

# **2017-2018 INSURANCE PLAN OFFERINGS & PRICING**

**\*\*ALL HEALTH, DENTAL AND VISION PLANS ARE OFFERED AT COMPOSITE PRICING ONLY (THE LAST COLUMN)\*\***

## **FOR QUESTIONS/INFORMATION REGARDING ALL PLANS, PLEASE CONTACT THE FOLLOWING:**

**MODA MEDICAL & VISION PLANS:** 1-866-923-0409 Website: [www.modahealth.com/oebb](http://www.modahealth.com/oebb) Email: [OEBBquestions@modahealth.com](mailto:OEBBquestions@modahealth.com)

**VSP VISION PLANS:** 1-800-877-7195 Website: [www.vsp.com](http://www.vsp.com)

**MODA DENTAL PLANS:** 1-866-923-0410 Website: [www.modahealth.com/oebb](http://www.modahealth.com/oebb) Email: [OEBBquestions@modahealth.com](mailto:OEBBquestions@modahealth.com)

**WILLAMETTE DENTAL PLANS:** 1-855-433-6825 Website: [www.willamettedental.com/oebb](http://www.willamettedental.com/oebb) Email: [info@willamettedental.com](mailto:info@willamettedental.com)

**MODA PHARMACY PLANS:** 1-866-923-0411 Website: [www.modahealth.com/oebb](http://www.modahealth.com/oebb) Email: [OEBBquestions@modahealth.com](mailto:OEBBquestions@modahealth.com)

**UNUM LONG-TERM CARE PLANS:** 1-800-227-4165 Website: [unuminfo.com/OEBB002/index.aspx](http://unuminfo.com/OEBB002/index.aspx)

**THE STANDARD LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT, SHORT-TERM DISABILITY & LONG-TERM DISABILITY PLANS:**

Phone: 1-866-756-8115 Website: [www.standard.com/mybenefits/oebb](http://www.standard.com/mybenefits/oebb)



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

## Moda Health 2017-18 Plan Year Plans and Rates (Effective October 1, 2017)



<b>Medical &amp; Pharmacy - PPO</b>					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
PPO (Preferred Provider Organization) Plans using the Connexus Network	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Birch PPO - Connexus Network	\$628.29	\$1,382.22	\$1,193.75	\$1,947.71	\$1,495.30
Cedar PPO - Connexus Network	\$580.73	\$1,277.60	\$1,103.40	\$1,800.31	\$1,382.13
Dogwood PPO - Connexus Network	\$523.93	\$1,152.66	\$995.51	\$1,624.26	\$1,246.97
Evergreen* PPO - Connexus Network	\$466.03	\$1,025.26	\$885.47	\$1,444.70	\$1,109.14

<b>Medical &amp; Pharmacy - Synergy/Summit</b>					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
CCM (Coordinated Care Model) Plans using the Synergy/Summit Networks	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Alder CCM - Synergy or Summit Network	\$638.97	\$1,405.74	\$1,214.07	\$1,980.86	\$1,520.75
Birch CCM - Synergy or Summit Network	\$565.45	\$1,243.99	\$1,074.36	\$1,752.92	\$1,345.76
Cedar CCM - Synergy or Summit Network	\$522.65	\$1,149.84	\$993.06	\$1,620.29	\$1,243.92
Dogwood CCM - Synergy or Summit Network	\$471.55	\$1,037.41	\$895.97	\$1,461.83	\$1,122.28
Evergreen* CCM - Synergy or Summit Network	\$419.43	\$922.74	\$796.92	\$1,300.24	\$998.22

\* This plan MUST be paired with an HSA (Health Savings Account). 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.



