

2024-2025 OEGB (Oregon Educators Benefit Board) CLASSIFIED ENROLLMENT INFORMATION

Open Enrollment is *not* mandatory this year. You will automatically be re-enrolled in your current plan selections if you do not login and make changes. To make plan changes login to MyOEGB at www.OEGBenroll.com. You can find plan information at www.OEGBplansdocs.com.

Open Enrollment is
Aug. 15 - Sept. 15
www.OEGBenroll.com

Open Enrollment Lab will be offered Wednesday, August 28th 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.compareoebbplans.com

Medical Plans		Monthly	Dental Plans		Monthly	Vision Plans		Monthly
Plan 1	\$1,888.12		Plan 1 w/Ortho	\$164.26		Opal	\$49.80	
Plan 2	\$1,751.51		Plan 5 w/Ortho	\$145.08		Pearl	\$40.71	
Plan 3	\$1,643.24		Plan 6 (Excl. Ortho)	\$104.70		Quartz	\$28.74	
Plan 4	\$1,551.61		Will. Dental 8 w/Ortho	\$120.55		VSP Choice Plus	\$33.97	
Plan 5	\$1,433.28					VSP Choice	\$16.51	
Plan 6**	\$1,462.01	(HSA eligible)						
Plan 7**	\$1,364.49	(HSA eligible)						

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

** 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 \$200 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 employees working at least 6.5 hours a day who choose Medical Plan 6 or Plan 7. The District shall make a monthly contribution of \$50 into the employee's HSA provided the employee has been employed as an employee or temporary employee for at least one year.

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 CLASSIFIED MEMBERS

Monthly max for staff members hired on or after July 1, 2013:

7.5-8.0 hours per day (100%)	\$1,320/month
6.5-7.4 hours per day (75%)	\$990/month
4.0-6.4 hours per day (60%)	\$792/month

Monthly max for Staff hired between July 1, 2001 & June 30, 2013:

6.5-8.0 hours per day (100%)	\$1,320/month
5.0-6.4 hours per day (75%)	\$990/month
4.0-4.9 hours per day (60%)	\$792/month

NOTE: Bus drivers scheduled to work 6+ hours per day will received 100% contribution (\$1,320/monthly) and bus drivers scheduled to work 3.0-5.9 hours per day will receive 75% contribution (\$990/monthly).

EMPLOYEE COST WORKSHEET

Cost of Medical Plan	+	
Cost of Dental Plan	+	
Cost of Vision Plan	+	
Cost Life Ins. (Mandatory \$20,000)+		1.76
Sub-Total:		
Minus District Contribution: -		
**Estimated Employee OUT OF POCKET Cost (monthly)		

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