

SECTION 3: OPTIONAL PLANS

PEBB offers eligible employees the opportunity to select optional benefits. This section provides a summary of each option:

- **Optional Life Insurance** (beyond the required \$5,000 basic employee insurance) for the employee, the employee's spouse or domestic partner, and dependents
- **Short and Long Term Disability Insurance** for the employee only
- **Accidental Death and Dismemberment Insurance** for the employee, or the employee and eligible dependents
- **Long Term Care Insurance** for the employee, spouse or domestic partner, dependents and certain extended family members
- **Healthcare and Dependent Care Flexible Spending Accounts**

The state makes no contribution toward the cost of optional benefits. Optional benefits are voluntary choices you purchase on your own. Monthly premium payments or deposits for these benefits are your responsibility. When optional insurance benefits become effective, the insurance premium is deducted from your pay, and the pay stub or statement shows you the monthly deductions. When deposits to flexible spending accounts become effective, you will also see that as a deduction in your pay stub or statement.

When can I select optional benefits?

Newly hired or newly eligible employees have 60 days from the date of hire or eligibility date to enroll

Current employees may enroll or change optional benefits during Open Enrollment

Employees may enroll in or make changes to their benefits midyear if they experience a qualified status event that affects their eligibility for those benefits.

Eligible individuals may apply for long term care insurance anytime throughout the year.

Carrier approval of a medical history statement or evidence of insurability form may be required for optional life insurance or long term care insurance.

If I'm currently enrolled for optional benefits, do I have to re-enroll during Open Enrollment?

Only for one option – flexible spending accounts. If you currently participate in flexible spending accounts and you want to continue in the coming year, you must re-enroll during Open Enrollment. If you don't, your dependent care and/or healthcare flexible spending account will stop with the year's last payroll deduction. Your other optional benefits will continue during the new plan year.

During Open Enrollment, what is the quickest way to make changes?

The quickest and easiest way to check your benefits and make any changes is online at <https://pebb.benefits.oregon.gov/members>. This secure online benefit management system is available for all eligible employees to make changes during the Open Enrollment period. When you make online changes, you receive a benefit confirmation at the end of your enrollment process.

Employees have the opportunity to select optional benefits.

What if I don't have access to online enrollment?

You may enroll using paper forms. Submit 2007 enrollment forms to your agency no later than October 31. The forms are available from your agency or the PEBB Web site.

What if I want to change optional insurance benefits during the year?

You must have a QSC event, except for long term care, to enroll in or make changes to optional insurance benefits during the plan year (see page 18). You may apply to make changes to or enroll in long term care insurance at any time.

- **Medical and Dental:** Complete the Medical and Dental Update form. Submit the completed form to your agency.
- **Life and Disability:** Complete the Life and Disability Update form. Submit the completed form to your agency.
- **Flexible Spending Accounts:** Complete the Flexible Spending Account Update form. Submit the completed form to your agency.

What are the effective dates for optional benefits?

- **Open Enrollment:** January 1 of the new plan year, **unless** the plan must approve the application based on review of medical history or evidence of insurability. Changes are then effective the first of the month following the carrier's approval, but no sooner than the beginning of the new plan year
- **New hire or newly eligible employee:** The first of the month following your online enrollment or following your agency's receipt of your completed enrollment forms

- **Qualified Status Change:** The first of the month following receipt of the completed form by your agency, or the date of the QSC, whichever is later.

How will I know if my enrollments or changes were processed?

If you enroll online as a new hire or during Open Enrollment, print a copy of your benefit confirmation statement after you complete the online enrollment process.

If you make changes during the year because of and consistent with a QSC, you can print your statement from the online system after your agency has entered the changes. All employees will see deductions for their optional benefits on their pay stub or statement.

NOTE: Life insurance and long term care insurance enrollment may be delayed pending the plan's medical approval.

Please remember to review the first pay stub or statement of the new plan year, and monthly after that to confirm that enrollments and deductions are correct.

Optional Life Insurance _____

Beyond the \$5,000 basic life insurance coverage provided for all eligible employees, you may enroll in optional life insurance coverage with The Standard Insurance Company (Standard). You must self pay for this coverage; the state does not contribute towards this benefit. Eligible employees with optional life insurance coverage who retire may be able to continue or convert their coverage (see page 56).

What types of life insurance coverage are available?

- Dependents (\$5,000 value limit)
- Employees, spouses or domestic partners.

Is optional employee, spouse or domestic partner life insurance considered term life?

Yes. Term life insurance means that the insurance benefit is payable only if the insured dies during a specified period. The beneficiary receives the benefit payment if the insured dies while covered under the policy. This type of insurance does not accumulate any kind of cash value.

How much optional employee, spouse or domestic partner life coverage can I apply for?

- You and your spouse or partner may receive guaranteed acceptance coverage of \$20,000 if you enroll within 60 days of your hire date, or within 60 days of initial eligibility.
- You and your spouse or partner may each apply for coverage from \$20,000 to \$400,000 in \$20,000 increments.
- If your spouse or partner is also a state employee, the combined amount of coverage per person cannot exceed \$400,000.

Dependent Life Insurance

What is dependent life insurance?

PEBB offers employees the opportunity to purchase life insurance coverage for all eligible dependents, including a partner or spouse, for \$5,000 per dependent. You do not need to submit a medical history for this coverage.

What does it cost?

You must self pay for this coverage; the state does not contribute toward this benefit. The cost is \$1.29 per month for any number of dependents, and the premium payment is deducted after taxes are deducted.

Is this considered term life insurance?

Yes. The benefit is payable if the insured dies during a specified period. This type of insurance does not accumulate cash value. You are the beneficiary.

When can I apply?

- **During Open Enrollment.** The benefit is effective January 1 of the new plan year.
- **As a newly hired employee.** The benefit is effective the first of the month following the date you enroll online or your agency receives your completed enrollment form.
- **When you experience a qualified status change.** The benefit becomes effective the first of the month following the date your agency receives your completed Life and Disability Update form.

When is a medical history required?

If you:

- Enroll after 60 days of initial eligibility
- Request coverage of more than \$20,000 (if enrolling at initial eligibility), or
- Wish to increase your existing coverage.

NOTE: Applications for \$100,000 or more require physical and laboratory exams coordinated by Standard, at Standard's expense.

