



Non-Represented Employees Monthly Costs for 10/1/22 to 9/30/23



**2022 -
2023**

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	57	433	757	525	1160
	Delta Dental Plan 5 w/ Ortho	58	440	783	533	1194
	Kaiser Dental Plan 8 w/ Ortho	59	448	781	551	1206
Moda Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	56	428	781	565	1292
	Delta Dental Plan 5 w/ Ortho	57	436	807	573	1325
	Kaiser Dental Plan 8 w/ Ortho	58	444	805	591	1337
Kaiser Medical Plan 3 & VSP Vision *HSA compatible	Delta Dental Plan 6 No Ortho	45	342	593	405	888
	Delta Dental Plan 5 w/ Ortho	46	350	618	413	921
	Kaiser Dental Plan 8 w/ Ortho	47	358	616	431	934
Kaiser Medical Plan 1 & VSP Vision	Delta Dental Plan 6 No Ortho	51	387	707	510	1168
	Delta Dental Plan 5 w/ Ortho	52	395	733	518	1202
	Kaiser Dental Plan 8 w/ Ortho	53	403	731	536	1214

*** 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-2022-23.pdf>

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