

## **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 OEBB benefit management system or submission of a paper enrollment or change form,

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

(c) The first of the month following the approval date of additional optional life insurance requested above the guarantee issue amount.

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

(a) Coverage for a newborn child is effective on the date of birth. The active eligible employee must add the newborn child to their benefit plans within 60 calendar days from the date of birth in order for the newborn child to be eligible for benefit coverage.

(b) Coverage for a newly adopted child is effective the date of the adoption decree or date of placement for adoption. 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 in order for the newly adopted child to be eligible for benefit coverage; and

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

(B) 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 OEBB 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.

#### **111-040-0025**

## **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) OEGB 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 OEGB for review and approval based on OAR 111-080-0030. 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) OEGB 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 OEGB for review and approval based on OAR 111-080-0030. 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) OEGB 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) OEGB must review and approve all late enrollment requests based on OAR 111-080-0030 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 OEGB, except for approved requests to add newborn children which are retroactive to the month the child was born along with any premium adjustments.

### **111-040-0050**

#### **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 benefit plans, vision benefit plans, and optional 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.

(8) Eligible employees electing to not enroll when initially eligible for optional insurance plans will have to go through a medical review process to obtain optional life insurance.

Stat. Auth.: ORS 243.860 to 243.886

Stats. Implemented: ORS 243.864(1)(a), 243.868(1)