

DIVISION 40

ENROLLMENT

111-040-0001

Effective Dates

(1) Benefit plan changes or initial elections, unless otherwise specified in a collective bargaining agreement or documented district policy in effect on June 30, 2008, are effective on the later of:

(a) The first of the month following a completed online enrollment in the OEBC benefit management system or submission of a paper enrollment or change form; or

(b) The first of the month following the date of hire or the date of eligibility.

(2) Covered dependent changes are effective the first of the month following the date of the event causing the dependent to be eligible under OEBC administrative rules with the following exceptions:

(a) Coverage for a newborn child is effective on the date of birth through the first 31 calendar days. To continue coverage the active eligible employee must add the newborn child to their benefit plans within 60 calendar days from the date of birth.

(b) Coverage for a newly adopted child is effective the date of the adoption decree or date of placement for adoption through the first 31 calendar days pending the completion of adoption proceedings. To continue coverage the active eligible employee must add the adopted child to their benefit plans within 60 calendar days from the date of the decree or placement;

(i) The active eligible employee must submit the adoption agreement with the enrollment forms to the Participating District.

(ii) Claims payments will not be made for expenses incurred prior to the date of decree or placement.

(c) Coverage for a dependent child by affidavit as defined in OEBC administrative rules starts the first of the month following receipt of the affidavit by the district benefits administrator

(3) Elections made during an open enrollment period are effective on the first day of the new plan year.

111-040-0005

Termination Dates

(1) Benefit coverage for active eligible employees and dependents ends on the last day of the month that eligibility is lost according to OEGB administrative rules, unless determined otherwise through a collective bargaining agreement or documented district policy in effect on June 30, 2008.

(2) Benefit coverage for a spouse, domestic partner, or dependent child ends on the last day of the month that an active eligible employee dies, unless otherwise determined by a collective bargaining agreement or documented district policy in effect on June 30, 2008.

(3) Benefit coverage for active eligible employees ends on the last day of the month that they retire, unless otherwise determined in a collective bargaining agreement or documented district policy in effect on June 30, 2008. Benefit coverage may be continued based on the requirements and limitations in OARs 111-050-0001 through 111-050-0050.

111-040-0010

Newly-hired and Newly-eligible Active Eligible Employees

(1) Newly-hired and newly-eligible active eligible employees must enroll in OEGB-sponsored benefit plans through the OEGB benefit management system or paper equivalent within 31 calendar days of the date of hire or date of eligibility, unless determined otherwise in a separate OEGB administrative rule or in a collective bargaining agreement or documented district policy in effect on June 30, 2008.

(2) An active eligible employee enrolling in OEGB-sponsored benefit plans and terminating employment before the effective date of benefit coverage is not eligible to receive benefits.

(3) An active eligible employee hired after the open enrollment period and before the start of the new plan year has open enrollment rights.

111-040-0015

Removing an Ineligible Individual from Benefit Plans

(1) An active eligible employee is responsible for removing ineligible spouses, domestic partners and dependent children from their OEGB-sponsored benefit plans by submitting completed, applicable forms to their district benefits administrator. An ineligible individual must be removed from OEGB-sponsored benefit plans within 31 calendar days of the date the individual becomes ineligible. Coverage ends on the date identified under OAR 111-040-0005.

(2) An active eligible employee ending a domestic partnership by affidavit must complete and submit a Termination of Domestic Partnership form and enrollment update forms to the district benefits administrator within 31 calendar days of the event for removal of the domestic partner and domestic partner's dependent children from their benefit plan. Benefit coverage for the domestic partner and domestic partner's dependent children ends on the last day of the month that eligibility is lost.

(3) A participating district is responsible for removing ineligible individuals from the OEGB benefits management system. Ineligible individuals must be removed from coverage under OEGB-sponsored benefit plans retroactive to the end of the month when eligibility was lost.

(4) The active eligible employee may be responsible for claims previously paid by the benefit plans to the providers during the period of ineligibility. Premium adjustments will be made retroactively based on when the ineligible individual was reported to the district benefits administrator.