**Moda Health/Delta Dental 2017-18 Plan Year**  
**Plans and Rates**  
**(Effective October 1, 2017)**



<b>Dental and Orthodontia</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</b>
<b>Provider network noted in plan name below</b>	<b>Employee Only</b>	<b>Employee + Spouse or Domestic Partner</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse or Domestic Partner + Child(ren)</b>	<b>Unit</b>
Premier Plan 1 - Delta Dental Premier Network	\$64.09	\$126.95	\$141.18	\$209.07	\$155.88
Premier Plan 5 - Delta Dental Premier Network	\$56.56	\$112.04	\$124.59	\$184.51	\$137.57
Premier Plan 6 - Delta Dental Premier Network <i>(this plan has no orthodontia coverage)</i>	\$42.31	\$83.77	\$85.03	\$129.89	\$97.27
Exclusive PPO Plan* - Delta Dental PPO Network	\$37.81	\$74.90	\$83.29	\$123.35	\$91.96

\* 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 2017-18 Plan Year**  
**Plans and Rates**  
**(Effective October 1, 2017)**



<b>Vision</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</b>
<b>May use any licensed provider</b>	<b>Employee Only</b>	<b>Employee + Spouse or Domestic Partner</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse or Domestic Partner + Child(ren)</b>	<b>Unit</b>
Opal Plan	\$22.39	\$49.23	\$42.50	\$69.37	\$51.10
Pearl Plan	\$18.27	\$40.26	\$34.76	\$56.71	\$41.77
Quartz Plan	\$12.90	\$28.43	\$24.53	\$40.02	\$29.48



**Willamette Dental Group 2017-18 Plan Year**  
**Plans and Rates**  
 (Effective October 1, 2017)



<b>Dental and Orthodontia</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</b>
<b>Must use Willamette Dental Group facilities and providers for all non-emergency services</b>	<b>Employee Only</b>	<b>Employee + Spouse or Domestic Partner</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse or Domestic Partner + Child(ren)</b>	<b>Unit</b>
Willamette Dental Plan	\$42.75	\$84.65	\$90.07	\$135.36	\$108.75



**VSP Vision 2017-18 Plan Year**  
**Plans and Rates**  
**(Effective October 1, 2017)**



<b>Vision</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</b>
<b>Vision plans using the VSP Choice network</b>	<b>Employee Only</b>	<b>Employee + Spouse or Domestic Partner</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse or Domestic Partner + Child(ren)</b>	<b>Unit</b>
VSP Choice Plus Plan	\$18.83	\$41.43	\$35.78	\$58.37	\$45.20
VSP Choice Plan	\$9.16	\$20.15	\$17.40	\$28.39	\$21.97

**The Standard**  
**Optional Life Insurance Plans and Rates**  
**2017-18 Plan Year**  
 (No change from 2016-17)



<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	\$0.400	\$0.570
25 – 29	\$0.450	\$0.640
30 – 34	\$0.500	\$0.800
35 – 39	\$0.700	\$1.000
40 – 44	\$1.000	\$1.430
45 – 49	\$1.500	\$2.120
50 – 54	\$2.300	\$3.240
55 – 59	\$4.300	\$5.930
60 – 64	\$6.600	\$9.040
65 – 69	\$12.700	\$17.020
70 – 74	\$14.800	\$20.600
75+	\$20.600	\$26.400

<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	\$0.520	\$0.750
25 – 29	\$0.620	\$0.890
30 – 34	\$0.830	\$1.190
35 – 39	\$0.940	\$1.360
40 – 44	\$1.150	\$1.660
45 – 49	\$1.780	\$2.520
50 – 54	\$2.620	\$3.710
55 – 59	\$4.720	\$6.530
60 – 64	\$7.130	\$9.780
65 – 69	\$13.630	\$18.290
70 – 74	\$16.340	\$21.460
75+	\$37.740	\$48.380

<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**  
**2017-18 Plan Year**  
(No change from 2016-17)

<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**  
2017-18 Plan Year (No change from 2016-17)

**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)					14				
Benefit Duration (Days)					60				
Maximum Monthly 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*)					0.00635				

	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14	Plan 15	Plan 16	Plan 17
Benefit Waiting Period (Days)								
Benefit Duration (Days)								
Maximum Monthly Benefit								
Benefit Percentage								
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)								

**\* 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





**The Standard**  
**Long Term Disability Plans and Rates**  
 2017-18 Plan Year (No change from 2016-17)

**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

**\* 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**  
**2017-18 Plan Year (No change from 2016-17)**



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.