

2019-2020 OEBC Information

Open Enrollment is August 15-September 15.

If you are a new employee, use the following link to register with OEBC:

www.OEBCenroll.com

Use the following link to compare plans that OEBC is offering:

<https://www.oregon.gov/oha/OEBC/Pages/Plans-Offered.aspx>

We are offering composite rates only. See below for the plans that will be available.

HARRISBURG SCHOOL DISTRICT 7
2019-2020 Effective October 1, 2019
INSURANCE CAPS and OEBB RATES

CLASSIFIED INSURANCE CAP \$1,070		
Hours worked per week	FTE	Insurance Cap
40.00	1.00	\$1,070.00
36.00	1.00	\$1,070.00
32.00	0.8889	\$951.11
28.00	0.7778	\$832.22
24.00	0.6667	\$713.33
20.00	0.5556	\$594.44

See next page for additional FTE's

LICENSED* INSURANCE CAP \$1,095		
FTE	Insurance Cap	
9 hours per day	1.000	\$1,095.00
8 hours per day	0.8889	\$973.33
7 hours per day	0.7778	\$851.67
6 hours per day	0.6670	\$730.37
4.75 hrs per day	0.5280	\$578.16

OEBB 2019-20 MEDICAL PLANS		
STATEWIDE PPO PLANS & RATES		
		Composite
Moda Medical Plan 3		\$1,411.88
Moda Medical Plan 4		\$1,339.85
Moda Medical Plan 6*		\$1,268.74
Moda Medical Plan 7**		\$1,184.12

SYNERGY/SUMMIT NETWORK PLANS & RATES		
Moda Medical Plan 3 (Synergy/Summit)		\$1,399.01
Moda Medical Plan 4 (Synergy/Summit)		\$1,305.69
Moda Medical Plan 6* (Synergy/Summit)		\$1,187.86
Moda Medical Plan 7** (Synergy/Summit)		\$1,149.30

Kaiser HMO PLANS & RATES		
Plan 1 Medical (Kaiser)		\$1,568.43
Plan 2 Medical (Kaiser)		\$1,299.15
Plan 3* Medical (Kaiser) see below		\$946.65

PLAN * (Health Savings Account may be paired)		
Moda Medical Plan 6*		\$1,268.74
Moda Medical Plan 7** (Synergy/Summit)		\$1,184.12
Moda Medical Plan 6* (Synergy/Summit)		\$1,187.86
Moda Medical Plan 7** (Synergy/Summit)		\$1,149.30
Plan 3* Medical (Kaiser)		\$946.65

Employer Paid Benefit		
\$10,000 Basic life		\$1.22
\$10,000 AD&D		\$0.15
Counseling EAP (1-3 sessions)		\$0.80

Certified Teachers
 Classified Employees
 * HSA Plan required
 ** HSA Plan not required

OEBB 2019-20 DENTAL/VISION PLANS		
DELTA (MODA) DENTAL PLANS & RATES		
Premier Dental Plan 1		\$161.70
Premier Dental Plan 5		\$142.70
Premier Dental Plan 6 *		\$100.90
Exclusive Dental PPO	*no Ortho	\$95.39

WILLAMETTE DENTAL NETWORK		
Plan 8 w/ortho		\$120.62
Kaiser Dental Plan		
Kaiser Dental Plan		\$174.03

MODA VISION PLANS & RATES		
Vision-Opal		\$55.36
Vision-Pearl		\$45.25
Vision-Quartz		\$31.94

Kaiser VISION PLANS & RATES		
Kaiser Vision		\$19.83

VSP VISION PLANS & RATES		
VSP Choice Plus		\$45.13
VSP Choice Plan		\$21.94

VSP VISION PLANS & RATES		
VSP Choice Plus		\$45.13
VSP Choice Plan		\$21.94

CLASSIFIED INSURANCE CAP \$1,070			
Hours worked per Day	Hours worked per week	FTE	Insurance Cap
10.00	40.00	1.0000	\$1,070.00
9.75	39.00	1.0000	\$1,070.00
9.50	38.00	1.0000	\$1,070.00
9.25	37.00	1.0000	\$1,070.00
9.00	36.00	1.0000	\$1,070.00
8.75	35.00	0.9722	\$1,040.28
8.50	34.00	0.9444	\$1,010.56
8.25	33.00	0.9167	\$980.83
8.00	32.00	0.8889	\$951.11
7.75	31.00	0.8611	\$921.39
7.50	30.00	0.8333	\$891.67
7.25	29.00	0.8056	\$861.94
7.00	28.00	0.7778	\$832.22
6.75	27.00	0.7500	\$802.50
6.50	26.00	0.7222	\$772.78
6.25	25.00	0.6944	\$743.06
6.00	24.00	0.6667	\$713.33
5.75	23.00	0.6389	\$683.61
5.50	22.00	0.6111	\$653.89
5.25	21.00	0.5833	\$624.17
5.00	20.00	0.5556	\$594.44
4.75	19.00	0.5278	\$564.72
4.50	18.00	0.5000	\$535.00

12-month Custodians

Per contract calculation	0.9829	\$1,051.71
--------------------------	--------	------------

12-month Grounds/Maintenance

varies	40.00	1.0000	\$1,070.00
--------	-------	--------	------------