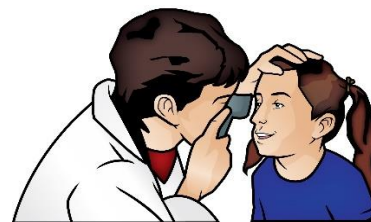


2020-2021 OEBB (Oregon Educators Benefit Board) Licensed OPEN ENROLLMENT INFORMATION



All information is available electronically during the 2020-2021 benefit year. Please see the district website under Resources> Staff> Insurance Forms & information

Open Enrollment is NOT required for 2020-2021. If you need to make changes to current coverage or update your information you may log into your OEBB portal and make changes to selections between August 15th and September 15th. If you do not wish to change your coverages and do not need to update dependents, addresses, or other contact information you may roll forward into the next benefit year without participating in Open Enrollment

Medical Plan Options	Premium (price per month)	Dental Plan Options	Premium (price per month)	Vision Plan Options	Premium (price per month)
Plan 1	\$1,653.10	Plan 1 w/Ortho	\$161.43	Opal \$600 max	\$54.55
Plan 2	\$1,537.92	Plan 5 w/Ortho	\$142.47	Pearl \$400 max	\$44.59
Plan 3	\$1,445.76	Plan 6 (Excl. Ortho)	\$100.74	Quartz \$250 max	\$31.47
Plan 4	\$1,372.01	Will. Dental 8 w/Ortho	\$124.72	VSP Choice Plus	\$45.13
Plan 5	\$1,268.62			VSP Choice	\$21.94
Plan 6	\$1,299.19 (HSA compatible plan)				
Plan 7	\$1,212.53 (HSA compatible plan)				

**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 no less than \$1217.00 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 \$730.20 per month ($\$1,217.00 \times .60 = \730.20)

Options for licensed Staff Members in 2020-2021:

1. The District will contribute \$50 per month to a health savings account for those FULL-TIME licensed staff working who enroll in Plan 6 or Plan 7. 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.