	\$35.60	\$45.50	\$55.60	63	\$26.70	\$33.50	\$41.20	\$54.90	\$70.30	\$85.90
64	\$18.00	\$22.60	\$28.00	\$37.50	\$48.30	\$59.00	64	\$28.70	\$36.00	\$44.50	\$58.00	\$74.60	\$91.20
65	\$19.90	\$25.00	\$31.10	\$40.00	\$51.70	\$63.60	65	\$31.70	\$39.80	\$49.50	\$61.70	\$79.80	\$98.20
66	\$21.40	\$26.70	\$33.40	\$42.10	\$54.70	\$67.30	66	\$34.00	\$42.50	\$53.20	\$65.10	\$84.50	\$104.10
67	\$23.70	\$29.70	\$37.20	\$46.00	\$60.00	\$74.00	67	\$37.70	\$47.20	\$59.20	\$71.10	\$92.70	\$114.30
68	\$25.70	\$32.10	\$40.50	\$49.10	\$64.30	\$79.30	68	\$40.90	\$51.10	\$64.30	\$75.90	\$99.30	\$122.50
69	\$27.80	\$34.70	\$43.80	\$52.20	\$68.60	\$84.60	69	\$44.20	\$55.20	\$69.70	\$80.70	\$106.00	\$130.80
70	\$30.20	\$37.70	\$47.70	\$55.80	\$73.60	\$90.90	70	\$48.10	\$59.90	\$75.90	\$86.20	\$113.70	\$140.40
71	\$33.20	\$41.40	\$52.30	\$60.20	\$79.20	\$97.80	71	\$52.80	\$65.80	\$83.10	\$93.00	\$122.50	\$151.10
72	\$36.80	\$45.80	\$57.80	\$65.60	\$86.20	\$106.30	72	\$58.50	\$72.90	\$92.00	\$101.30	\$133.20	\$164.30
73	\$40.70	\$50.60	\$63.80	\$71.10	\$93.40	\$115.00	73	\$64.70	\$80.50	\$101.40	\$109.90	\$144.40	\$177.80
74	\$45.00	\$56.00	\$70.30	\$77.30	\$101.30	\$124.60	74	\$71.60	\$89.00	\$111.90	\$119.40	\$156.50	\$192.50
75	\$50.90	\$63.20	\$79.80	\$83.20	\$109.00	\$134.90	75	\$81.00	\$100.50	\$127.00	\$128.60	\$168.40	\$208.40
76	\$57.00	\$70.60	\$89.10	\$91.40	\$119.50	\$147.80	76	\$90.60	\$112.40	\$141.70	\$141.20	\$184.70	\$228.40
77	\$64.10	\$79.50	\$100.10	\$101.00	\$131.90	\$162.90	77	\$102.00	\$126.40	\$159.20	\$156.10	\$203.90	\$251.70
78	\$70.90	\$87.80	\$110.30	\$109.60	\$142.90	\$176.10	78	\$112.80	\$139.60	\$175.40	\$169.40	\$220.80	\$272.20
79	\$78.50	\$97.10	\$121.80	\$118.90	\$154.80	\$190.60	79	\$124.80	\$154.50	\$193.70	\$183.80	\$239.30	\$294.60
80	\$86.40	\$106.80	\$133.50	\$128.30	\$166.80	\$204.90	80	\$137.40	\$169.90	\$212.40	\$198.20	\$257.70	\$316.70

* Rates for Active Employees or Retirees that are 81 years of age and older are available upon request.