

# 2023-2024 OEGB (Oregon Educators Benefit Board) LICENSED ENROLLMENT INFORMATION

Open Enrollment is mandatory this year. You must login to MyOEGB at [www.OEGBenroll.com](http://www.OEGBenroll.com) to make your plan selections. You can find plan information at [www.OEGBplansdocs.com](http://www.OEGBplansdocs.com).

**If you do not enroll, your medical, dental and vision plans will be terminated Sept. 30, 2023.**

**You must login and decline the medical, dental and vision even if you are opting out.**

Open Enrollment is  
**Aug. 15 - Sept. 15**  
[www.OEGBenroll.com](http://www.OEGBenroll.com)

**Open Enrollment Lab** will be offered Wednesday, August 30th from 2 p.m. to 4 p.m. at the high school library for staff who need assistance completing their open enrollment.

**New! Online Plan Comparison Tool**  
[www.compareoeGBplans.com](http://www.compareoeGBplans.com)

Medical Plans	Monthly	Dental Plans	Monthly	Vision Plans	Monthly
Plan 1	\$1,826.30	Plan 1 w/Ortho	\$159.58	Opal	\$50.17
Plan 2	\$1,693.92	Plan 5 w/Ortho	\$140.95	Pearl	\$41.02
Plan 3	\$1,589.20	Plan 6 (Excl. Ortho)	\$101.73	Quartz	\$28.95
Plan 4	\$1,500.59	Will. Dental 8 w/Ortho	\$120.55	VSP Choice Plus	\$34.95
Plan 5	\$1,386.16			VSP Choice	\$16.99
Plan 6**	\$1,413.94				
Plan 7**	\$1,319.62				

NOTE: If you waive dental coverage, only limited dental benefits will be available the following year.

(HSA eligible)  
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\*\* Pharmacy is included in Plan 6 & 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 & IRS websites.

**Opt Out Incentive** Employees that qualify for the full district insurance contribution amount who opt out of medical, dental, and vision coverage may qualify for a \$250 per month cash incentive. Employee must be covered by another employer sponsored health coverage and provide a copy of coverage to district. You still must login to MyOEGB and decline the medical, dental & vision plans and choose among supplemental coverage. **Opt Out form on SHSD website**

**Health Savings Account (HSA)** are available to full-time licensed employees who enroll in the high deductible Medical Plans 6 or 7. The District shall make a monthly contribution of \$50 into the eligible employee's HSA. **HSA form on SHSD website**

**Flexible Spending Account (FSA)** through PacificSource allows employees to set aside funds in a tax advantaged account for health care and dependent care expenses. *FSA are not available to those enrolling in Plan 6 or 7.* **FSA online enrollment on SHSD website**

### DISTRICT CONTRIBUTION FOR LICENSED MEMBERS

1.00 FTE	\$1,392/month
0.50 FTE	\$696/month

The monthly maximum district contribution for licensed staff members working full time is no less than \$1,392 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's monthly maximum contribution is \$835.20 per month. (\$1,392 x .60 = \$835.20)

### EMPLOYEE COST WORKSHEET

Cost of Medical Plan	+	_____
Cost of Dental Plan	+	_____
Cost of Vision Plan	+	_____
Cost Life Ins. (Mandatory \$20,000)+		2.08

**Sub-Total:**

Minus District Contribution:-

**\*\*Estimated Employee OUT OF POCKET Cost (monthly)**

*\*\* Any optional benefit plans selected are not included in this total.*