

2026-2027 OEGB (Oregon Educators Benefit Board) LICENSED ENROLLMENT INFORMATION

Open Enrollment is **mandatory** this year. You must login to MyOEGB at www.OEGBenroll.com to make your plan selections. If you do not enroll, your medical, dental and vision plans will be terminated Sept. 30, 2026. *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

Open Enrollment Lab will be offered Wednesday, September 2nd 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		\$2,024.36	Plan 1 w/Ortho		\$173.86	Opal		\$49.80
Plan 2		\$1,877.89	Plan 5 w/Ortho		\$153.56	Pearl		\$40.71
Plan 3		\$1,761.81	Plan 6 (Excl. Ortho)		\$110.82	Quartz		\$28.74
Plan 4		\$1,663.57	Will. Dental 8 w/Ortho		\$127.79	VSP Choice Plus		\$33.97
Plan 5		\$1,536.70	NOTE: If you waive dental coverage, only limited dental benefits will be available the following year.			VSP Choice		\$16.51
Plan 6**		\$1,567.51						
Plan 7**		\$1,462.94						
			(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 \$300 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

1.0 FTE	\$1,607/month
0.50 FTE	\$803.50/month

The monthly maximum district contribution for licensed staff members working full time is no less than \$1,607 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 \$964.20 per month. (\$1,607 x .60 = \$964.20)

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.*