2007 Employee & Spouse or Domestic Partner Optional Life Insurance Monthly Premium Rates

Age →	To 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70& up
AMOUNT ↓											
\$20,000	\$1.20	\$1.40	\$1.80	\$2.00	\$2.20	\$3.40	\$5.00	\$9.40	\$14.60	\$28.00	\$45.40
\$40,000	\$2.40	\$2.80	\$3.60	\$4.00	\$4.40	\$6.80	\$10.00	\$18.80	\$29.20	\$56.00	\$90.80
\$60,000	\$3.60	\$4.20	\$5.40	\$6.00	\$6.60	\$10.20	\$15.00	\$28.20	\$43.80	\$84.00	\$136.20
\$80,000	\$4.80	\$5.60	\$7.20	\$8.00	\$8.80	\$13.60	\$20.00	\$37.60	\$58.40	\$112.00	\$181.60
\$100,000	\$6.00	\$7.00	\$9.00	\$10.00	\$11.00	\$17.00	\$25.00	\$47.00	\$73.00	\$140.00	\$227.00
\$120,000	\$7.20	\$8.40	\$10.80	\$12.00	\$13.20	\$20.40	\$30.00	\$56.40	\$87.60	\$168.00	\$272.40
\$140,000	\$8.40	\$9.80	\$12.60	\$14.00	\$15.40	\$23.80	\$35.00	\$65.80	\$102.20	\$196.00	\$317.80
\$160,000	\$9.60	\$11.20	\$14.40	\$16.00	\$17.60	\$27.20	\$40.00	\$75.20	\$116.80	\$224.00	\$363.20
\$180,000	\$10.80	\$12.60	\$16.20	\$18.00	\$19.80	\$30.60	\$45.00	\$84.60	\$131.40	\$252.00	\$408.60
\$200,000	\$12.00	\$14.00	\$18.00	\$20.00	\$22.00	\$34.00	\$50.00	\$94.00	\$146.00	\$280.00	\$454.00
\$220,000	\$13.20	\$15.40	\$19.80	\$22.00	\$24.20	\$37.40	\$55.00	\$103.40	\$160.60	\$308.00	\$499.40
\$240,000	\$14.40	\$16.80	\$21.60	\$24.00	\$26.40	\$40.80	\$60.00	\$112.80	\$175.20	\$336.00	\$544.80
\$260,000	\$15.60	\$18.20	\$23.40	\$26.00	\$28.60	\$44.20	\$65.00	\$122.20	\$189.80	\$364.00	\$590.20
\$280,000	\$16.80	\$19.60	\$25.20	\$28.00	\$30.80	\$47.60	\$70.00	\$131.60	\$204.40	\$392.00	\$635.60
\$300,000	\$18.00	\$21.00	\$27.00	\$30.00	\$33.00	\$51.00	\$75.00	\$141.00	\$219.00	\$420.00	\$681.00
\$320,000	\$19.20	\$22.40	\$28.80	\$32.00	\$35.20	\$54.40	\$80.00	\$150.40	\$233.60	\$448.00	\$726.40
\$340,000	\$20.40	\$23.80	\$30.60	\$34.00	\$37.40	\$57.80	\$85.00	\$159.80	\$248.20	\$476.00	\$771.80
\$360,000	\$21.60	\$25.20	\$32.40	\$36.00	\$39.60	\$61.20	\$90.00	\$169.20	\$262.80	\$504.00	\$817.20
\$380,000	\$22.80	\$26.60	\$34.20	\$38.00	\$41.80	\$64.60	\$95.00	\$178.60	\$277.40	\$532.00	\$862.60
\$400,000	\$24.00	\$28.00	\$36.00	\$40.00	\$44.00	\$68.00	\$100.00	\$188.00	\$292.00	\$560.00	\$908.00

When can I enroll, and what are the life insurance plans' effective dates of coverage?

You must be actively at work on the effective date for life insurance to take effect. That means you must be physically on the job and receive pay for that date.

During Open Enrollment:

You may enroll in or increase employee and/or spouse or partner coverage amounts.

- Enroll online or complete and submit enrollment forms to your agency.
- Complete and submit a medical history statement to Standard, which will approve or deny your enrollment based on your medical history.

***NOTE:** Employee and spouse or partner life coverage becomes effective the first of the month following approval by Standard, but no earlier than the beginning of the new plan year.*

New Hire Enrollment:

You must enroll within 60 days of your hire date.

- Enroll online, or complete and submit an enrollment form to your agency, which must be received within 60 days from your hire date.
- The first \$20,000 of employee and/or spouse or partner life coverage is guarantee issue and becomes effective the first of the month following the date you enroll online or your agency receives your completed enrollment form.
- Employee and spouse or partner life in excess of \$20,000 (\$40,000 to \$400,000) **requires** completion of a medical history statement. Coverage is effective the first of the month following approval by Standard.

When can I make changes during the year?

If you experience a consistent qualified status change event, you may enroll in or increase the employee and/or spouse or domestic partner life coverage amounts. Submit an update form to your agency. Complete and submit a medical history statement to Standard. Standard will approve or deny your enrollment based on your medical history.

Employee and spouse or partner life insurance is effective the first of the month following approval by Standard.

How is the premium deducted from my pay?

- **Life Insurance coverage** less than \$50,000: taken pretax.
- **Employee and Spouse or Partner Life Insurance** coverage of \$50,000 or more: taken post-tax.

Who determines the beneficiaries?

You choose the beneficiaries. If you do not name your beneficiaries, the designation reverts to the *standard designation*. The standard designation pays benefits according to the chain of family beneficiaries established by Oregon law. It automatically accounts for such life changes as marriage, divorce, death, birth or adoption within your family.

Make your beneficiary designations online at <https://pebb.benefits.oregon.gov/members>. If you choose to name your beneficiaries, you will need to enter:

- The person's (or trust's) legal name and relationship to you
- The whole number percentage you wish the person to receive from your benefit
- Whether the person is a primary or a contingent beneficiary.

What if my position terminates or I change employment?

If you lose benefit eligibility (for reasons other than total disability or retirement), you may continue or “port” your employee and/or spouse life coverage. Portability rates for continued coverage are based on the existing active employee plan rates.

What if my spouse, partner or I become disabled or retire?

Employees, spouses or partners who lose benefit eligibility due to a disability or retirement can convert to a whole life individual policy. A whole life policy provides coverage for an individual's whole life, rather than a specified term. You can apply for an individual policy of permanent life insurance without submitting evidence of insurability.

NOTE: *You must apply for portability or conversion directly to Standard within 60 days of your coverage end date.*

What are our options if we both work for the state and one of us loses benefit eligibility?

You may request that the employee, spouse or partner life insurance coverage be rolled over to the active enrollment. It is not necessary to complete a medical history statement to roll over the benefit.

What happens to my premium payment if I become disabled?

If you become totally disabled before age 60 from all occupations while insured, your insurance premium payment may be waived and your coverage may continue without further payment. For purposes of waiver of life insurance premium, insurance means the employee, spouse or domestic partner coverage (except coverage under the portability provision). Waiver of life insurance premium ends when you cease being totally disabled from all occupations, fail to provide ongoing

What life insurance options do employees have when they retire?

The Standard Insurance Company guarantees your acceptance without submitting evidence of insurability **if** you enroll in conversion or continuation coverage within 60 days from the date of your retirement. Generally, you may enroll for an amount that does not exceed 50 percent of the amount of basic and optional life insurance in effect on the day before your retirement date. The benefit amount will decrease by percentages as you age. For conversion information, contact Standard.

If when you retire, your spouse or domestic partner is a state employee, you can roll over your optional life insurance coverage premium to payroll deduction as long as your spouse or domestic partner continues state employment.

