



**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 3
Benefit Waiting Period (Days)	7
Benefit Duration (Days)	60
Maximum Weekly Benefit	\$1,500
Benefit Percentage	70%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00346

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

For 70% Plan: The first \$9,286 of employee's monthly pre-disability earnings

