

2018-19 OEGB (Oregon Educators Benefit Board)
LICENSED OPEN ENROLLMENT INFORMATION

This booklet includes the following information:

2018-19 Changes

Online Instructions and Opt-out Form

Important
 The OEGB Board has made enrollment mandatory this year to maintain coverage



OEGB open enrollment labs are scheduled for:
Tuesday August 28th from 2:00pm to 4:00pm and
Thursday, August 30th from 2:00pm to 4:00pm
at the high school computer lab.

Medical Plan Options	Synergy	Statewide	Dental Plan Options	Premium	Vision Plan Options	Premium
	Network	(Non-Synergy)				
	Premium	Premium				
Alder	\$1,550.21	not offered	Plan 1 w/Ortho	\$160.73	Opal \$600 max	\$52.64
Birch	\$1,371.83	\$1,524.27	Plan 5 w/Ortho	\$141.85	Pearl \$400 max	\$43.02
Cedar	\$1,271.27	\$1,412.51	Plan 6 (Excl. Ortho)	\$100.31	Quartz \$250 max	\$30.37
Dogwood	\$1,179.73	\$1,310.84	Will. Dental 8 w/Ortho	\$115.89	VSP Choice Plus	\$45.13
Evergreen*	\$1,058.15	\$1,175.76			VSP Choice	\$21.94
Fir*	\$1,036.99	\$1,152.24				

*Pharmacy is included in the Evergreen and Fir Plan as any other covered medical expense. Rx's are applied the deductible is met, they are paid at the same level as other covered medical expenses. Generally, you are ineligible for the Evergreen or Fir Plan if you are also covered under a non-High Deductible Health Plan. If you are considering the Evergreen or Fir Plan, please read all details available on the OEGB, Moda and IRS websites

To log on to MyOebb, go to www.OEGBenroll.com

For more information on plans & open enrollment, please go to the following link: www.OEGBplandocs.com

Enrollment information about the PacificSource Flexible Spending Account, which allows employees to set aside funds in a tax advantaged account for health care and dependent care expenses, is included in a separate handout. Please note that the Flexible Spending Account for health care expenses is not available to those enrolling in Evergreen or Fir.

---OEGB PLAN COST WORKSHEET---	
Cost of Medical Plan, if taken+	_____
Cost of Dental Plan, if taken +	_____
Cost of Vision Plan, if taken +	_____
Basic Life Insurance Cost +	2.08
Sub-Total:	_____
Minus District Contribution: -	_____
Total Monthly Cost: =	_____

Monthly Maximum District Contribution for Licensed Staff Members:

The monthly maximum district contribution for licensed staff members working full-time is \$1,120 per month. The district contribution is pro-rated for licensed staff members working less than full-time. For example, a 0.60 full time equivalent licensed staff member monthly maximum district contribution is \$672 per month (\$1,120 x .60 = \$672)

Options for licensed Staff Members in 2018-2019:

1. The District will contribute \$50 per month to a health savings account for those FULL-TIME licensed staff working who enroll in the Evergreen or Fir plan. New participants will be eligible to receive the District contribution for a maximum of 36 months.
2. Full-time licensed staff employees who opt out of medical, dental, & vision will receive a \$200/month, (\$2,400 per insurance plan year), cash incentive if they meet eligibility requirements including being covered by another employer sponsored group medical insurance program. Please refer to the Full-time Licensed Opt Out Form for additional information.