If you are enrolled for optional life insurance coverage as an employee, within 60 days of when your group coverage ends, you can:

- Continue up to 50 percent of the value of your employee life insurance without review of your medical history statement
- Convert your spouse and/or dependent life insurance to individual policies
- Convert your life insurance to individual policies
- Roll over your life insurance premium to your spouse's or domestic partner's payroll deduction if the spouse or partner works for the state.

NOTE: *You must complete the Retiree Life Insurance Application and submit it directly to Standard. The application is available online at the PEBB Web site. You may also contact PEBB to request a copy of the application.*

proof of eligibility, fail to cooperate with the insurance company or convert your life insurance.

When does my optional life policy pay out?

The Standard plan pays benefits upon death from any cause (excluding suicide during the first two years).

NOTE: To file a claim, contact Standard or your agency and ask for a Life Insurance Benefit application.

What if my spouse or partner or I become terminally ill?

If the insured individual becomes either terminally ill (with a life expectancy of less than 12 months), he or she may elect a one-time, lump-sum benefit payment.

Are there any exclusions to my life insurance benefits?

Yes. Optional employee and/or spouse or domestic life insurance is not payable if death results from suicide or other intentionally self-inflicted injury, while sane or insane.

NOTE: This is a summary only. For details relating to the PEBB-sponsored life insurance, please review the group life insurance certificate. The certificate is available online at www.oregon.gov/das/pebb. You may also contact PEBB to request a copy of the certificate.

2007 Retiree Life Insurance Monthly Premium Rates

Age →	Through 49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85 plus
Amount ↓									
\$10,000	\$3.00	\$4.50	\$5.50	\$7.50	\$15.00	\$25.00	\$37.50	\$55.00	\$82.00
\$20,000	\$6.00	\$9.00	\$11.00	\$15.00	\$30.00	\$50.00	\$75.00	\$110.00	\$164.00
\$30,000	\$9.00	\$13.50	\$16.50	\$22.50	\$45.00	\$75.00	\$112.50	\$165.00	\$246.00
\$40,000	\$12.00	\$18.00	\$22.00	\$30.00	\$60.00	\$100.00	\$150.00	\$220.00	\$328.00
\$50,000	\$15.00	\$22.50	\$27.50	\$37.50	\$75.00	\$125.00	\$187.50	\$275.00	\$410.00
\$60,000	\$18.00	\$27.00	\$33.00	\$45.00	\$90.00	\$150.00	\$225.00	\$330.00	\$492.00
\$70,000	\$21.00	\$31.50	\$38.50	\$52.50	\$105.00	\$175.00	\$262.50	\$385.00	\$574.00
\$80,000	\$24.00	\$36.00	\$44.00	\$60.00	\$120.00	\$200.00	\$300.00	\$440.00	\$656.00
\$90,000	\$27.00	\$40.50	\$49.50	\$67.50	\$135.00	\$225.00	\$337.50	\$495.00	\$738.00
\$100,000	\$30.00	\$45.00	\$55.00	\$75.00	\$150.00	\$250.00	\$375.00	\$550.00	\$820.00
\$110,000	\$33.00	\$49.50	\$60.50	\$82.50	\$165.00	\$275.00	\$412.50	\$605.00	\$902.00
\$120,000	\$36.00	\$54.00	\$66.00	\$90.00	\$180.00	\$300.00	\$450.00	\$660.00	\$984.00
\$130,000	\$39.00	\$58.50	\$71.50	\$97.50	\$195.00	\$325.00	\$487.50	\$715.00	\$1,066.00
\$140,000	\$42.00	\$63.00	\$77.00	\$105.00	\$210.00	\$350.00	\$525.00	\$770.00	\$1,148.00
\$150,000	\$45.00	\$67.50	\$82.50	\$112.50	\$225.00	\$375.00	\$562.50	\$825.00	\$1,230.00
\$160,000	\$48.00	\$72.00	\$88.00	\$120.00	\$240.00	\$400.00	\$600.00	\$880.00	\$1,312.00
\$170,000	\$51.00	\$76.50	\$93.50	\$127.50	\$255.00	\$425.00	\$637.50	\$935.00	\$1,394.00
\$180,000	\$54.00	\$81.00	\$99.00	\$135.00	\$270.00	\$450.00	\$675.00	\$990.00	\$1,476.00
\$190,000	\$57.00	\$85.50	\$104.50	\$142.50	\$285.00	\$475.00	\$712.50	\$1,045.00	\$1,558.00
\$200,000	\$60.00	\$90.00	\$110.00	\$150.00	\$300.00	\$500.00	\$750.00	\$1,100.00	\$1,640.00

Short Term Disability Insurance

PEBB sponsors short term disability insurance through Standard. This is insurance to replace a portion of your income should you become disabled. **It is available to employees, only.** You must self pay for this coverage; the state does not contribute toward this benefit.

What does the short term disability insurance plan cover?

The benefit covers 60 percent of your **weekly** pre-disability earnings (not to exceed weekly earnings of \$2,769), reduced by deductible income (see page 61). The maximum weekly benefit is \$1,662 before reduction of deductible income. The minimum **weekly** benefit is \$25 per week following reduction of deductible income. If you are disabled less than one week, the benefit is 1/7 of the weekly benefit for each day you are disabled.

NOTE: *“Benefit Waiting Period” after you become disabled is the amount of time you must wait before you start receiving a weekly payment from The Standard after you become disabled. Your benefit-waiting period is A, B, or C, whichever is longest.*

Short Term Disability Benefit Waiting Period

A 7 days if your disability is caused by sickness or pregnancy.

B 0 days if your disability is caused by accidental injury.

C The period ending the day before you were scheduled to return to work, if your disability begins while you are scheduled to be away from work.

Example: You are on a scheduled vacation leave beginning October 1 and scheduled to return to work October 10. You injure yourself on October 5 and, because of your injury, your physician will not allow you to return to work until November 5. The last day of your benefit waiting period is October 9. You will receive disability benefits from Standard beginning October 10 through November 4, as long as you continue to be disabled.

NOTE: *“Maximum Benefit Period” is four weeks if your disability is due to a pre-existing condition. The maximum is 13 weeks if your disability is not due to a pre-existing condition.*

For more information about pre-existing conditions, see the short term disability insurance certificate online at the PEBB Web site.

What is the premium rate?

You can figure your rate using the following formula: $0.006 \times \text{your monthly salary} = \text{your rate per month}$.

Example calculation:

Jane chooses enrollment in the short term disability insurance.

Jane's gross monthly salary (before any deductions):	\$2,000.00
Rate for short term disability premium:	<u>X 0.006</u>
The premium amount Jane pays each month:	\$12.00

2007 Short Term Disability Insurance Overview

Waiting Period	Coverage	Benefit Duration
7 days for sickness or pregnancy; 0 days for accidental injury; last day before return to work if disabled while scheduled to be away from work	60% of first \$2,769 of weekly earnings minus deductible income; Maximum \$1,662 before reduction by deductible income	4 weeks if pre-existing condition; 13 weeks maximum, if disabled for less than a week, 1/7 of benefit for each day disabled.

