



BENEFIT OPTION AUTHORIZATION FORM
Certified Retiree and/or Individual Paying for Insurance
Plan Year: October 1, 2023- September 30, 2024

NAME	SOCIAL SECURITY NUMBER	ADDRESS/ Phone #

Check here if this is a new address

Email Address: _____

Medical Plan Tiered Rates: (Circle One Plan and Tier Combination)

	<u>Retiree Only</u>	<u>Retiree + Spouse</u>	<u>Retiree + Child(ren)</u>	<u>Family</u>
Plan 1 (\$400 deductible)	\$767.25	\$1,687.93	\$1,457.80	\$2,378.52
Plan 2 (\$800 deductible)	\$711.74	\$1,565.82	\$1,352.33	\$2,206.43
Plan 3 (\$1,200 deductible)	\$667.73	\$1,469.01	\$1,268.73	\$2,070.02
Plan 4 (\$1,600 deductible)	\$630.50	\$1,387.10	\$1,197.96	\$1,954.59
Plan 5 (\$2,000 deductible)	\$582.42	\$1,281.34	\$1,106.64	\$1,805.57
Plan 7 (\$2,000 deductible) H.S.A. Compatible	\$554.47	\$1,219.82	\$1,053.52	\$1,718.89
Kaiser Plan 1 (no deductible)	\$693.73	\$1,526.21	\$1,318.09	\$2,150.57
Kaiser Plan 2B (\$1,200 deductible)	\$556.61	\$1,225.32	\$1,057.50	\$1,726.32
Kaiser Plan 3 (\$1,600 deductible) H.S.A. Compatible	\$423.09	\$931.34	\$803.53	\$1,311.82

Dental Plan Tiered Rates: (Circle One Plan and Tier Combination)

	<u>Retiree Only</u>	<u>Retiree + Spouse</u>	<u>Retiree + Child(ren)</u>	<u>Family</u>
Delta Dental - Premier Plan 1	\$65.61	\$129.99	\$144.54	\$214.06
Delta Dental - Premier Plan 5	\$57.95	\$114.80	\$127.67	\$189.06
Delta Dental - Premier Plan 6	\$44.25	\$87.59	\$88.91	\$135.83
Delta Dental - Exclusive PPO Incentive Plan	\$56.88	\$112.68	\$125.30	\$185.55
Delta Dental - Exclusive PPO Plan	\$38.33	\$75.92	\$84.43	\$125.05
Kaiser Dental	\$70.88	\$155.96	\$134.69	\$219.74
Willamette Dental Group	\$46.99	\$93.99	\$100.11	\$150.18

Vision Plan Tiered Rates: (Circle One Plan and Tier Combination)

	<u>Retiree Only</u>	<u>Retiree + Spouse</u>	<u>Retiree + Child(ren)</u>	<u>Family</u>
Opal Plan	\$21.99	\$48.35	\$41.72	\$68.10
Pearl Plan	\$17.94	\$39.54	\$34.13	\$55.67
Quartz Plan	\$12.67	\$27.92	\$24.09	\$39.28
Kaiser Vision	\$8.49	\$18.67	\$16.12	\$26.31
VSP Choice Plus Plan	\$14.56	\$32.04	\$27.68	\$45.14
VSP Choice Plan	\$7.09	\$15.58	\$13.45	\$21.95

My signature below authorizes an update to any applicable existing ACH withdrawal agreement, based on the option(s) indicated above.

SIGNATURE

DATE

- ✓ Online enrollment changes due by September 15, 2023 on MYOEBS: <https://myoebb.org/oebb/lpb.main>
- ✓ Enrollment materials must be filled out, plans selected, and paperwork turned into **CSD509J Payroll/Benefits** (see address below) prior to **September 15, 2023** or coverage will be terminated effective September 30, 2023.
 - Note: If you choose to cancel your retiree benefit(s) you will not be add them in the future.
- ✓ If you wish to cancel your coverage you must submit it in writing to Payroll/Benefits (see address below) by September 15, 2023.
- ✓ All plan changes will take effect October 1, 2023.
- ✓ Benefit Website: <http://www.csd509j.net/>