

OEBB Rates & CAPS Effective Oct 2024 - Sept 2025

Plan	EE	ES	EC	EF
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee, Spouse, Children
CAP* - Full Time (0.8 to 1.0)	676.23	1,388.48	1,212.83	1,676.00
CAP* - .5 - .79 FTE	676.23	676.23	676.23	676.23

Employees (.5 fte and higher) that opt out of insurance will receive the following monthly benefit:

Plan	EE	ES	EC	EF
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee, Spouse, Children
HSA - OPT OUTS (non taxable)				
.8 to 1.0 FTE	250.00	500.00	500.00	500.00
.5 to .79 FTE	125.00	250.00	250.00	250.00
403b, 457b or Cash Stipend - OPT OUTS (taxable income)				
.8 to 1.0 FTE	215.00	425.00	425.00	425.00
.5 to .79 FTE	107.50	212.50	212.50	212.50

Employees that elect a health insurance plan will receive the following monthly benefit:

HRA/HSA Contribution				
.5 to 1.0 FTE	62.50	62.50	62.50	62.50

All amounts are per month

*CAP is the maximum amount Baker Charter Schools' monthly contribuion to your insurance premium.