Long Term Disability Insurance

How does the long term disability plan work?

PEBB sponsors long term disability insurance through Standard. This is insurance to replace a portion of your income should you become disabled. **It is available to employees, only.** You must self pay for this coverage; the state does not contribute to this benefit.

You have four long term disability options:

Options 1 and 2:

- Pay you 60 percent of the first \$12,000 of your **monthly** predisability earnings, reduced by deductible income.
- The maximum total benefit is \$7,200 before reduction of deductible income; the minimum is \$50. For Option 1, you have a waiting period of 90 days before receiving a benefit. For Option 2, the waiting period is 180 days.

Options 3 and 4:

- You receive 66 2/3 percent of the first \$12,000 of your **monthly** predisability earnings, reduced by deductible income. The maximum total benefit is \$8,000 before reduction of deductible income; the minimum is \$50.
- For Option 3, you have a waiting period of 90 days before receiving benefits. For Option 4, the waiting period is 180 days.

How long does the benefit period last?

The maximum amount of time you receive a long term disability payment is based, in part, on your age when you become disabled. If you are 61 or younger, you receive payments until you reach age 65, or for three years and six months if longer. For the payment schedules at age 62 or older, review the Group Long Term Disability Certificate online at the PEBB Web site.

What are the premium rates for long term disability insurance?

You can calculate the rate using the following formula: Option Rate x Monthly Salary.

2007 Long Term Disability Insurance Overview				
Monthly premium = rate X monthly salary				
Option	Rate	Waiting Period	Coverage	Maximum/Minimum
1	\$0.00630	90 days	60% of first \$12,000 minus deductible income	\$7,200 before reduction of deductible income/ \$50
2	\$0.00225	180 days		
3	\$0.00990	90 days	66 2/3% of first \$12,000 minus deductible income	\$8,000 before reduction of deductible income/ \$50
4	\$0.00350	180 days		

Here are two example calculations.

Example 1

John chooses Option 1 – long term disability, 90-day waiting period, and monthly benefit amount of 60 percent of his pre-disability earnings.

John's gross monthly salary (before any deductions):	\$1,900.00
Rate for long term disability Option 1:	<u>X0.0063</u>
The premium amount John must pay each month:	\$11.97

Example 2

Mary chooses Option 4 – long term disability, 180-day waiting period, and monthly benefit amount of 66 2/3% of her pre-disability earnings.

Mary's gross month salary (before any deductions):	\$ 1650.00
Rate for long term disability Option 4:	<u>X 0.0035</u>
The premium amount Mary must pay each month:	\$ 5.78

NOTE: PEBB members may also be eligible for disability benefits through the Public Employees Retirement System (PERS) disability retirement plan. Contact PERS for information.

When can I enroll in or request an increase in disability insurance?

- Within 60 days of your date of hire
- Yearly during Open Enrollment
- Within 60 days of a QSC (see page 18).

How do I enroll for disability insurance?

During Open Enrollment and new hires:

- Complete the electronic enrollment, or
- Submit an enrollment form to your agency.

If you enroll because of a QSC, you must submit an update form to your agency.

What are the effective dates of coverage?

Newly Eligible Employees: The first of the month following either completion of the electronic enrollment, or after your agency receives your enrollment form.

During Open Enrollment: the first day of the new plan year.

QSC: The month after your agency receives your completed update form. The effective date can be no earlier than the date of your QSC.

What happens if I'm on leave or otherwise not working when my disability plan is scheduled to go into effect?

All disability coverage is subject to the actively at work requirement. For purposes of disability insurance, you are actively at work **if** you are physically on the job **and** receiving pay for the first scheduled day of work **and** performing the material duties of your own occupation at your employer's usual place of business.

If you are incapable of active work because of sickness, injury or pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or its increase will not become effective until the day after you complete one full day of active work.

Can I continue disability when I retire or otherwise leave state service?

No. When you end employment, you end participation in PEBB's short term and long term disability plans.

Other Disability Plan Features

Insured Earnings:

For purposes of determining your payable disability benefit, insured earnings are based on your earnings in effect on your last full day of work. When your insured earnings increase (e.g., with a pay increase), your premium rate increases. Insured earnings do not include overtime pay, bonuses, or dollars received when you opt out of medical coverage.

Deductible Income:

Your disability claim under the short-term and long-term disability policies is reduced by deductible income. Deductible income means other income you are eligible to receive because of your disability.

Deductible income includes:

- A portion of your earnings from work while disabled
- Sick leave or other salary continuation, including donated leave (but not including vacation or personal business leave)
- A portion of the benefits you are eligible to receive under any other group disability program. This includes state disability income benefits, including public employees retirement system

- **For members employed by the Oregon State University System**, benefits you are eligible to receive under any employer-sponsored individual disability policy arranged for individuals in a common group
- Workers' compensation benefits
- Social Security benefits payable to you and your dependents.

How do I file a disability claim?

If you become disabled and need to apply for PEBB-sponsored disability benefits, please contact your agency to obtain a disability claim packet. You may also print a copy of the claim packet from PEBB's Web site. One claim packet covers both short and long term disability coverage. You do not need to submit separate packets.

What are the plans' limitations and exclusions?

Please review the group short and long term disability insurance certificates. For details, the certificates are available online on the PEBB Web site. You may also contact PEBB to request a copy of the certificate.

Accidental Death & Dismemberment Insurance

The accidental death and dismemberment (AD&D) plan provides 24-hour coverage for accidental loss of life, limb, hand, foot, hearing, speech, sight or thumb and index finger (of the same hand). You may select a coverage amount from \$50,000 to \$500,000, in increments of \$50,000.

Who is eligible to enroll and when?

You can purchase AD&D insurance for you alone or for you and your eligible dependents.

You may enroll:

- **Within 60 days of your date of hire.** The effective date is the first of the month following the date your agency receives the form or the date of your electronic enrollment.
- **During Open Enrollment.** The effective date will be the first of the new plan year.
- **Within 60 days of and consistent with a QSC.** The effective date is the first of the month following receipt of the correct form by your agency or the QSC event, whichever is later.

What are the benefits upon filing a claim?

The amount of coverage you elect for yourself – the principal sum – is payable as follows:

- 100 percent of the principal sum is paid for the following accidental losses:
 - Life
 - Both hands or both feet or sight of both eyes

Or any two or more of the following accidental losses:

 - One hand or one foot
 - One hand or one foot and sight of one eye
 - Speech and hearing.
- 50 percent of the principal sum is paid for the following accidental losses:
 - Sight of one eye
 - One hand or one foot
 - Speech or hearing

- 25 percent of the principal sum is paid for accidental loss of thumb and index finger of either hand.

When a claim is filed on a dependent, the payable benefit is equal to a percentage of your employee AD&D insurance as follows:

- Spouse or domestic partner only — 50 percent
- Children only — 15 percent for each child
- Spouse or domestic partner and children — 40 percent for spouse or partner, 15 percent for each child.