(a) Ineligible individuals reported within 90 calendar days after the month eligibility was lost will result in premium adjustments retroactive to the first of the month following the loss of eligibility.

(b) Ineligible individuals reported more than 90 calendar days after the month eligibility was lost will result in premium adjustments for the month the ineligible individual was reported and the two previous months.

(5) OEGB may conduct audits to determine the eligibility status of dependents of eligible active employees covered under OEGB-sponsored benefit plans. If requested, documentation certifying the eligibility of covered dependents must be provided.

111-040-0020

Open Enrollment

(1) Active eligible employees may make benefit plan changes or elections and add or remove eligible dependents during open enrollment periods as designated by OEGB.

(2) Coverage under OEGB-sponsored benefits plans for an eligible individual added during open enrollment begins on the first day of the new plan year. Coverage for an individual terminated during open enrollment ends on the last day of the month of the current plan year.

(3) An active eligible employee hired after the open enrollment period and before the start of the new plan year has open enrollment rights.

(4) Benefit plan elections are irrevocable for the new plan year except as specified in OAR 111-040-0040.

111-040-0025

Correcting Enrollment and Processing Errors

(1) Employee Enrollment Errors. Enrollment errors occur when an active eligible employee provides incorrect information or fails to make correct selections when making benefit plan

elections. The active eligible employee is responsible for identifying enrollment errors or omissions.

(a) OEBCB authorizes Participating Districts to correct enrollment errors reported by the active eligible employee within 60 calendar days of the original eligibility date, open enrollment period end date, or midyear benefit plan change date. Corrections are retroactive to the original effective date as identified in OAR 111-040-0001.

(b) Enrollment errors identified after 60 calendar days of the eligibility date, open enrollment period end date or midyear benefit plan change date must be submitted to OEBCB for review and approval based on OAR 111-070-0001. If approved, corrections are retroactive to the original effective date as identified in OAR 111-040-0001.

(2) Benefit Administrator Processing Errors. Processing errors or omissions occur when benefit plan elections are processed incorrectly in the benefit system or when a newly-eligible active eligible employee does not receive correct enrollment information or materials within 31 calendar days of the eligibility date.

(a) OEBCB authorizes Participating Districts to correct processing errors identified within 60 calendar days of the eligibility date, open enrollment period end date, or midyear benefit plan change date. Corrections are retroactive to the original effective date as identified in OAR 111-040-0001. The Participating District must reconcile all premium discrepancies.

(b) Processing errors identified after 60 calendar days of the eligibility date, open enrollment period end date, or midyear benefit plan change date must be submitted to OEBCB for review and approval based on OAR 111-070-0001. If approved, corrections are retroactive to the original effective date as identified in OAR 111-040-0001. The Participating District must reconcile all premium discrepancies within 30 calendar days of any adjustments made in the system.

111-040-0030

Late Enrollment

(1) Late enrollment occurs when an active eligible employee fails to enroll for benefits within 31 calendar days of:

(a) The date of hire or other benefit eligibility date as identified in OAR 111-040-0001;

(b) The date a spouse, domestic partner, or dependent child gains eligibility;

(c) The date of marriage to a spouse who was most recently enrolled as a domestic partner; or

(d) The date of birth of the employee's biological newborn dependent child.

(2) OEBC authorizes Participating Districts to approve late enrollment requests for active eligible employees and dependents when the request is reported within 60 calendar days of the eligibility dates referenced in sections 1a, 1b, 1c and 1d.

(3) OEBC must review and approve all late enrollment requests based on OAR 111-070-0001 when the request is made more than 60 calendar days after the eligibility dates referenced in sections 1a, 1b, 1c and 1d.

(4) Approved late enrollment requests, unless determined otherwise in a collective bargaining agreement or documented district policy in effect on June 30, 2008, are effective the first of the month following the date the request is received by a district benefits administrator or OEBC, except for approved requests to add newborn children which are retroactive to the month the child was born along with any premium adjustments.

111-040-0040

Qualified Status Changes

(1) Active eligible employees experiencing a change in family or work status as noted below during the plan year have 31 calendar days from the date of the event to make changes unless indicated otherwise. The eligible employee may make only those changes that are consistent with the event for themselves and dependents. Please refer to the Qualified Status Change matrix for detail on what changes can occur with each event.

