

**League of Oregon Cities Employee Benefits Services Trust (EBS)**  
**Life, AD&D, Disability and Dependent Life**  
**Monthly Premium Rates**  
**Pooled Groups Only (under 25 employees)\***  
**EFFECTIVE January 1, 2023**

<u>Basic Life Insurance Plans*</u>	<u>Rate</u>	<u>Admin Fee</u> (per Employee)
Flat Life (\$1,000 multiples up to \$9,000)      Please see rate table below (\$5,000 multiples - \$10,000 minimum to \$50,000 maximum)		\$0.25 \$0.25
Life 1 x or 1.5 x Salary                      Please see rate table below (Multiples of Salary - \$10,000 minimum to \$75,000 maximum)		\$0.40
Statutory Life                                      \$0.0439 per \$1,000/coverage (Statutory Public Safety Coverage - \$10,000)		\$0.10

**Basic Life Insurance Rates**

Rates based on age at initial enrollment, and change thereafter on January 1 if employee changes age categories.	Age:	Cost per \$1,000 Coverage
	0-29	<b>0.013</b>
	30-34	<b>0.018</b>
	35-39	<b>0.022</b>
	40-44	<b>0.036</b>
	45-49	<b>0.062</b>
	50-54	<b>0.099</b>
	55-59	<b>0.179</b>
	60-64	<b>0.202</b>
	65-69	<b>0.309</b>
	70-74	<b>0.511</b>
	75 and older	<b>1.683</b>

**AD&D (Accidental Death & Dismemberment)**

Available with Flat Life, Life 1x and 1.5x Salary plans	\$0.014 per \$1,000/coverage	\$0.05
--	------------------------------	--------

**Long Term Disability**

50% up to \$5,000, 90 Day Elim.	\$0.155 per \$100/covered salary	\$0.60
60% up to \$6,000, 90 Day Elim.	\$0.231 per \$100/covered salary	\$0.60

**\* For groups with over 25 employees, rates vary based on demographics of group;  
rates will be provided directly to you.**

<b>League of Oregon Cities Employee Benefits Services Trust (EBS)</b> <b>Life, AD&amp;D, Disability and Dependent Life</b> <b>Monthly Premium Rates</b> <b>Pooled Groups Only (under 25 employees)*</b> <b>EFFECTIVE January 1, 2023</b>
--

**Voluntary Dependent Life**

\$10,000	\$2.66 per employee	No Admin Fee
----------	---------------------	--------------

**Employee Paid Supplemental and Spouse Life:**

(\$10,000 multiples from \$10,000 to \$300,000)	<b>Cost per \$1,000 Coverage</b>	No Admin Fee
---	----------------------------------	--------------

Rates based on age at initial enrollment, and change thereafter on January 1 if employee changes age categories.	Age:	Employee	Spouse
	0-29	<b>0.027</b>	<b>0.032</b>
	30-34	<b>0.035</b>	<b>0.040</b>
	35-39	<b>0.048</b>	<b>0.055</b>
	40-44	<b>0.068</b>	<b>0.078</b>
	45-49	<b>0.095</b>	<b>0.110</b>
	50-54	<b>0.149</b>	<b>0.173</b>
	55-59	<b>0.279</b>	<b>0.322</b>
	60-64	<b>0.428</b>	<b>0.494</b>
	65-69	<b>0.808</b>	<b>0.932</b>
	70-74	<b>1.272</b>	<b>1.466</b>
	75 and older	<b>1.854</b>	<b>1.854</b>

**Voluntary Short Term Disability**

	<b>Monthly Rates</b>			
	60% of weekly salary up to \$200/week	60% of weekly salary up to \$300/week	60% of weekly salary up to \$400/week	60% of weekly salary up to \$500/week
Age:				
Under 35	\$ <b>6.18</b>	\$ <b>9.26</b>	\$ <b>12.35</b>	\$ <b>15.44</b>
35-49	\$ <b>4.92</b>	\$ <b>7.38</b>	\$ <b>9.84</b>	\$ <b>12.31</b>
50-59	\$ <b>6.54</b>	\$ <b>9.80</b>	\$ <b>13.07</b>	\$ <b>16.34</b>
60+	\$ <b>8.57</b>	\$ <b>12.86</b>	\$ <b>17.14</b>	\$ <b>21.43</b>

*\* For groups with over 25 employees, rates vary based on demographics of group; rates will be provided directly to you.*