

Hood River County Group Buy up-Optional Choice Plans October 1, 2023-September 30, 2024

Buy Up Moda Medical Plan 1, 2, 3

	Employee Only			Employee + Spouse/Partner			Employee + Child (ren)			Employee + Family		
	Employee	County	Total Cost Premium	Employee	County	Total Cost Premium	Employee	County	Total Cost Premium	Employee	County	Total Cost Premium
Plan 1	\$ 231.32	\$ 535.93	\$ 767.25	\$ 508.90	\$ 1,179.04	\$ 1,687.94	\$ 439.53	\$ 1,018.27	\$ 1,457.80	\$ 717.12	\$ 1,661.40	\$ 2,378.52
Plan 2	\$ 175.81	\$ 535.93	\$ 711.74	\$ 386.78	\$ 1,179.04	\$ 1,565.82	\$ 334.06	\$ 1,018.27	\$ 1,352.33	\$ 545.03	\$ 1,661.40	\$ 2,206.43
Plan 3	\$ 131.80	\$ 535.93	\$ 667.73	\$ 289.97	\$ 1,179.04	\$ 1,469.01	\$ 250.46	\$ 1,018.27	\$ 1,268.73	\$ 408.62	\$ 1,661.40	\$ 2,070.02

Moda Medical Buy Up Plans 1, 2, 3 will be covered by Hood River County at the same value as County Group Moda Medical Plan 4. Hood River County covers Moda Medical Plan 4, Employee only rate at \$535.93; Employee + Spouse/Partner \$1,179.04; Employee + Child (ren) \$1,018.27 and Employee + Family at \$1,954.59. An Employee choosing a buy up plan will pay the difference between the Total Premium Cost and the Hood River County supported value for the selected specific program choice.

VSP Vision Choice Plus Plan

	Employee Only			Employee + Spouse/Partner			Employee + Child (ren)			Employee + Family		
	Employee	County	Total Cost Premium	Employee	County	Total Cost Premium	Employee	County	Total Cost Premium	Employee	County	Total Cost Premium
	\$ 8.53	\$ 6.03	\$ 14.56	\$ 18.80	\$ 13.24	\$ 32.04	\$ 16.25	\$ 11.43	\$ 27.68	\$ 26.48	\$ 18.66	\$ 45.14

VSP Choice Plus Buy Up Plan will be covered at the same value as the County Group VSP Vision Choice Plan. Hood River County covers VSP Vision Choice Plan Employee only rate \$6.03; Employee + Spouse/Partner \$13.24; Employee + Child (ren) \$11.43; Employee + Family \$18.66. An Employee choosing the buy up VSP Vision Choice Plus plan will pay the difference between the Total Premium Cost and the Hood River County supported value for the selected specific program choice.

Moda Health Delta Dental

	Employee Only			Employee + Spouse/Partner			Employee + Child (ren)			Employee + Family		
	Total Cost			Total Cost			Total Cost			Total Cost		
Premier Plan 1	\$ 65.61*			\$ 129.99			\$ 144.54			\$ 214.06		
Premier Plan 6**	\$ 44.25			\$ 87.59			\$ 88.91			\$ 135.83		

*Premier Plan 1 rate will be covered at the same value as the County Group Moda Delta Dental Premier Plan 5 - \$57.95. Employee portion is \$7.66

Dental Caps	
Non-Rep & General Employees	\$ 105.00
2503 PW & Forestry	\$ 150.00
LEA & FOPPO	\$ 100.00

**Moda Health Delta Dental Premier Plan 6 has no orthodontia coverage.

Optional Employee Life Plans and Rates

For More Information and Questions: 1-888-469-6322 or oebb.benefits@odhsoha.oregon.gov

The Standard
Optional Life Insurance Plans and Rates
2023-24 Plan Year

Rates are monthly unless otherwise noted



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	\$0.150	\$0.230
25 – 29	\$0.170	\$0.270
30 – 34	\$0.190	\$0.360
35 – 39	\$0.270	\$0.410
40 – 44	\$0.380	\$0.550
45 – 49	\$0.580	\$0.810
50 – 54	\$0.880	\$1.240
55 – 59	\$1.650	\$2.270
60 – 64	\$2.520	\$3.460
65 – 69	\$4.860	\$6.510
70 – 74	\$5.660	\$9.270
75+	\$7.880	\$10.100

Optional Spouse Life Plans and Rate

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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 employee HAS NOT used tobacco in the past 12 months	If employee HAS used tobacco in the past 12 months
Under 25	\$0.380	\$0.540
25 – 29	\$0.450	\$0.640
30 – 34	\$0.600	\$0.860
35 – 39	\$0.680	\$0.980
40 – 44	\$0.800	\$1.190
45 – 49	\$1.200	\$1.820
50 – 54	\$1.840	\$2.670
55 – 59	\$3.400	\$4.700
60 – 64	\$5.140	\$7.040
65 – 69	\$9.820	\$13.170
70 – 74	\$11.770	\$16.480
75+	\$16.480	\$34.830

Optional Child Life Plan and Rate

For More Information and Questions: 1-888-469-6322 or oebb.benefits@odhsoha.oregon.gov

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

Employee Paid Long-Term Care Rates

For More Information and Questions: 1-888-469-6322 or oebb.benefits@odhsoha.oregon.gov

Unum
Long Term Care Rates Per \$1,000 of Benefit
2023-24 Plan Year (No change from 2022-23)



Employee-Paid Rates Without Qualified Partnership Program												
EE Paid Rates	Without Total Home Care						With Total Home Care					
	3 Years	6 Years	Lifetime	With 5% Simple Inflation			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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$7.80	\$9.80	\$11.90	\$18.90	\$26.80	\$31.80
46	\$5.10	\$6.40	\$7.80	\$12.80	\$17.30	\$21.30	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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.