

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
OAK GROVE SCHOOL DISTRICT  
AND  
OAK GROVE EDUCATORS ASSOCIATION**

The Oak Grove School District (“District”) and Oak Grove Educators Association (“OGEA”) agree to this Memorandum of Understanding with respect to Article 13.1 of the parties’ collective bargaining agreement. The parties specifically agree as follows:

1. Effective January 1, 2025, the District will implement the language set out in Article 13.1 of the parties’ collective bargaining agreement as it relates to the increase of the District’s monthly contribution toward medical benefits.
2. Effective January 1, 2025, the District agrees to provide an additional monthly contribution to help mitigate the increased cost of the new healthcare premium rates. This additional new district contribution increase will be in addition to the negotiated contribution currently covered in the OGEA Collective Bargaining Agreement. District contributions are reflected in the attached Benefit Study Summary for OGEA.
3. The parties agree that Article 13.1 will remain in place as it relates to the District monthly contribution increase toward medical benefits effective January 1, 2025.
4. This Agreement shall have no precedential effect nor create a past practice.

The undersigned parties represent that they have read and understand the terms of this Agreement and that they are authorized to execute this Agreement.

Dated: October 2, 2024

For the OGSD:



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Amy L. Boles, Associate Superintendent, Human Resources

For OGEA:



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Luis Velasquez (Oct 24, 2024 13:30 PDT)

Luis Velasquez, OGEA President



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Robert Prola (Oct 24, 2024 15:08 PDT)

Robert Prola, OGEA Benefits Committee Representative/OGEA Vice President

**OGEA**

Description		Expected Premium as of Jan. 1, 2025	Premium Increase from 2024 Rates	Negotiated Total Agreed District Contribution	New District Total Contribution to Mitigate for 2025	Employee Portion of the Increase for 2025	Total Expected Employee Contribution as of Jan. 1, 2025
Kaiser Plan A	Single	\$ 1,113.97	\$ 163.53	\$50.00	\$ 81.77	\$ 81.76	\$158.35
	Plus 1	\$ 2,227.94	\$ 327.06	\$50.00	\$ 163.53	\$ 163.53	\$352.24
	Family	\$ 3,152.55	\$ 462.80	\$50.00	\$ 231.40	\$ 231.40	\$558.66
<b>Total Kaiser Plan A</b>							
Kaiser Plan B	Single	\$ 1,080.60	\$ 158.80	\$50.00	\$ 79.40	\$ 79.40	\$127.35
	Plus 1	\$ 2,161.19	\$ 317.61	\$50.00	\$ 158.81	\$ 158.80	\$337.94
	Family	\$ 3,058.10	\$ 449.44	\$50.00	\$ 224.72	\$ 224.72	\$470.89
<b>Total Kaiser Plan B</b>							
Kaiser Plan D	Single	\$ 967.55	\$ 142.66	\$50.00	\$ 71.33	\$ 71.33	\$114.57
	Plus 1	\$ 1,935.10	\$ 285.29	\$50.00	\$ 142.65	\$ 142.64	\$312.30
	Family	\$ 2,738.17	\$ 403.70	\$50.00	\$ 201.85	\$ 201.85	\$504.61
<b>Total Kaiser Plan D</b>							
Sutter Health HMO (\$20 Co-Pay)	Single	\$ 974.00	\$ 37.50	\$37.46	\$ 37.50	\$0.00	\$0.00
	Plus 1	\$ 1,947.90	\$ 74.90	\$50.00	\$ 50.00	\$ 24.90	\$25.98
	Family	\$ 2,756.50	\$ 105.90	\$50.00	\$ 52.95	\$ 52.95	\$609.10
<b>Total Sutter Health HMO (\$20 Co-Pay)</b>							
United HMO (\$20 Co-Pay)	Single	\$ 1,204.25	\$ 166.10	\$50.00	\$ 83.05	\$ 83.05	\$161.41
	Plus 1	\$ 2,487.43	\$ 343.09	\$50.00	\$ 171.55	\$ 171.54	\$443.92
	Family	\$ 3,538.45	\$ 488.06	\$50.00	\$ 244.03	\$ 244.03	\$1,199.97
<b>Total United HMO (\$20 Co-Pay)</b>							
United PPO Traditional	Single	\$ 1,587.61	\$ 218.98	\$50.00	\$ 109.49	\$ 109.49	\$238.26
	Plus 1	\$ 3,175.26	\$ 437.97	\$50.00	\$ 218.99	\$ 218.98	\$972.85
	Family	\$ 4,128.75	\$ 569.48	\$50.00	\$ 284.74	\$ 284.74	\$1,749.56
<b>Total United PPO Traditional</b>							
United PPO Plus	Single	\$ 1,421.81	\$ 196.11	\$50.00	\$ 98.05	\$ 98.06	\$205.03
	Plus 1	\$ 2,843.60	\$ 392.22	\$50.00	\$ 196.11	\$ 196.11	\$664.07
	Family	\$ 3,697.30	\$ 509.97	\$50.00	\$ 254.99	\$ 254.98	\$1,347.86

Please note that numbers are very close to being finalized. This study summary of anticipated increase and district contribution may vary minimally once final numbers are confirmed