



**Non-Represented Employees
Monthly Costs for 10/1/20 to 9/30/21**



**2020 -
2021**

Health Savings Account (HSA)

Moda Plan 6 and Kaiser Plan 3 is 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 and search for PUB 969.

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

Medical and Vision	Dental (Note: Delta Dental=Moda/ODS)	Retiree Only	Spouse Only	Retiree+ Child(ren)	Retiree+ Spouse	Family
Moda Medical Plan 6 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	75	342	627	443	1,042
	Delta Dental Plan 5 w/ Ortho	90	357	669	509	1,099
	Kaiser Dental Plan 8 w/ Ortho	104	371	678	554	1,134
Moda Medical Plan 2 & VSP Vision	Delta Dental Plan 6 No Ortho	70	389	713	558	1,213
	Delta Dental Plan 5 w/ Ortho	85	404	754	587	1,270
	Kaiser Dental Plan 8 w/ Ortho	99	419	763	632	1,304
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	95	426	781	617	1,330
	Delta Dental Plan 5 w/ Ortho	110	441	823	646	1,387
	Kaiser Dental Plan 8 w/ Ortho	124	455	832	691	1,422
Kaiser Medical Plan 3 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	25	326	562	350	851
	Delta Dental Plan 5 w/ Ortho	40	341	603	379	908
	Kaiser Dental Plan 8 w/ Ortho	54	355	612	423	942
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	70	386	707	544	1,193
	Delta Dental Plan 5 w/ Ortho	85	401	748	573	1,250
	Kaiser Dental Plan 8 w/ Ortho	99	415	757	618	1,284

*** 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/COBRA-Medical-Rx-Dental-and-Vision-Rates-2020-21.pdf>

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