The maximum benefit payable for all losses caused by the same accident will not be more than the principal sum.

Plan Features

Please review the PEBB Web site for details regarding the following:

Public Transportation Benefit
 Seat Belt Benefit
 Career Adjustment Benefit
 Higher Education Benefit
 Benefit for Disappearance
 Benefit for Loss Due to Exposure
 Benefit for Loss Due to Occupational Assault
 Benefit for Loss in the Line of Duty
 Benefit for Loss Due to Paralysis

Exclusions

No AD&D insurance benefit is payable if the loss is caused or contributed to by any of the following:

- War or act of war (war means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature)
- Suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include

being at the scene of a violent disorder or riot while performing official duties.

- The voluntary use or consumption of any poison, chemical compound or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above
- Travel or flight in or descent from any kind of aircraft, as a pilot or crewmember, except in state-owned, leased or operated aircraft while on state business.

2007 PEBB Accidental Death and Dismemberment Insurance Premium Rates

Policy	Employee Only	Employee & Dependents
\$50,000	\$1.00	\$1.70
\$100,000	\$2.00	\$3.40
\$150,000	\$3.00	\$5.10
\$200,000	\$4.00	\$6.80
\$250,000	\$5.00	\$8.50
\$300,000	\$6.00	\$10.20
\$350,000	\$7.00	\$11.90
\$400,000	\$8.00	\$13.60
\$450,000	\$9.00	\$15.30
\$500,000	\$10.00	\$17.00

Flexible Spending Accounts

Under IRS rules, eligible employees may establish flexible spending accounts (FSAs) to use pretax income to pay for eligible healthcare and dependent care expense. You authorize monthly deposits to your account from your salary before federal and state income taxes are deducted. Then as you incur eligible expenses, you request income-tax-free withdrawals from your account to reimburse yourself. No federal or state income taxes are payable on the pretax contributions deposited into the FSA, up to the maximum allowable limit. PEBB offers both dependent care FSAs and healthcare FSAs.

*FSAs help
you save
on taxes.*

This is a voluntary plan; the employer does not provide a contribution.

Will I have the same account from year to year?

No. FSAs are annual accounts for the calendar year only. For each new plan year you must re-enroll during Open Enrollment if you wish to have an account in the following year.

Who is eligible to enroll?

- State agency employees
- OUS employees
- Semi-independent agency employees
- COBRA participants (**for healthcare FSA only, and only if there was money in the account at the time of the COBRA event**).

Who is not eligible to enroll?

- Retirees
- Self-pay participants.

When can I enroll, and when is it effective?

You may enroll:

- **Within 60 days of your initial date of hire.** The account goes into effect the first of the month following enrollment.
- **During Open Enrollment.** The account goes into effect the first of the new plan year after your initial contribution has been deposited in your account.
- **Within 60 days of and consistent with a QSC** (see page 18). The account goes into effect the first of the month following receipt of the form or the QSC, whichever is later.

What are features of an FSA?

- When you enroll, you enroll for the plan year.
- You can change your contribution amount midyear within 60 days because of and consistent with a qualified status change event (see page 18).
- BenefitHelp Solutions (BHS), administers the program.
- Your contribution is deducted monthly from your pre-tax income and deposited to your account.
- Contributions to your account automatically terminate if you end employment with the state.
- If you terminate employment with the state, you may request your payroll office not to take a deduction from your last check. Notify your payroll office as soon as you know you will be leaving state service.

- Only expenses incurred during your active participation in the FSA plans will be eligible for reimbursement after you terminate employment.
- The FSA accounts operate under the “**use-it-or-lose-it**” rule. You must incur **all** expenses by the end of the grace period. Expenses must be submitted by March 31. After this date money left in the account is forfeited.
- New regulations allow a grace period following the end of the calendar year. The grace period is January 1 through March 15 of the new plan year. If you have funds at the end of the previous calendar year, the 75-day grace period allows you to incur eligible expenses and submit claims for reimbursement using the previous year's deposits.

NOTE: PEBB cannot give you tax advice. If you need additional information or assistance relating to your own tax situation, contact an attorney, accountant or other tax advisor.

Healthcare FSA

How does a healthcare flexible spending account work?

A healthcare FSA helps you pay for eligible out-of-pocket healthcare expenses using pre-income-tax dollars. Eligible expenses include most of the medical, dental and vision services, and drug costs not fully covered in PEBB plans.

Additional Healthcare FSA Features

- The annual contribution limit for PEBB's HFSA is \$5,000. If your spouse also has an HFSA through an employer, your individual contribution limit is still \$5,000.
- You have access to the total amount selected for the year as soon as your account receives the first deposit and you have eligible expenses. This excludes orthodontic (braces) expenses.
- For orthodontic expenses, you must submit a copy of the contract (treatment plan) to BenefitHelp Solutions. Claims will be denied if a copy of the contract is not on file. Once the contract is on file, you may submit monthly claim forms for reimbursement for the payments made. If you pay the entire cost up front, your repayment is based on your total annual contribution election.

- Under COBRA rights, you may continue your healthcare FSA if you have money in the account at the time of the COBRA event. Deposits under COBRA are after tax.

You may have alternative options under current IRS rules. See your tax professional for advice.

How should I estimate how much to deposit?

Because this is a “**use it or lose it**” account, you must carefully estimate what your coming-year's out-of-pocket healthcare expenses will be.

- Ask your pharmacy and healthcare providers for a printout of your current year expenses.
- Review your receipts, insurance forms, credit-card statements and cancelled checks to determine this year's out-of-pocket costs.
- Consider any additional expenses you are likely to incur in the coming year.

Use these types of estimates to help you calculate out-of-pocket costs and the monthly deposit amount on the worksheet provided below.

Healthcare FSA Estimate Worksheet

Anticipated annual expenses for you and your dependents

	Estimated amount
Medical care coinsurance or co-payments	\$
Dental care coinsurance or co-payments	\$
Prescription drug coinsurance or co-payments	\$
Medical care not covered by insurance	\$
Dental care not covered by insurance (such as implants)	\$
Prescription drugs not covered by insurance	\$
Vision care more frequent than or beyond insurance allowance	\$
Vision care not covered by insurance (such as laser surgery)	\$
Travel for healthcare	\$
Over-the-counter drugs for healthcare (such as aspirin)	\$
Annual total (below \$5,000)	\$
Divide by 12 and enter the monthly deposit amount	\$

Healthcare FSA Example

A PEBB member receives a \$3,000 per month salary. After taxes take-home pay is \$2,100. The member pays \$200 per month for healthcare services and supplies – dollars that taxes were paid on. Now, the actual monthly income shrinks from \$2,100 to only \$1,900.

If the member opens a healthcare FSA, the monthly \$200 spent on healthcare is not taxed. The take-home pay is \$1,960, which means a \$60 saving in taxes. See below.

