



**Moda Health 2016-17 Plan Year**  
**Plans and Rates**  
**2016 Plan Year (Effective October 1, 2016)**



<b>Medical &amp; Pharmacy - Synergy/Summit</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</b>
<b>Synergy/Summit</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>
Alder	\$623.45	\$1,371.60	\$1,184.59	\$1,932.74	\$1,483.81
Birch	\$551.71	\$1,213.78	\$1,048.26	\$1,710.35	\$1,313.08
Cedar	\$497.25	\$1,093.97	\$944.80	\$1,541.54	\$1,183.47
Dogwood	\$433.22	\$953.10	\$823.14	\$1,343.03	\$1,031.07
Evergreen**	\$383.09	\$842.80	\$727.88	\$1,187.59	\$911.73

\* Alder PPO only available in Coos and Curry counties.

\*\* Pharmacy is included in this plan as any other covered medical expense. Rx's are applied to the deductible. Once the deductible is met they are paid at the same level as other covered medical expenses.



**Moda Health/Delta Dental 2016-17 Plan Year**

**Plans and Rates**

2016 Plan Year (Effective October 1, 2016)



<b>Dental and Orthodontia</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</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>
Plan 1 w/ Ortho	\$63.46	\$125.71	\$139.80	\$207.02	\$154.35
Plan 2 w/ Ortho	\$56.62	\$112.09	\$125.99	\$185.94	\$138.57
Plan 3 w/ Ortho	\$55.40	\$109.70	\$123.56	\$182.22	\$135.77
Plan 4 w/ Ortho	\$52.14	\$103.27	\$117.03	\$172.24	\$128.32
Plan 6 (excl. Ortho)	\$41.90	\$82.95	\$84.19	\$128.61	\$96.31

**Moda Health 2016-17 Plan Year**

**Plans and Rates**

2016 Plan Year (Effective October 1, 2016)



<b>Vision</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</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	\$21.92	\$48.20	\$41.62	\$67.92	\$50.04
Pearl	\$17.89	\$39.41	\$34.03	\$55.53	\$40.89
Quartz	\$12.64	\$27.83	\$24.01	\$39.19	\$28.87



**Willamette Dental Group 2016-17 Plan Year**

**Plans and Rates**

2016 Plan Year (Effective October 1, 2016)



<b>Dental and Orthodontia</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</b>
<b>DHMO</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>
Plan 8 w/ Ortho	\$41.93	\$83.03	\$88.35	\$132.77	\$106.67



**The Standard**  
**Basic Life Insurance Plans and Rates**  
**2016-17 Plan Year**  
 (No change from 2015-16)



Basic Life Plans and Rates		
Plan Design	Benefit Level	Monthly Rate Per Each \$1,000 of Benefit
Plan 1	\$5,000.00	\$0.122
Plan 2	\$7,500.00	\$0.122
Plan 3	\$10,000.00	\$0.122
Plan 4	\$15,000.00	\$0.122
Plan 5	\$20,000.00	\$0.122
Plan 6	\$25,000.00	\$0.122
Plan 7	\$30,000.00	\$0.122
Plan 8	\$35,000.00	\$0.122
Plan 9	\$40,000.00	\$0.122
Plan 10	\$50,000.00	\$0.122
Plan 11	\$100,000.00	\$0.122
Plan 12	\$110,000.00	\$0.122
Plan 13	\$200,000.00	\$0.122
Plan 14	\$300,000.00	\$0.122
Plan 15	1 Times Annual Pay, Maximum \$300,000	\$0.128
Plan 16	2 Times Annual Pay, Maximum \$300,000	\$0.128
Plan 17	3 Times Annual Pay, Maximum \$300,000	\$0.165

Basic Dependent Life Plans and Rates \$2,000 or \$5,000 Maximum Benefit	
Monthly Rate for \$2,000 of Benefit	\$0.500
Monthly Rate for \$5,000 of Benefit	\$1.250



**The Standard**  
**Optional Life Insurance Plans and Rates**  
**2016-17 Plan Year**  
 (No change from 2015-16)



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	\$0.400	\$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

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	\$0.520	\$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

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**  
**2016-17 Plan Year**  
 (No change from 2015-16)

<b>Basic Accidental Death and Dismemberment (AD&amp;D) Plans</b>		
<b>Plan Design</b>	<b>Benefit Level</b>	<b>Rate Per \$1,000 of Benefit</b>
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

<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**  
2016-17 Plan Year (No change from 2015-16)

**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)	7	7	7	14	14	14	30	30	30
Benefit Duration (Days)	60	60	60	60	60	60	60	60	60
Maximum Monthly Benefit	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Benefit Percentage	60%	66 2/3%	70%	60%	66 2/3%	70%	60%	66 2/3%	70%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00741	0.00823	0.00864	0.00572	0.00635	0.00667	0.00384	0.00429	0.00451

	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14	Plan 15	Plan 16	Plan 17
Benefit Waiting Period (Days)	7	7	7	14	14	14	30	30
Benefit Duration (Days)	90	90	90	90	90	90	90	90
Maximum Monthly Benefit	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Benefit Percentage	60%	66 2/3%	70%	60%	66 2/3%	70%	60%	66 2/3%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00857	0.00952	0.00999	0.00674	0.00748	0.00785	0.00467	0.00519

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

- For 60% Plan: The first \$10,833 of employee's monthly pre-disability earnings
- For 66 2/3% 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

2016-17 Plan Year (No change from 2015-16)

#### 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)	60	60	60	90	90	90
Maximum Monthly Benefit	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
Benefit Percentage	50%	60%	66 ⅔%	50%	60%	66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00412	0.00553	0.00694	0.00329	0.00447	0.00553

#### MANDATORY ENROLLMENT - EMPLOYER PAID PLANS

Requires all employees to enroll. Premiums must be paid by the employer.

	Mandatory Enrollment - Employer Paid					
	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11	Plan 12
Benefit Waiting Period (Days)	60	60	60	90	90	90
Maximum Monthly Benefit	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
Benefit Percentage	50%	60%	66 ⅔%	50%	60%	66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.002	0.00295	0.00389	0.00165	0.00235	0.00318

#### MANDATORY ENROLLMENT - EMPLOYEE PAID PLANS

Requires all employees to enroll. Premiums must be paid by the employee.

	Mandatory Enrollment - Employee Paid					
	Plan 13	Plan 14	Plan 15	Plan 16	Plan 17	Plan 18
Benefit Waiting Period (Days)	60	60	60	90	90	90
Maximum Monthly Benefit	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
Benefit Percentage	50%	60%	66 ⅔%	50%	60%	66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00329	0.00436	0.00553	0.00259	0.00353	0.00447

**\* 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**  
**2016-17 Plan Year (No change from 2015-16)**



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.