



## The Standard

### Short Term Disability Plans and Rates

2020-21 Plan Year

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

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

#### **VOLUNTARY ENROLLMENT - EMPLOYEE PAID PLANS**

Allows each employee to choose whether or not they wish to enroll. Premiums must be paid by the employee.

Voluntary Enrollment - Employee Paid									
	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 Weekly Benefit	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Benefit Percentage	60%	66 <sup>2</sup> / <sub>3</sub> %	70%	60%	66 <sup>2</sup> / <sub>3</sub> %	70%	60%	66 <sup>2</sup> / <sub>3</sub> %	70%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00296	0.00329	0.00346	0.00229	0.00254	0.00267	0.00154	0.00172	0.00180

	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14	Plan 16	Plan 17
Benefit Waiting Period (Days)	7	7	7	14	14	30	30
Benefit Duration (Days)	90	90	90	90	90	90	90
Maximum Weekly Benefit	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Benefit Percentage	60%	66 <sup>2</sup> / <sub>3</sub> %	70%	60%	66 <sup>2</sup> / <sub>3</sub> %	60%	66 <sup>2</sup> / <sub>3</sub> %
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00343	0.00381	0.00400	0.00270	0.00299	0.00187	0.00208

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

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





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**MANDATORY ENROLLMENT - EMPLOYER PAID PLANS**

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

	Mandatory Enrollment - Employer Paid								
	Plan 19	Plan 20	Plan 21	Plan 22	Plan 23	Plan 25	Plan 28	Plan 31	Plan 32
Benefit Waiting Period (Days)	7	7	7	14	14	30	7	14	14
Benefit Duration (Days)	60	60	60	60	60	60	90	90	90
Maximum Weekly Benefit	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Benefit Percentage	60%	66 ⅔%	70%	60%	66 ⅔%	60%	60%	60%	66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00309	0.00343	0.00361	0.00245	0.00272	0.00168	0.00361	0.00284	0.00315

	Plan 34	Plan 35
Benefit Waiting Period (Days)	30	30
Benefit Duration (Days)	90	90
Maximum Weekly Benefit	\$1,500	\$1,500
Benefit Percentage	60%	66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00194	0.00215

**MANDATORY ENROLLMENT - EMPLOYEE PAID PLANS**

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

	Mandatory Enrollment - Employee Paid		
	Plan 37	Plan 39	Plan 48
Benefit Waiting Period (Days)	7	7	7
Benefit Duration (Days)	60	60	90
Maximum Weekly Benefit	\$1,500	\$1,500	\$1,500
Benefit Percentage	60%	70%	70%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00209	0.00247	0.00232

**\* 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

