



**Moda Health 2020-21 Plan Year**  
**Plans and Monthly Rates**  
**(Effective October 1, 2020)**



Medical & Pharmacy					
OEBB Plan					Composite-Rated Groups
Moda Medical Plans					Unit
Moda Medical Plan 1					\$1,653.10
Moda Medical Plan 2					\$1,537.92
Moda Medical Plan 3					\$1,445.76
Moda Medical Plan 4					\$1,372.01
Moda Medical Plan 5					\$1,268.62
Moda Medical Plan 6*					\$1,299.19
Moda Medical Plan 7*					\$1,212.53

\* 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.

Vision					
OEBB Plan					Composite-Rated Groups
May use any licensed provider					Unit
Opal Plan					\$54.55
Pearl Plan					\$44.59
Quartz Plan					\$31.47

**COMPOSITE RATE ONLY**



**Moda Health/Delta Dental 2020-21 Plan Year**  
**Plans and Monthly Rates**  
 (Effective October 1, 2020)



Dental and Orthodontia		
OEBB Plan		Composite-Rated Groups
Provider network noted in plan name below	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Premier Plan 1 - Delta Dental Premier Network		\$161.43
Premier Plan 5 - Delta Dental Premier Network		\$142.47
Premier Plan 6* - Delta Dental Premier Network		\$100.74
Exclusive PPO Plan** - Delta Dental PPO Network		\$95.24

\* 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.

**COMPOSITE RATE ONLY**



**Willamette Dental Group 2020-21 Plan Year**  
**Plans and Monthly Rates**  
**(Effective October 1, 2020)**



<b>Dental and Orthodontia</b>		
<b>OEBB Plan</b>		<b>Composite-Rated Groups</b>
<b>Must use Willamette Dental Group facilities and providers for all non-emergency services</b>		<b>Unit</b>
Willamette Dental Plan		\$124.72

**COMPOSITE RATE ONLY**



**VSP Vision 2020-21 Plan Year**  
**Plans and Monthly Rates**  
**(Effective October 1, 2020)**



Vision					
OEBB Plan					Composite-Rated Groups
Vision plans using the VSP Choice network					Unit
VSP Choice Plus Plan					\$45.13
VSP Choice Plan					\$21.94

**COMPOSITE RATE ONLY**



**The Standard**  
**Optional Life Insurance Plans and Rates**  
**2020-21 Plan Year**  
 (no change from 2019-20)



<b>Optional Employee Life Plans and Rates</b> \$10,000 - \$500,000 Maximum Benefit		
<b>Age as of Each October 1st</b>	<b>Monthly Rate Per Each \$10,000 of Benefit</b>	
	<b>If employee HAS NOT used tobacco in the past 12 months</b>	<b>If employee HAS used tobacco in the past 12 months</b>
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

<b>Optional Spouse Life Plans and Rates</b> \$10,000 - \$500,000 Maximum Benefit		
<b>Age as of Each October 1st</b>	<b>Monthly Rate Per Each \$10,000 of Benefit</b>	
	<b>If spouse HAS NOT used tobacco in the past 12 months</b>	<b>If spouse HAS used tobacco in the past 12 months</b>
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

<b>Optional Child Life Plan and Rate</b> \$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**  
**2020-21 Plan Year**  
(No change from 2019-20)

<b>Optional Employee AD&amp;D Plan</b>	
<b>\$10,000 - \$500,000 Maximum Benefit</b>	
Rate per \$10,000 of benefit	\$0.200

<b>Optional Spouse AD&amp;D Plan</b>	
<b>\$10,000 - \$500,000 Maximum Benefit</b>	
Rate per \$10,000 of benefit	\$0.200

<b>Optional Child AD&amp;D Plan</b>	
<b>\$2,000 - \$10,000 Maximum Benefit</b>	
Rate per \$2,000 of benefit	\$0.040





**The Standard**  
**Short Term Disability Plans and Rates**  
 2020-21 Plan Year

Member Services  
 1-888-469-6322  
 OEBB.Benefits@state.or.us

(No change for employer paid plans from 2019-20. 50% reduction for employee paid plans from 2019-20)

**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									
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 14		
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*)	0.00299		

**\* 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**  
2020-21 Plan Year  
(no change from 2019-20)

**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 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  
2020-21 Plan Year (No change from 2019-20)**