(2) Change in status. Events include:

(a) Gain spouse by marriage or domestic partner by meeting domestic partner eligibility;

(b) Loss of spouse or domestic partner by divorce, annulment, death or termination of domestic partnership, 60 days from the event;

(c) Gain dependent by birth, placement for/or adoption, affidavit of dependency or Domestic Partner's children (by affidavit of domestic partnership), 60 days from the event;

(d) Active eligible employee starts new employment and gains eligibility;

(e) Change in employment status by active eligible employee which affects eligibility;

(f) Active eligible employee ends employment or other change in employment status resulting in a loss of eligibility;

(g) Spouse or domestic partner starts new employment or other change in employment status which affects eligibility;

(h) Spouse or domestic partner's employment ends or other change in employment status resulting in a loss of eligibility under their employer's plan;

(i) Event by which dependent child satisfies eligibility requirements under OEGB plans (for a list of requirements see 111-010-0015);

(j) Event by which dependent ceases to satisfy eligibility requirements under OEGB plans (for a list of requirements see 111-010-0015), 60-days from the event;

(k) Changes in the residence of the active eligible employee or family member (i.e., moving out of the service area of an HMO);

(l) Reinstatement of coverage. Reinstatement can be used in the following situations:

(A) Military (USERRA)

(B) When coverage was continued under COBRA

(C) When coverage was terminated in error and there is no lapse in coverage.

(m) Changes in cost or coverage do not constitute a Qualified Status Change. All changes resulting from a change in cost or coverage must be made during Open Enrollment.

(n) Related laws or court orders. For example: Qualified Medical Child Support Order (QMCSO), Medicare, or HIPAA. Changes are determined by the applicable law or court order.

111-040-0050

Declination of coverage

As used in this section:

“Opting out of coverage” means that an individual elects not to enroll in a medical plan and is eligible to receive a portion of the cash contribution or other type of remuneration as provided for under a collective bargaining agreement, documented district policy, or employment contract.

“Waiving benefits” means that an individual elects not to enroll in any one of the benefit plans available under the OEGB-sponsored benefits program and is not eligible to receive any portion of a cash contribution or other type of remuneration.

(1) Unless otherwise specified in a collective bargaining agreement, documented district policy or employment contract in effect on July 1, 2008, an eligible employee may opt out of the OEGB-sponsored medical benefit plans. Eligible employees electing to opt out must:

(a) Maintain coverage under another employer-sponsored group medical benefit plan;

(b) Meet the requirements of the district opt out program in which they are participating;

(c) Submit their election to opt out through the OEGB benefit management system; and

(d) If requested, provide proof of current coverage under another employer-sponsored group medical benefit plan.

(2) Eligible employees electing to opt out of the OEGB-sponsored medical benefit plans may enroll in the dental and vision benefit plans.

(3) The level and type of funds and allowances retained by eligible employees and districts as a result of opt out programs are determined through collective bargaining agreements and documented district policies.

(4) A participating district will provide OEGB with a written description of its opt out program upon request.

(5) An eligible employee may waive medical, dental and vision or any combination of benefits provided under the OEGB-sponsored benefits program.

(6) Elections to opt out of the medical benefit plans or waive benefits must be made at the time of hire, when initially meeting eligibility, during an open enrollment period, or following a midyear benefit plan change.

(7) An eligible employee previously opting out of coverage or waiving benefits may enroll in benefit plans consistent with a midyear benefit plan change or during an open enrollment period.

(a) Coverage for previously OEGB-eligible employees or a previously OEGB-eligible dependent enrolling in the dental and/or vision plans during an open enrollment period will be limited to routine and preventive care for the first 12 months and subject to a 12-month waiting period for orthodontia coverage.

(b) Eligible employees who enroll in the dental or vision plans, or add previously OEGB- eligible dependents to the dental and vision plans, due to a loss of other coverage will not be subject to waiting periods.

Stat. Auth.: ORS 243.860 to 243.886

Stats. Implemented: ORS 243.864