Tax Savings Comparison

	Without Healthcare FSA	With Healthcare FSA
Gross monthly salary	\$3,000	\$3,000
Pretax FSA deposit	\$0	-\$200
Adjusted monthly salary	\$3,000	\$2,800
Taxes, calculated at 30%	\$900	\$840
Net take-home pay	\$2,100	\$1,960
After tax medical expenses	\$200	\$0
Spendable monthly income	\$1,900	\$1,960

Example Healthcare FSA Expenses*

Eligible Expenses	Ineligible Expenses
<p>Healthcare co-payments, coinsurance</p> <p>Prescription drug co-payments, coinsurance</p> <p>Charges in excess of usual, customary, reasonable</p> <p>Orthodontics beyond the maximum allowed</p> <p>Dental implants</p> <p>Routine eye exams, eyeglasses and contact lenses beyond the maximum allowed</p> <p>Cataract surgery or any other surgical process to correct your vision such as laser surgery</p> <p>Hearing aid costs beyond the maximum allowed</p> <p>Speech and physical therapy</p> <p>Nursing services</p> <p>Wheelchairs</p> <p>Prosthetic and orthopedic devices</p> <p>Nursing home care for treatment of illness or injury</p> <p>Prescription drugs not covered by the plan</p> <p>Over-the-counter products for medical care</p> <p>Crutches</p> <p>Guide dog or other animal for blind or deaf individuals</p> <p>Travel to receive care</p>	<p>Cosmetic surgery</p> <p>Health or fitness club fees</p> <p>Personal care items</p> <p>Prescription drugs used for cosmetic purposes</p> <p>Most weight reduction programs</p> <p>Amounts reimbursable by other sources</p> <p>Expenses for which a federal itemized deduction is taken</p> <p>Insurance premiums</p> <p>Maternity clothes</p> <p>Illegal operations or treatments</p> <p>Funeral and burial expenses</p> <p>Vitamins or supplements taken for general health purposes</p> <p>Cosmetics and toiletries</p> <p>Tooth-whitening procedures</p> <p>Custodial care if in an institution</p> <p>Household or domestic help, even if recommended by a doctor</p> <p>Marriage or family counseling fees</p> <p>Long-term care services</p>

* For detailed information on expenses, contact BHS.

Dependent Care FSA

How does a dependent care flexible spending account work?

A dependent care FSA helps you pay for eligible dependent care expenses with pre-income-tax salary dollars that you contribute monthly into the account.

You can set up a dependent care FSA if you are:

- Single with an eligible dependent, and the expenses are necessary for you to work
- Married with an eligible dependent, and the expenses are necessary for both you and your spouse to work
- Married with an eligible dependent, and your spouse is either disabled, actively seeking employment or a full-time student at least five months during the year.

NOTE: *Dependent care FSA participants cannot claim expenses they incur when they are not working.*

What are the dependent care FSA maximum participation amounts?

- If you are single: \$5,000
- If you are married and filing taxes jointly: \$5,000
- If you are married and filing taxes separately: \$2,500
- If you are married with a spouse who is disabled or a full-time student: \$2,400 per dependent up to \$4,800.

If you or your spouse earns less than the amounts shown above, the maximum amount you may deposit is either your monthly income or your spouse's monthly income, whichever is lower.

If you both participate in a dependent care FSA (through the same or different employers), the \$5,000 limit applies to the total of both accounts combined.

When you use a dependent care FSA to pay for your dependent care expenses, your use of the Federal and Oregon child care tax credits is limited.

You receive claim repayment only if you have funds available in your account. You can file for claim repayment as soon as your account receives a deposit and you have eligible incurred expenses.

NOTE: *University nine-month employees (including classified academic year employees) who are not enrolled in the 12-month payroll distribution plan have only 10 deductions taken for the calendar plan year.*

What expenses qualify for reimbursement?

IRS regulations specify that the following expenses qualify for reimbursement:

- For the care and well-being of dependent children under the age of 13
- For the care of a disabled dependent of an eligible employee, who is incapable of self-care and who spends at least eight hours per day in the employee's home
- Reimbursement will be made **only** for services **already** provided.

How should I plan for my dependent care FSA?

Because this is a “**use it or lose it**” account, you must carefully estimate how much you will spend on dependent care during the year.

Listed below are examples of eligible and ineligible expenses. For detailed information on expenses, contact BenefitHelp Solutions.

Eligible:

- A licensed or registered day care facility or nursery school
- Care provided in your home (provider cannot be an IRS tax dependent or a dependent under the age of 19)

- Costs for provider's room and board
- Employment taxes paid on provider's behalf
- Before and after school care for children under the age of 13
- Registration fees
- General day camps for children under the age of 13
- Home or day care for eligible disabled IRS tax dependents (must spend at least eight hours per day in your home)
- Transportation cost provided by day care.

Ineligible:

- Educational fees or tuition (including kindergarten)
- Overnight camps
- Food, when billed separately
- A dependent's healthcare
- Enrichment programs (such as dance, sports or music lessons)
- Housekeeping expenses
- Care not directly related to work.

Filing for Reimbursement

How do I file for either type of FSA reimbursement?

You may print a copy of the claim form at the BHS Web site, or you can register there to submit claim forms electronically.

To file for reimbursement:

- Complete a claim form
- Attach receipts or other proof of payment made for each eligible expense item or service.

Dependent care. A receipt from the provider should include:

1. The date of dependent care services
2. The amount of the expense
3. Dependent care provider's name, address, and tax identification number or Social Security number (your provider should complete a Form W-10, which is available from the IRS).

Healthcare. Documentation must include:

1. Date of service
2. Provider's name
3. Type of service
4. Amount charged
5. Prescription number (if for prescription drug)
6. Receipt with name of product (if for over-the-counter product).

You may also use an explanation of benefits form from your insurance carrier as proof of healthcare expenses. The IRS does not accept cancelled checks as proof of expense or payment.

Send the form and other documentation to the address provided on the form.

How do I appeal denial of an FSA claim?

If your claim is denied, you must appeal the claim denial to BenefitHelp Solutions. The company will send you a notification of the denied claim with the specific reasons for the denial.

The notification may advise you of what steps you might take in order to prove your claim. The notification also states the following:

- Your right to appeal by requesting an administrative review

- Your right to review (on request and at no charge) relevant documents and other information

You (or your authorized representative) may request a review any time within 180 days of the claim denial notice. Your written appeal should:

- State the reasons why you believe the claim should receive approval.
- Include any additional facts and/or documents that support your claim.
- Include any comments that you wish considered during your case review.

NOTE: If you do not appeal on time, you will lose your right to appeal.

An individual who was previously not involved in your claim will review and determine the result of your appeal. The appeal decision will be made within 60 days. You will receive a notice of claim denial when the claim remains denied.

- Specific reason(s) for the decision
- Specific plan provision(s) on which the decision is based
- A statement of your right to review (on request and at no charge) relevant documents and other information
- A description of any specific rule, guideline, protocol, or other similar criterion or a statement that such a rule, guideline, protocol, or other similar criterion was relied on, and a copy to you free of charge upon your request.