Employer-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	\$1.90	\$2.50	\$3.70	\$4.80	\$6.80	\$8.50	18-30	\$3.10	\$4.00	\$5.90	\$7.40	\$10.50	\$13.10
31	\$2.00	\$2.60	\$3.80	\$5.00	\$7.10	\$8.90	31	\$3.20	\$4.20	\$6.00	\$7.80	\$11.00	\$13.80
32	\$2.10	\$2.70	\$3.90	\$5.30	\$7.50	\$9.30	32	\$3.40	\$4.40	\$6.20	\$8.20	\$11.60	\$14.40
33	\$2.20	\$2.90	\$4.00	\$5.60	\$7.90	\$9.80	33	\$3.50	\$4.60	\$6.30	\$8.60	\$12.20	\$15.20
34	\$2.30	\$3.00	\$4.10	\$5.90	\$8.30	\$10.30	34	\$3.70	\$4.80	\$6.50	\$9.10	\$12.80	\$15.90
35	\$2.50	\$3.20	\$4.20	\$6.20	\$8.70	\$10.80	35	\$3.90	\$5.00	\$6.70	\$9.50	\$13.40	\$16.70
36	\$2.60	\$3.30	\$4.40	\$6.50	\$9.10	\$11.40	36	\$4.10	\$5.30	\$7.00	\$10.00	\$14.10	\$17.60
37	\$2.70	\$3.50	\$4.50	\$6.80	\$9.60	\$11.90	37	\$4.30	\$5.50	\$7.20	\$10.50	\$14.80	\$18.50
38	\$2.90	\$3.70	\$4.70	\$7.20	\$10.10	\$12.50	38	\$4.50	\$5.80	\$7.50	\$11.10	\$15.60	\$19.40
39	\$3.00	\$3.90	\$4.90	\$7.60	\$10.60	\$13.20	39	\$4.80	\$6.10	\$7.80	\$11.70	\$16.40	\$20.40
40	\$3.20	\$4.10	\$5.10	\$8.00	\$11.20	\$13.90	40	\$5.00	\$6.40	\$8.10	\$12.30	\$17.20	\$21.40
41	\$3.50	\$4.50	\$5.50	\$8.80	\$12.30	\$15.20	41	\$5.60	\$7.10	\$8.80	\$13.60	\$19.00	\$23.50
42	\$3.60	\$4.60	\$5.70	\$9.20	\$12.70	\$15.70	42	\$5.80	\$7.40	\$9.10	\$14.10	\$19.60	\$24.30
43	\$3.80	\$4.80	\$5.90	\$9.50	\$13.10	\$16.30	43	\$6.00	\$7.60	\$9.40	\$14.70	\$20.30	\$25.10
44	\$4.00	\$5.00	\$6.10	\$10.00	\$13.60	\$16.90	44	\$6.30	\$7.90	\$9.80	\$15.40	\$21.10	\$26.00
45	\$4.10	\$5.20	\$6.40	\$10.40	\$14.20	\$17.50	45	\$6.60	\$8.30	\$10.10	\$16.10	\$21.90	\$27.00
46	\$4.30	\$5.40	\$6.60	\$10.80	\$14.70	\$18.10	46	\$6.90	\$8.70	\$10.50	\$16.80	\$22.70	\$28.00
47	\$4.50	\$5.70	\$6.90	\$11.20	\$15.20	\$18.70	47	\$7.20	\$9.00	\$10.90	\$17.40	\$23.50	\$28.90
48	\$4.80	\$6.00	\$7.30	\$12.00	\$16.10	\$19.80	48	\$7.70	\$9.60	\$11.60	\$18.50	\$24.90	\$30.60
49	\$5.20	\$6.40	\$7.70	\$12.80	\$17.10	\$21.00	49	\$8.20	\$10.20	\$12.30	\$19.80	\$26.40	\$32.40
50	\$5.50	\$6.90	\$8.20	\$13.60	\$18.20	\$22.30	50	\$8.80	\$10.90	\$13.10	\$21.10	\$28.10	\$34.40
51	\$6.30	\$7.90	\$9.40	\$15.50	\$20.50	\$25.10	51	\$10.10	\$12.50	\$15.00	\$24.00	\$31.70	\$38.80
52	\$6.80	\$8.50	\$10.20	\$16.60	\$21.90	\$26.80	52	\$10.90	\$13.50	\$16.20	\$25.70	\$33.80	\$41.40
53	\$7.20	\$9.00	\$10.90	\$17.50	\$22.90	\$28.00	53	\$11.50	\$14.40	\$17.30	\$27.00	\$35.30	\$43.20
54	\$7.70	\$9.60	\$11.60	\$18.40	\$23.90	\$29.20	54	\$12.20	\$15.30	\$18.40	\$28.40	\$36.90	\$45.20
55	\$8.20	\$10.30	\$12.40	\$19.40	\$25.10	\$30.70	55	\$13.10	\$16.30	\$19.70	\$30.00	\$38.80	\$47.40
56	\$8.70	\$10.90	\$13.20	\$20.40	\$26.30	\$32.10	56	\$13.90	\$17.40	\$21.10	\$31.50	\$40.60	\$49.60
57	\$9.30	\$11.70	\$14.10	\$21.40	\$27.40	\$33.50	57	\$14.80	\$18.50	\$22.40	\$33.10	\$42.40	\$51.80
58	\$10.00	\$12.60	\$15.20	\$22.80	\$29.10	\$35.50	58	\$15.90	\$20.00	\$24.20	\$35.30	\$44.90	\$54.90
59	\$10.80	\$13.60	\$16.50	\$24.40	\$30.90	\$37.70	59	\$17.20	\$21.70	\$26.30	\$37.80	\$47.80	\$58.30
60	\$11.80	\$14.80	\$18.00	\$26.20	\$33.00	\$40.30	60	\$18.70	\$23.60	\$28.60	\$40.50	\$51.00	\$62.20
61	\$13.60	\$17.00	\$20.80	\$29.70	\$37.70	\$45.90	61	\$21.60	\$27.10	\$33.00	\$45.90	\$58.20	\$71.00
62	\$14.80	\$18.60	\$22.70	\$31.90	\$40.60	\$49.60	62	\$23.50	\$29.50	\$36.20	\$49.30	\$62.80	\$76.70
63	\$15.90	\$20.00	\$24.60	\$33.80	\$43.20	\$52.80	63	\$25.30	\$31.80	\$39.10	\$52.20	\$66.80	\$81.60
64	\$17.10	\$21.50	\$26.60	\$35.60	\$45.90	\$56.10	64	\$27.20	\$34.20	\$42.20	\$55.10	\$70.90	\$86.60
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.