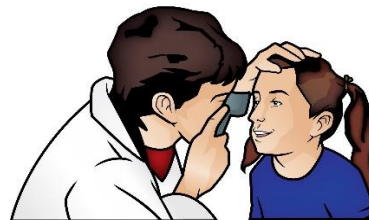


2021-2022 OEBB (Oregon Educators Benefit Board)  
**Licensed OPEN ENROLLMENT INFORMATION**



**ALL Eligible Employees MUST participate in 2021-2022**

Please see the district website under Resources> Staff> Insurance Forms & information. Labs will be offered on September 1st and September 8th from 2 pm to 4 pm at the High School Library for employees who need assistance completing their Open Enrollment.

**Open Enrollment is required for 2021-2022. You must log into your OEBB portal and confirm your selections for the 2021-22 benefit year between August 15th and September 15th or you will risk losing medical, dental, and/or vision coverage.**

Medical Plan Options	Premium (price per month)	Dental Plan Options	Premium (price per month)	Vision Plan Options	Premium (price per month)
Plan 1	\$1,687.32	Plan 1 w/Ortho	\$159.96	Opal \$600 max	\$54.72
Plan 2	\$1,569.75	Plan 5 w/Ortho	\$141.17	Pearl \$400 max	\$44.73
Plan 3	\$1,475.69	Plan 6 (Excl. Ortho)	\$99.83	Quartz \$250 max	\$31.58
Plan 4	\$1,400.41	Will. Dental 8 w/Ortho	\$119.53	VSP Choice Plus	\$39.71
Plan 5	\$1,294.88			VSP Choice	\$19.31
Plan 6	\$1,326.09 (HSA compatible plan)				
Plan 7	\$1,237.63 (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](http://www.OEBBenroll.com)

**For more information on plans & open enrollment, please go to the following link:**  
[www.OEBBplandocs.com](http://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 \$1267.00 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 \$760.20 per month (\$1,267 x .60 = \$760.20)

**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.