Long Term Care Insurance

Long term care insurance (LTC) covers care for substantial assistance with activities of daily living. Coverage is available for PEBB members and their enrolled family members. UnumProvident provides PEBB's LTC. You must self pay for this coverage; the state does not contribute toward this benefit.

Coverage provides a monthly benefit based on the amount of coverage purchased. You use the money to meet the needs that you decide are most important. You never need to submit a record of your expenses, and you receive the full benefit payment even if it is larger than your expenses.

Who is Eligible?

- Eligible employees
- Spouses or domestic partners
- Parents and grandparents of the employee or of the employee's spouse or domestic partner
- Adult siblings or adult children of the employee or the employee's spouse or domestic partner
- Non-Medicare eligible retirees and retirees' spouse or domestic partner.

How do I enroll?

Applicants may enroll in, change or cancel long term care insurance at any time during the year; however:

- Newly eligible employees can enroll for a \$4,000 monthly benefit with a benefit duration of six years as a guarantee issue. Application beyond this 60-day period requires submission of a medical history statement for review by the plan's underwriting.
- For \$5,000 or \$6,000 monthly benefit or unlimited duration coverage, all individuals, including newly eligible employees, must complete a medical history statement.
- Family member enrollment is subject to medical underwriting at all times.

To obtain an enrollment kit, contact your agency, PEBB or UnumProvident.

When does coverage go into effect?

Newly eligible employees enrolling in guarantee issue within 60 days of their eligibility date will have an effective date of the first of the month following submission of the forms or the eligibility dates, whichever is later.

Enrollments requiring medical underwriting are effective the first of the month following approval by UnumProvident.

What does the plan cover?

Base Plan

- Facility benefit amount : \$1,000 for three years
- Long term care in assisted living facility, adult foster care home and residential care facility at 60 percent of facility benefit amount
- Professional home care at 50 percent of facility benefit amount
- Elimination or waiting period: 90 days (satisfied only once per lifetime).

Additional Plan Options

- Facility monthly benefit amount: \$2,000, \$3,000, \$4,000, \$5,000* or \$6,000*
- Benefit duration: three years, six years or unlimited*
- Total home care: 50 percent of facility benefit amount
- Inflation protection: Five percent simple uncapped yearly.

*Above the guarantee issue limits. Requires completion of UnumProvident's medical underwriting process.

Lifetime Maximum: The lifetime maximum is the maximum benefit dollar amount UnumProvident will pay over the life of your coverage. This dollar amount is based on the facility benefit amount and the benefit duration. For example, if you choose \$3,000 facility benefit amount and three-year duration, your lifetime maximum is calculated as follows:

$$\begin{aligned} \$3,000 \text{ per month} \times 12 \text{ months} \times 3 \text{ years} = \\ \$108,000 \text{ Lifetime Maximum} \end{aligned}$$

Plan Features

- **Guaranteed renewable:** for as long as you pay your premiums on time
- **Waiver of premium:** once you qualify for benefits, satisfy your elimination period, and are receiving benefits, your premium payments are waived
- **Tax-free benefit:** premium payments are not taxed.

When do I qualify for benefits?

You must meet one the following criteria:

Require substantial assistance with two out of six activities of daily living (ADLs) for more than 90 days (elimination period). ADLs: bathing, toileting, dressing, transferring, continence, eating;

Or

Suffer severe cognitive impairment that requires substantial supervision;

And

The ADL loss must be expected to last for a period of at least 90 days, as certified by a physician. (Recertification must occur every 12 months by a physician to confirm that the disability still exists.);

And

Care must be provided pursuant to a plan of care prescribed by a licensed healthcare practitioner.

How will I receive care?

In a long term care facility, an assisted living facility, an adult foster care home or a residential care facility with an Alzheimer's care endorsement;

Or

At home, through professional home care, where care can be provided through a licensed home healthcare provider, or total home care, where care can be provided by anyone you choose, including family and friends.

The plan also covers respite care (see glossary).

Does the plan have a pre-existing condition exclusion?

For guarantee issue coverage, the pre-existing condition exclusion applies. A pre-existing condition is any condition that exists for which you have received medical treatment, consultation, care or services (including diagnostic measures), or took drugs or medicines that were prescribed for the condition, during the six month period right before coverage begins.

UnumProvident will not make any payments to you for disability caused by, contributed to, or resulting from a pre-existing condition, and that begins during the first six months after your coverage begins.

For long term care definitions and more information go online to

www.unumprovident.com/enroll/pebb

What are the plan's limitations and exclusions?

UnumProvident will not make long term care payments to you for a disability caused by:

- War (declared or not) or any act of war
- Attempted suicide (while sane or insane) or self-destruction
- Commission of a crime for which you have been convicted under state or federal law or attempting to commit a crime under state or federal law; disability or confinement during which you are outside of the U.S., its territories or possessions for longer than 30 days
- Alcoholism or alcohol abuse; a disability caused by voluntary use of any controlled substance unless the controlled substance is prescribed for you by a physician

Or

- For a period in which you are confined in a hospital other than if you are confined in a nursing facility that is a distinctly separate part of a hospital (this exclusion does not apply to those periods covered under the bed reservation benefit (see glossary))
- Caused by psychological or psychiatric or mental conditions, regardless of cause, which include depression, generalized anxiety disorders, personality disorders, schizophrenia, manic-depressive disorders, adjustment disorders, and other conditions that are usually treated by a mental health provider or another qualified provider using psychotherapy, psychotropic drugs or similar methods of treatment.

However, UnumProvident will make payments to you for conditions that are not psychological, psychiatric, or mental in nature, including Alzheimer's disease or similar forms of irreversible dementia.

2007 Long Term Care Insurance Monthly Premium Rates

Rates shown are for \$1,000 Monthly Facility Benefit. You may choose from \$1,000 - \$6,000 in Facility Monthly Benefit.
 (monthly premium = monthly rate for plan chosen X facility monthly benefit amount per \$1,000)

