

League of Oregon Cities Employee Benefits Services Trust (EBS) Voluntary Plan Rates_Plan Year 2021

Accident: OR Residents

Type	Monthly
Employee Only	\$11.05
Employee & Spouse	\$17.98
Employee & Children	\$19.02
Employee & Family	\$29.21

Accident: WA Residents

Type	Monthly
Employee Only	\$14.56
Employee & Spouse	\$29.12
Employee & Children	\$34.36
Employee & Family	\$40.73

Hospital Indemnity: OR Residents

Type	Monthly
Employee Only	\$15.60
Employee & Spouse	\$32.50
Employee & Children	\$29.38
Employee & Family	\$48.40

Hospital Indemnity: WA Residents

Type	Monthly
Employee Only	\$20.58
Employee & Spouse	\$44.85
Employee & Children	\$34.19
Employee & Family	\$58.50

Critical Illness

Attained Age	OR Residents			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
<25	\$0.43	\$0.69	\$0.65	\$0.91
25-29	\$0.43	\$0.74	\$0.69	\$0.95
30-34	\$0.52	\$0.91	\$0.78	\$1.17
35-39	\$0.65	\$1.04	\$0.87	\$1.26
40-44	\$0.78	\$1.21	\$1.00	\$1.43
45-49	\$1.04	\$1.69	\$1.30	\$1.95
50-54	\$1.47	\$2.43	\$1.73	\$2.64
55-59	\$2.08	\$3.38	\$2.30	\$3.60
60-64	\$2.77	\$4.55	\$3.03	\$4.77
65-69	\$3.81	\$6.24	\$4.03	\$6.46
70+	\$5.63	\$9.14	\$5.89	\$9.36

Critical Illness

Attained Age	WA Residents			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
<25	0.22	0.35	0.35	0.48
25-29	0.26	0.39	0.39	0.56
30-34	0.3	0.48	0.48	0.65
35-39	0.39	0.61	0.56	0.78
40-44	0.56	0.87	0.69	1.04
45-49	0.78	1.21	0.95	1.39
50-54	1.17	1.78	1.34	1.95
55-59	1.65	2.47	1.82	2.64
60-64	2.38	3.51	2.51	3.68
65-69	3.42	5.03	3.55	5.2
70+	4.98	7.37	5.16	7.54