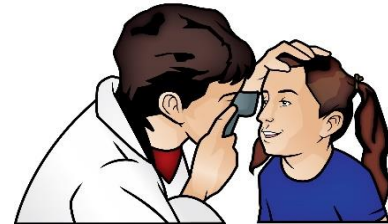


2019-2020 OEBB (Oregon Educators Benefit Board) Licensed OPEN ENROLLMENT INFORMATION

This booklet includes the following information:
2019-2020 updated plan highlights
Online Instructions and Opt-out Form



OEBB 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 | | Vision Plan | |
|-------------------------|---|---|------------------------|----------|------------------|---------|
| | | | Options | Premium | Options | Premium |
| Plan 1 (alder) | \$1,614.36 | \$1,614.36 | Plan 1 w/Ortho | \$161.70 | Opal \$600 max | \$55.36 |
| 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 OEBB, Moda and IRS websites.

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

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

| ---OEBB 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 \$1,167 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 \$700 per month ($\$1,167 \times .60 = \700)

Options for licensed Staff Members in 2019-2020:

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.