Benefit Duration	Plan 1 Long Term Care Facility Professional Home Care			Plan 2 Long Term Care Facility Professional Home Care Total Home Care			Plan 3 Long Term Care Facility Professional Home Care Simple Inflation Uncapped			Plan 4 Long Term Care Facility Professional Home Care Total Home Care Simple Inflation Uncapped		
	3 YR	6 YR	Unlim	3 YR	6 YR	Unlim	3 YR	6 YR	Unlim	3 YR	6 YR	Unlim
AGE ↓												
18-30	2.20	2.90	4.00	3.40	4.50	6.40	3.70	4.90	6.80	5.50	7.40	10.50
31	2.20	3.00	4.00	3.40	4.60	6.50	3.80	5.00	6.90	5.60	7.60	10.70
32	2.20	3.00	4.20	3.40	4.70	6.60	3.80	5.20	7.20	5.70	7.80	11.10
33	2.30	3.10	4.20	3.50	4.80	6.70	4.00	5.50	7.30	6.00	8.10	11.40
34	2.40	3.20	4.30	3.60	4.90	6.90	4.20	5.60	7.60	6.20	8.40	11.70
35	2.50	3.30	4.50	3.70	5.10	7.10	4.30	5.90	7.90	6.40	8.70	12.20
36	2.50	3.40	4.60	3.80	5.20	7.30	4.50	6.10	8.10	6.60	9.00	12.50
37	2.60	3.60	4.80	3.90	5.40	7.60	4.70	6.40	8.60	6.90	9.40	13.10
38	2.80	3.70	4.90	4.10	5.60	7.80	5.00	6.70	8.80	7.20	9.80	13.60
39	2.90	3.80	5.20	4.30	5.80	8.20	5.20	6.90	9.20	7.50	10.10	14.10
40	3.00	4.00	5.40	4.50	6.10	8.50	5.40	7.20	9.60	7.80	10.50	14.70
41	3.10	4.10	5.60	4.70	6.30	8.90	5.70	7.50	10.10	8.20	11.00	15.30
42	3.30	4.40	5.80	4.90	6.60	9.20	5.90	7.90	10.50	8.50	11.60	16.00
43	3.40	4.60	6.10	5.10	6.90	9.60	6.20	8.20	11.00	8.90	12.00	16.60
44	3.60	4.80	6.40	5.30	7.20	10.10	6.50	8.70	11.50	9.30	12.70	17.40
45	3.80	5.10	6.70	5.60	7.60	10.60	6.90	9.10	12.10	9.80	13.20	18.30
46	3.90	5.30	7.10	5.90	8.00	11.20	7.10	9.50	12.50	10.20	13.80	19.00
47	4.10	5.60	7.40	6.20	8.50	11.80	7.40	9.90	13.00	10.60	14.50	20.00
48	4.40	5.90	7.80	6.60	9.00	12.50	7.80	10.40	13.70	11.30	15.30	21.10
49	4.60	6.10	8.10	6.90	9.40	13.10	8.10	10.80	14.30	11.80	16.00	22.10
50	4.80	6.40	8.60	7.30	10.00	14.00	8.50	11.30	14.90	12.40	16.90	23.30
51	5.10	6.80	9.00	7.80	10.50	14.80	9.00	11.90	15.70	13.10	17.70	24.60
52	5.40	7.20	9.50	8.30	11.20	15.70	9.50	12.50	16.40	13.80	18.70	25.80
53	5.80	7.60	10.10	8.80	11.90	16.70	10.00	13.10	17.20	14.60	19.70	27.40
54	6.10	8.10	10.60	9.30	12.70	17.70	10.40	13.70	18.00	15.20	20.70	28.70
55	6.50	8.60	11.10	9.90	13.50	18.70	11.00	14.50	18.70	16.10	21.70	29.80
56	6.90	9.10	11.90	10.50	14.40	20.00	11.60	15.30	19.90	16.90	23.00	31.80
57	7.40	9.80	12.70	11.30	15.40	21.40	12.40	16.30	21.00	18.00	24.40	33.70
58	7.90	10.50	13.60	12.10	16.50	23.00	13.10	17.20	22.20	18.90	25.80	35.60
59	8.60	11.20	14.60	13.00	17.70	24.60	14.00	18.40	23.50	20.30	27.50	37.90
60	9.30	12.10	15.60	13.90	18.90	26.40	15.00	19.40	25.00	21.60	29.10	40.20
61	10.10	13.20	17.00	15.00	20.70	28.80	16.20	21.10	27.10	23.10	31.60	43.50

SECTION 3
Optional Plans

2007 Long Term Care Insurance Monthly Premium Rates (continued)

Benefit Duration AGE ↓	Plan 1 Long Term Care Facility Professional Home Care			Plan 2 Long Term Care Facility Professional Home Care Total Home Care			Plan 3 Long Term Care Facility Professional Home Care Simple Inflation Uncapped			Plan 4 Long Term Care Facility Professional Home Care Total Home Care Simple Inflation Uncapped		
	3 YR	6 YR	Unlim	3 YR	6 YR	Unlim	3 YR	6 YR	Unlim	3 YR	6 YR	Unlim
62	11.10	14.50	18.60	16.40	22.50	31.30	17.70	22.90	29.20	25.00	34.10	46.90
63	12.20	15.90	20.30	17.80	24.50	34.10	19.10	24.90	31.60	26.90	36.80	50.70
64	13.40	17.40	22.10	19.40	26.70	37.10	20.80	27.00	34.10	29.00	39.60	54.40
65	15.30	19.80	25.00	21.70	29.80	41.50	23.50	30.30	38.20	32.20	43.90	60.40
66	16.90	21.90	27.80	23.60	32.60	45.40	25.80	33.30	41.90	34.80	47.70	65.70
67	18.90	24.30	30.70	25.90	35.70	49.50	28.30	36.40	45.70	37.60	51.50	70.80
68	20.90	26.90	34.00	28.20	38.90	54.10	30.80	39.60	49.80	40.60	55.70	76.60
60	23.20	29.70	37.50	30.90	42.50	59.00	33.70	43.10	54.30	43.80	59.90	82.40
70	25.70	32.90	41.40	33.70	46.50	64.50	36.80	47.20	59.20	47.30	64.80	89.10
71	28.50	36.50	46.00	37.00	51.00	70.70	40.50	51.80	64.90	51.50	70.60	97.10
72	31.60	40.50	50.80	40.50	55.90	77.20	44.60	57.00	71.20	56.00	76.80	105.00
73	35.10	44.70	55.90	44.50	61.30	84.30	48.80	62.10	77.50	60.80	83.30	113.80
74	38.80	49.50	61.60	48.70	67.10	91.90	53.60	68.20	84.60	66.00	90.40	122.80
75	46.80	59.50	74.00	58.10	80.10	109.40	63.80	80.80	100.20	77.90	106.60	144.50
76	51.40	65.30	81.20	63.20	87.20	119.10	69.10	87.60	108.70	83.80	114.70	155.60
77	56.40	71.70	89.10	68.70	94.90	129.50	75.30	95.40	118.20	90.50	123.90	168.00
78	61.90	78.60	97.40	74.80	103.30	140.70	81.50	103.10	127.50	97.20	133.30	180.30
79	68.00	86.10	106.60	81.40	112.40	152.80	88.70	112.20	138.60	104.90	144.00	194.50
80	74.70	94.50	116.70	88.60	122.30	165.90	96.00	121.20	149.40	112.80	154.60	208.50
81	82.30	103.80	128.00	96.80	133.50	180.50	105.10	132.20	162.70	122.30	167.50	225.20
82	91.30	115.00	141.40	106.60	146.90	198.00	114.70	144.20	177.00	132.70	181.90	243.80
83	100.90	126.80	155.50	117.20	161.30	216.70	125.80	157.80	193.10	144.90	198.20	264.70
84	111.20	139.40	170.30	128.40	176.70	236.10	136.40	170.90	208.40	156.50	214.10	284.70