

2019-2020 OEGB (Oregon Educators Benefit Board) CLASSIFIED OPEN ENROLLMENT INFORMATION



This booklet includes the following information:

2019-2020

Online Instructions and Opt-out Form

****NEW**** Employees that qualify for the full district insurance contribution amount who opt out of medical, dental, and vision coverage may qualify for a \$200 per month cash incentive. Employee must be covered by another employer sponsored health coverage and provide a copy of coverage to district.

OEGB open enrollment labs are scheduled for:

Wednesday August 28th from 2:30pm to 4:30 pm

HS Computer Lab

Thursday August 29th from 9:00 am to 12:00 pm

HS Computer Lab

Wednesday September 4th from 4:00 pm to 5:30 pm

HS Computer Lab

Medical Plan Options	Select Price (must have been in Synergy)	Standard Price (for those not formerly in Synergy network)	Dental Plan Options	Premium	Vision Plan Options	Premium
	Plan 1 (alder)	\$1,614.36	\$1,614.36	Plan 1 w/Ortho	\$161.70	Opal \$600 max
Plan 2 (birch)	\$1,501.87	\$1,501.87	Plan 5 w/Ortho	\$142.70	Pearl \$400 max	\$45.25
Plan 3 (cedar)	\$1,399.01	\$1,411.88	Plan 6 (Excl. Ortho)	\$100.90	Quartz \$250 max	\$31.94
Plan 4 (dogwood)	\$1,305.69	\$1,339.85	Will. Dental 8 w/Ortho	\$120.62	VSP Choice Plus	\$45.13
Plan 5 (new plan)	\$1,238.89	\$1,238.89			VSP Choice	\$21.94
Plan 6 (evergreen)	\$1,187.86	\$1,268.74				
Plan 7 (fir)	\$1,149.30	\$1,184.12				

**Pharmacy is included in Plan 6 and Plan 7 as any other covered medical expense. Rx's are applied once the deductible is met. They are paid at the same level as other covered medical expenses. If you are considering plan 6 or 7, 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 Plan 6 or 7.

---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: =	_____

The monthly maximum district contribution for classified staff members working full-time is \$1,094.

Monthly Maximum District Contribution for Classified Staff Members hired on or after July 1, 2013:

7.5-8.0 hours per day (100%)	\$1,094.00/month	
6.5-7.4 hours per day (75%)	\$820.50/month	(Note: bus drivers must work 3.0 hours per day to receive this amount)
5.0-6.4 hours per day (50%)	\$547.00/month	

Monthly Maximum District Contribution for Classified Staff Members hired between July 1, 2001 & June 30, 2013:

6.5+ hours per day (100%)	\$1,094.00/month	
5.0-6.4 hours per day (75%)	\$820.50/month	(Note: bus drivers must work 3.0 hours per day to receive this amount)
4.0-4.9 hours per day (50%)	\$547.00/month	

Option for Classified Staff Members in 2019-20:

For employees working at least 6.5 hours a day who choose Plan 6 or Plan 7, the District shall make a monthly contribution of \$50 into the employee's HSA provided the employee is eligible for a district insurance contribution and has been employed as an employee or temporary employee for at least one year.