



## Non-Represented Retirees Monthly Costs for 10/1/23 to 9/30/24



**2023 -  
2024**

### Health Savings Account (HSA)

**Moda Plan 6 and Kaiser Plan 3 are HSA compatible.** You may be eligible, but not required, to open an HSA to take advantage of the tax savings. You can open an HSA at an institution of your choice. There are restrictions to an HSA. For more information, please visit [IRS.gov](https://www.irs.gov) and search for PUB 969.

### Non-Represented Retirees - District Paid (formerly Full-Time Employees\*)

Medical and Vision	Dental	Retiree Only	Spouse Only	Retiree+ Child(ren)	Retiree+ Spouse	Family
Moda Medical Plan 6 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	58	443	776	539	1192
	Delta Dental Plan 5 w/ Ortho	59	450	802	547	1225
	Kaiser Dental Plan 8 w/ Ortho	60	457	797	563	1233
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	58	442	806	583	1334
	Delta Dental Plan 5 w/ Ortho	59	449	832	591	1367
	Kaiser Dental Plan 8 w/ Ortho	60	456	827	607	1375
Kaiser Medical Plan 3 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	46	351	609	417	916
	Delta Dental Plan 5 w/ Ortho	47	359	635	425	949
	Kaiser Dental Plan 8 w/ Ortho	48	366	630	441	957
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	53	403	735	531	1216
	Delta Dental Plan 5 w/ Ortho	54	410	761	539	1249
	Kaiser Dental Plan 8 w/ Ortho	55	417	756	555	1257

\*\*\* Retiree premium increase is a result of an increase in OEGB plan costs.\*\*\*

### Non-Represented Self-Pay Rates

**OEGB Self-Pay Rates can be located on the OEGB website:**

<https://www.oregon.gov/oha/OEGB/Plans/Medical-Rx-Dental-and-Vision-Rates-2023-24.pdf>

**For Self-Pay questions contact OEGB Member Services 1-888-469-6322 or e-mail  
OEGB.Benefits@state.or.us**